Objective: To show how advanced bowel endometriosis can be safely managed with laparoscopic robotic assisted (LRA) segmental resection.

Design: Stepwise demonstration of the technique with narrated video footage.

Setting: Endometriosis invading the bowel is a major challenge for gynecologists and it is estimated to occur in 8 - 12% of women with endometriosis; colorectal disease represents almost 90% of the cases. The best treatment for endometriosis invading the bowel consists on its resection, however this approach can be associated with increased morbidity and mortality rates. Possible major advantages of the technique which is being presented: less pain; fast recovery; and lower frequency of fistulas, incisional hernias, and bowel and bladder dysfunctions.

Interventions: LRA approach for the treatment of deeply infiltrated endometriosis affecting the bowel that requires segmental resection. Key points: dissection of the mesocolon and mesorectum, followed by resection of the affected segment, as near as possible to the bowel. The specimen is delivered via a natural orifice followed by Robot-assisted totally intracorporeal anastomosis. The use of the FireflyTM Fluorescence Imaging for evaluating the irrigation of the bowel segments minimizes the risk of anastomotic fistula.

Conclusion: Robot-assisted totally intracorporeal anastomosis associated with RNOSE - F is a surgical technique that may decrease the rate of complications and improve patients’ quality of life. It appears to be a promising surgical technique, easily reproducible and associated with low rates of complications. Studies with larger series are needed for final conclusions.

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