The reproductive surgery in the new twenty years: from surgical anatomy to biology based surgery

Dear Colleagues,

In the last century, reproductive surgery appeared in the world of female surgery, with the empirical use of traditional techniques and methods, lent to this nascent branch of surgical science. Progressively, with the development of technology, the use of ever lighter and more performing materials, the experimentation of new surgical methods, we have reached the new century, in which the history of reproductive surgery has been completely rewritten. We have therefore arrived at a complete reinterpretation of the traditional anatomical-surgical principles and surgical pathology, thanks to the magnification of the surgical field for the miniaturization of endoscopic instrumentation. Currently, the problem of reproductive surgery range from a birth defect of the uterus to conditions such as polyps, fibroids or endometriosis. Reproductive surgeons can have a wide choice of approaches, ranging from traditional laparotomy, mini-laparotomy to intra vaginal surgery, using laparoscopic, robotically assisted, hysteroscopic surgery and natural orifice surgery. The approach to endometriosis, uterine fibroids, pelvic adhesions, tubal fertility surgery, ovarian cysts, congenital structural abnormalities, acquired uterine abnormalities can therefore be carried out by reproductive surgeons using a wide variety of approaches. And it is precisely the purpose of this special issue, that is to promote the experience of more reproductive surgeons who intend to make their knowledge and skills known to their colleagues, taking advantage of surgical trials and studies on reproductive surgery.

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