2005 VIDEO PROGRAM
ASSISTED REPRODUCTIVE TECHNOLOGY

Monday, October 17, 2005
10:45 a.m.

VP-1

Abstract: To improve the viability and quality of oocytes after vitrification, we have introduced several changes, new type of vitrification vehicle and mediator, gold grid and slush-liquid nitrogen (S-LN2), applied in order to elevate cooling speed for reducing ice crystal formation. Gold grid can provide extremely high heat conductivity. And by applying negative pressure with a vacuum, LN2 will freeze and convert into a slush state. Slush-LN2 has a lower internal temperature of 201°C without vaporization. Since it may offer high-fertilization rate, this video shows the advantages of shorter hospital stay, rapid recovery and less postoperative pain.

10:54 a.m.

VP-2
Ultra-rapid Vitrification Using a Cryoloop Technique for Human Blastocyst Cryopreservation. T. Mukaida, K. Takahashi, T. Goto, C. Oka. Hiroshima HART Clinic, Hiroshima, Japan; Tokyo HART Clinic, Tokyo, Japan

Abstract: For a good cumulative pregnancy rate per oocyte retrieval, it is essential to establish a reliable cryopreservation technique. We have reported clinical usefulness of a simple ultra-rapid vitrification procedure using a cryoloop with human blastocysts (Hum. Reprod., 2003; 18:384-391). This video demonstration will introduce the basic concept of vitrification and technical step of ultra-rapid vitrification using cryoloop technique for human blastocyst cryopreservation. Demonstration includes tools, materials, detailed protocol of cooling and warming steps. An assisted hatching and artificial shrinkage procedure, which could improve clinical outcome, are also included as well as our clinical results.

11:20 a.m.

VP-3

Abstract: A computerized time-lapse digital microscopy system was used for observing human preembryos from the pronucleate to hatched blastocyst stage during a period of 7 days. Under these conditions, human preembryos developed to the blastocyst stage, and some subsequently hatched from the zona pellucida. These are, to our knowledge, the first continuous recordings of the entire preimplantation phase of development, and they provide a detailed profile of the dynamics and complexity of early embryogenesis.

11:25 a.m.

VP-4

Abstract: When using the ‘Penetration Injection’ technique, the fertilization rate may be optimized by using a sharp needle (bevel <30 degree) and observing the sperm travel away from the needle tip and freely into the cytoplasm.

11:40 a.m.

VP-5
Embryo Transfer Technique, Protocol, and Communication System of Damansara Fertility Centre, Malaysia. C. Lee Soon Soo, Surinder Singh, Pak Seng Wong, Dev Kumar Menon, Choon Foong Chow, Wenddi-Anne Wai Yeng Chong. Damansara Fertility Centre, Selangor, Malaysia; Damansara Fertility Centre, Johor, Malaysia

Abstract: This video demonstrates the embryo transfer technique, protocol, and communication system developed by Dr. Colin Lee Soon Soo of Damansara Fertility Centre, Malaysia. We believe the diligence and detail to embryo transfer as practiced at our center play a key role in our centre’s high pregnancy rate, e.g. clinical pregnancy rate of 54.3% and delivery rate of 41.0% for IVF-E.T. (year 2003, 105 cases).

REPRODUCTIVE SURGERY 1

Monday, October 17, 2005
3:45 p.m.

VP-6

Abstract: The video shows a case of a 24-year-old female with bilateral hydroureter and hydrenephrosis and rectal endometriosis. There is also a non-communicating right ureteral stenosis and increasing pain. Radical excision of endometriosis was performed laparoscopically and included excision of deep disease, left uretero-ureterostomy, right ureterolysis, segmental rectal excision with Anastomosis and excision of the right uterine horn. The video expounds the principles of radical excision and the approach to problems like this with preservation of uterus and ovary.

3:55 p.m.

VP-7
Laparoscopic Partial Bladder and Distal Ureteral Resection and Ureteroaneostomy for Severe Pelvic Endometriosis. F. Nezhat, A. Mahdavi, M. Peiretti, Mount Sinai School of Medicine, New York, NY

Abstract: We describe a 37-year-old woman with severe endometriosis of the urinary bladder and left ureter who underwent laparoscopic partial resection of the bladder and left distal ureter and uretero-neocystostomy. In experienced hands, laparoscopic ureteral resection and reimplantation is a safe and feasible alternative to open surgery and provides the patient with the advantages of shorter hospital stay, rapid recovery and less postoperative pain.

4:07 p.m.

VP-8
Laparoscopic Resection of Rudimentary Horn Pregnancy in a Case of Unicornuate Uterus. J. K. Park, D. R. Session, M. M. Mann, C. E. Dominguez. Emory University School of Medicine, Atlanta, GA

Abstract: A case of laparoscopic excision of a rudimentary horn pregnancy is presented from a patient with a left unicornuate uterus. This form of ectopic pregnancy is very rare and can result in second trimester rupture with abdominal hemorrhage. A 37 year old presented at 8 weeks of gestation and was found to have fetal cardiac activity within the right rudimentary horn. A prior hysterosalpingogram found no communication between the uterine cavity and the rudimentary horn. The ectopic pregnancy was conceived spontaneously, and must have resulted from transperitoneal migration of sperm from the normal left fallopian tube. The first stage of treatment...