Laparoscopic Excision of Endometriosis
Endometriosis can have many different presentations, some of which can be very subtle.

Bluish lesions.

Brownish staining.

Clear vesicles.
Flame-type lesions.

Powder burns.

Powder burn lesion excised.

Note: The tissues adjacent to and underneath the area of excision have no thermal effect.
Peritoneal pockets. The picture on the left shows what appears to be a normal posterior cul de sac and rectum on initial inspection.
The picture on the right shows a deep pocket off to the right side of the cul de sac.
Excision of endometriosis from both pelvic sidewalls with good margins. No thermal effect, no trauma. There is always subclinical disease in the surrounding normal appearing peritoneal lining. It is essential to perform excision with wide margins. Small biopsy and treating only the lesion seen does not work. Excision areas do not heal from the sides. The entire excision site heals from the base so that whether a small area or large area of excision, it is completely healed over with healthy new tissue in 8 days.
Posterior cul de sac, rectum, ligaments. Subtle flame lesions are seen in the right side of the cul de sac adjacent to the rectal wall.

Thorough excision of the posterior cul de sac and uterosacral ligaments with adequate margins. Loose areolar tissue of the left and right para-rectal spaces and rectovaginal space in the midline. Healthy rectal wall with no trauma and no thermal effect.
Left ovary with endometriosis lesion (pathology confirmed).

Endometriosis excised and left ovary suture repaired. I do not want the left ovary to stick to the left pelvic sidewall where additional disease was excised.

Left ovarian suspension to left round ligament. This helps to prevent the left ovary from sticking to the left pelvic sidewall. Suspension is loose so there is no tension. Ovary and fallopian tube sit next to each other, so fertility is good. 2 points of attachment, so the ovary is prevented from torsion in the future. As uterus is lowered down, the right ovary shows where the ovary would naturally be positioned. Note that the suspended left ovary stays in position near the pelvic brim, away from the pelvic sidewall.
Abnormal appendix with endometriosis. Appendix removed.
Vascular endometriosis lesions on left pelvic sidewall

Vascular endometriosis lesions on right pelvic sidewall

Healed right pelvic sidewall where laparoscopic excision has been performed in the past.
All abnormal vascularity is gone.
No adhesions.