ExCITE has been in practice in USA since 2014 as an alternative to traditional intracorporeal tissue extraction using power morcellation during minimally invasive gynaecological procedures like myomectomy and hysterectomy. This technique was developed to create a simple, reproducible, and minimally invasive approach to tissue extraction without the need for power morcellation. A relatively newer technique in UK, not many cases have been reported so far. We present a case of ExCITE technique adopted for removal of specimen at total laparoscopic hysterectomy with a 6 cm uterine fibroid in a district hospital of UK.

A 71 year old lady developed low backache and saw a chiropractor who ordered an x-ray of her pelvis which showed a calcified mass. She was referred to fast track clinic following the incidental finding of calcified pelvic mass. A subsequent ultrasound scan showed a 58mm uterine fibroid in addition to a 5 cm simple right ovarian cyst. Her CA-125 level was 8. A follow up ultrasound scan after 4 months revealed a persistent ovarian cyst of same size and CA-125 was again normal.

She underwent a diagnostic laparoscopy which revealed a large 5-6 cm fibroid arising from the posterior wall of the uterus, above the utero-sacral ligaments and another 3-4 cm fibroid arising from the round ligament very close to the left corner of the uterus. In addition, the cyst seen on the ultrasound scan was a para-ovarian cyst extending into the pelvic ligament.

A total laparoscopic hysterectomy with bilateral salpingo-oophorectomy was planned in view of her symptoms. She had a narrow vaginal introitus excluding the option of retrieving the specimen vaginally. Intraoperatively an ExCITE technique was adopted and the incision at the umbilicus was extended to 2.5cm. The specimen was placed in an endoscopic specimen retrieval bag. A small self-retaining retractor (extra small Alexis-O in this case) was placed inside the bag. The specimen was grasped with a tenaculum and using a no.10 blade scalpel, a reverse C-incision was created, similar to peeling an apple while trying to keep the skin of the fruit intact. As a result a long strip of tissue with both a “cut” and “non-cut” or “intact surface due to the way the blade incises the tissue.”

The (ExCITE) technique can be broken down into 5 major steps:
1. Specimen retrieval and containment.
2. Self-retaining retractor placement.
3. Creation of the C-incision.
4. Tissue extraction.
5. Fascial closure.

It is very important to ensure that appropriate amount of tissue is cut when performing the C-incision, resulting in long strips of tissue with both a “cut” and “non-cut” or intact surface due to the way the blade incises the tissue.

The Extracorporeal C-incision tissue extraction (ExCITE) technique is a refined and reproducible approach to tissue extraction designed to meet the following objectives:
- Tissue extraction without the need for power morcellation.
- Specimen containment to avoid intra-peritoneal spillage
- Ability to continue to offer minimally invasive surgical options to patients through a safe and standardized approach to tissue extraction.

ExCITE is a tremendous technologic advancement that enables the clinicians to continue to offer minimally invasive surgical options to patients. It is an undoubtedly safe and standardised approach that ensures tissue extraction without the need for power morcellation and avoids intraperitoneal spillage by specimen containment. ExCITE is trainee-friendly and teachable.