The robotic approach for deep infiltrating endometriosis surgery. Interest for a fledgeling team.

Abstract ID : 1637
Soumis par : Julie Poujois Le 2016-03-13 16:44:28
Nom de la catégorie : SEUD CONGRESS
Typologie : Communication orale / Oral communication
Statut : validé
Autorisation de diffusion : Yes/Oui

INTRODUCTION
Deep endometriosis mini-invasive surgery is challenging. Surgical difficulties related to the technical limitations of classical coelioscopic approach may be overcome with the use of robotic assistance. The aim of this study was to report the preliminary results in the robotic treatment of endometriosis of an experienced team in robotic surgery but inexperienced in robotic resection of deep endometriosis lesions.

METHODS
The first cases of robotic-assisted laparoscopies for endometriosis were included over a 18 month period. Baseline characteristics of patients and surgical data were prospectively reviewed. Based on histological findings, endometriosis lesions were classified as endometrioma (OMA) or deep infiltrating endometriosis (DIE). Surgical outcomes and follow-up informations of the patients were analyzed.

RESULTS
Fifteen women were included. The mean age was 33?5.8 years (range, 28-44 years) and mean body mass index was 21.9 ?4.4 kg/m2 (range, 16-29). Nine patients were nulliparous (60%). Only one OMA was reviewed; 9 patients had rectovaginal or uterosacral location only (60%) and 5 women had DIE with digestive or urinary lesions (33.3%). There were 2 surgical specialties represented in 5 cases and 3 specialties in 3 cases. The mean operative duration was 240?92.8 minutes and no difference was observed between the first five cases and the last five cases. There were no operative complication and no laparoconversion. Only one post-operative complication occurred (ureteral dilatation) and the median length of stay was 5.5 days (range, 2-14), A post-operative persistent ureteral stenosis occured and one recurrence of OMA was observed.

DISCUSSION
Thanks to the use of robotic surgical assistance and a multidisciplinary approach, and despite the start of the team for deep-endometriosis care, no learning curve effect was observed regarding surgical procedure success or duration. The use of robotic assistance might improve the access for care for women facing deep endometriosis. It also may be associated with a lower risk-level of complications. Both these endpoints need to be further evaluated.

Mots clefs : robotic surgery; deep infiltrating endometriosis; multidisciplinary approach;

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