

 **Oxiplex /AP<sup>®</sup>**  
Absorbable Adhesion Barrier Gel

**CASE  
REPORT**

**Endometriosis Complications**

Patient struggled with endometriosis and used Oxiplex/AP<sup>®</sup> to help resolve issues associated with this illness.



**Dr. Patrick Bellelis, MD, PhD**

São Paulo, Brazil

- Gynecological surgeon focusing on minimally invasive laparoscopic procedures
- Recognized endometriosis specialist
- Board of Directors of the Brazilian Endometriosis Association and Minimally Invasive Gynecology – SBE (2007-2022)
- PhD from the Faculty of Medicine of the University of São Paulo
- Full Member of the FEBRASGO National Endometriosis Commission (2015-2022)
- Founder of Endolife App
- Founder of VivEndo Institute

**Case Introduction**

A 41-year old patient, suffered from mild and intermittent chronic pelvic pain, associated with endometriosis symptoms and primary infertility. She denied deep dyspareunia or alteration of intestinal and urinary habits.

**Case Presentation**

On the physical examination, a large, painful, retro cervical nodule was palpable. It was located between the parametria, more notably on the left side, with infiltration of the vaginal mucosa. An MRI showed the uterus at 117cc with focal adenomyosis in the anterior wall, associated with a retro cervical nodule, measuring over 3cm, with infiltration of the para cervix and bilateral parametrium (mostly on the left side), with involvement of the ureters. Additionally, there was a vaginal lesion, measuring 7x5mm, with infiltration of the septum, and pinching the rectosigmoid 9cm from the anal border.

A laparoscopic excision was performed focusing on deep endometriosis from the rectovaginal septum, bilateral parametria, and vagina, associated with a posterior peritonectomy followed by application of an anti-adhesion gel Oxiplex/AP<sup>®</sup> (FzioMed<sup>®</sup>, San Luis Obispo, CA, USA).

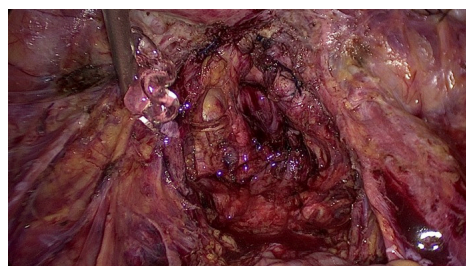
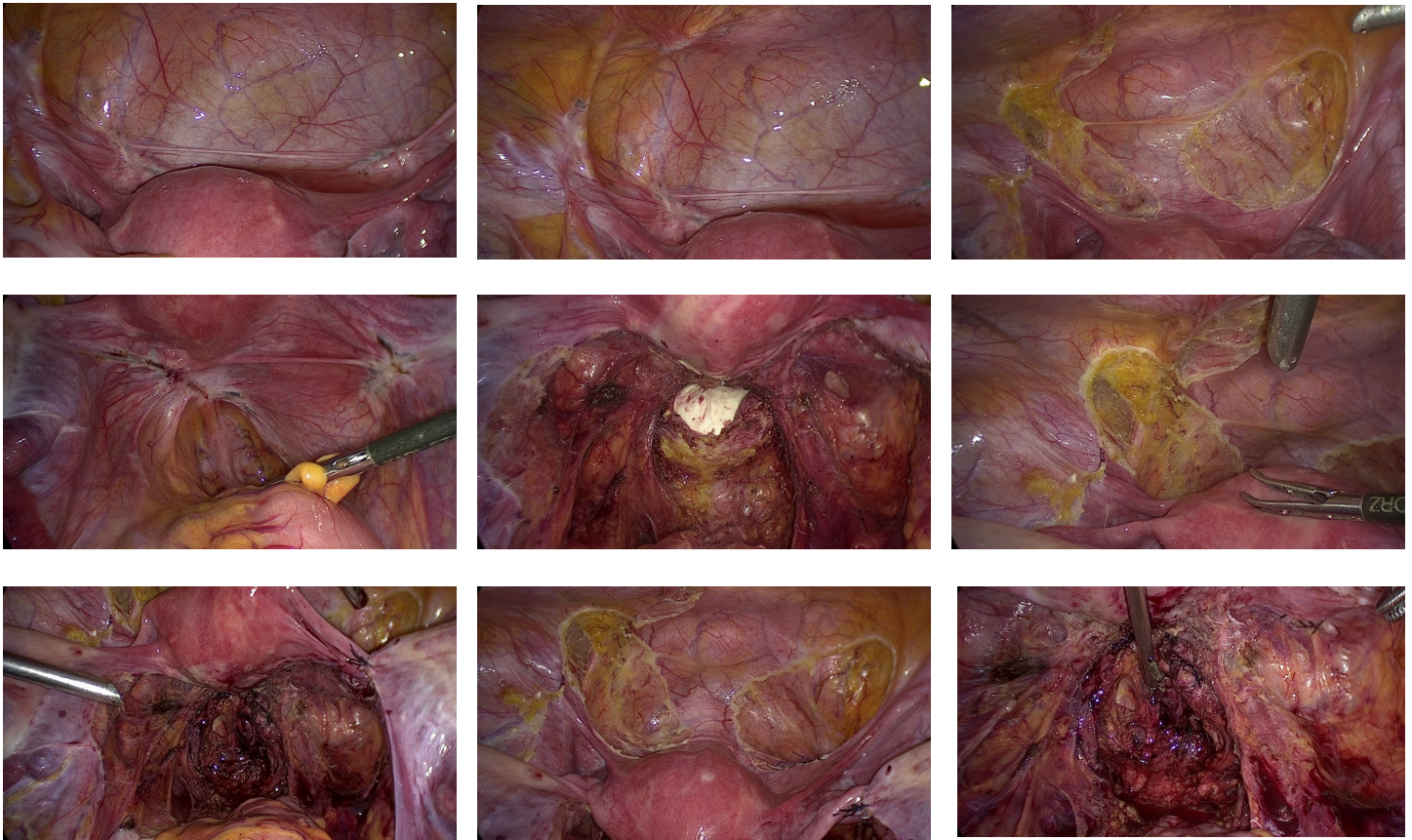
# Endometriosis Complications

## CASE REPORT

### Operative Approach

We chose Oxiplex/AP because it is the only antifibrotic material registered. Furthermore, the literature demonstrates that the use of a viscoelastic gel barrier, made of polyethylene oxide + carboxymethylcellulose + calcium chloride, reduced postoperative adhesions in the second look after 6-10 weeks and increased the American Fertility Society indexes (1-6).

The patient got pregnant 4 months after surgery and had a Cesarean section at 38 weeks. After 6 months, she developed an ischiocele and the subsequent resection was an opportunity to evaluate the pelvic structural integrity.



**1st Surgery Images**

