

near the renal vein in the left and the vena cava in the right in patients with symptomatic pelvic varicocele. *Measurements and Main Results.* Our surgical technique consists of laparoscopic bilateral high clip ligation of ovarian veins with intraperitoneal approach to resolve CPP due to pelvic varicocele. Hysteropexy is performed with three-stitch technique prophylactically in the presence of uterine retroversion. Pain symptoms in all women improved, and the disease has not recurred. If varices of pelvic vein network are viewed as a progressive, chronic process, only bilateral high ligation would resolve or relieve symptoms. *Conclusion.* This procedure successfully relieved CPP.

69. Pathogenesis and Diagnosis of Tuboperitoneal Infertility

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Objective. To discuss the etiology and diagnosis of tuboperitoneal infertility.

Measurements and Main Results. Of 100 women (age 19–39 yrs) with tuboperitoneal sterility, 51% had primary and 49% secondary sterility. Indications for surgery were connective tissue formation 94.5%, external genital endometriosis 40%, history of abdominal and/or pelvic surgeries 39%, history of intrauterine manipulations 25.5%, STD 17%, and tuberculosis one woman. Patients underwent laparoscopy with resection of connective tissues and salpingo-ovariolysis; salpingectomy and fimbrioplasty for tubal impermeability; and coagulation of sources of external genital endometriosis.

Conclusion. Laparoscopy is not only one of the best diagnostic tools, it is also effective in treating tuboperitoneal infertility.

70. Extracorporeally Tied Knots at Laparoscopy versus the Ti-Knot Placement Device

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Objective. To compare tensile strength (TS) of suture tied by traditional extracorporeal laparoscopic techniques (TELT) with that of suture fastened with the Ti-Knot placement device (TKPD).

Measurements and Main Results. We measured TS of standard loops of 0 polyester, 2-0 polydioxanone, and 2-0 polypropylene in laparoscopic training model.

The average break point of standard loops of 0 polyester created with TELT was 5.96 kgf and TKPD was 4.96 kgf. Size 0 permanent suture knot-pull TS minimum average was 3.90 kgf. The average break point of standard loop of 2-0 polydioxanone created with TELT was 4.10 kgf and TKPD was 6.72 kgf. The USP absorbable suture size 2-0 knot-pull TX minimum average was 2.68 kgf. The average break point of standard loop of 2-0 polypropylene created with TELT was 5.65 kgf and TKPD was 5.12 kgf. The USP size 2-0 permanent monofilament suture knot-pull TS minimum average was 1.82 kg.

Conclusion. The average break point of standard loops of all three sutures created by TELT or TKPD exceeded minimum required USP knot-pull TS. The TKPD may be reliably substituted for TELT when using these sutures during common laparoscopic procedures.

71. Preoperative Rofecoxib to Reduce Postoperative Parenteral Narcotic Requirement

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Objective. To analyze effect of preoperative rofecoxib, a COX-2 inhibitor, on postoperative narcotic requirement in patients undergoing advanced laparoscopic procedures.

Measurements and Main Results. Subjects were 84 consecutive women who had TLH, laparoscopic Burch bladder suspension, or both. Of these, 13 received rofecoxib 50 mg on the morning of surgery, 26 received rofecoxib 50 mg every 12 hours for three doses before surgery, and 45 received no preoperative therapy.

TABLE. Postoperative Parenteral Narcotic Requirement

Preoperative Therapy	No.	No Parenteral Narcotic	%	p vs No Treatment
None	45	11	24.4	
Rofecoxib 50 mg	13	11	84.6	<0.001
Rofecoxib 150 mg	26	23	88.5	<0.001

Conclusion. Both 50- and 150-mg doses of preoperative rofecoxib substantially reduced postoperative parenteral narcotic requirement. A large prospective clinical trial should explore this response.