

## Questions from the chat during the live session

How do you see robotic approach in the future?

*Gaby Moawad :*

*“Robotic approach will evolve hand in hand with technology , better augmented reality tools to be applied to facilitate complex surgery, incorporations of AI algorithm for standardized decision making. A lot more coming up soon in the marker like radiologic images overlay , measurement devices and more advanced clever energy devices”*

Does somebody have experience with the robotic stapler technology?

*Gaby Moawad :*

*“We use da Vinci staplers Sureform all the time for bowel endometriosis, it has a smartfire technology which monitors tissue compression before and during firing combined with a 120 degrees articulation with 2 lines of stapling to ensure safe stapling with tissue perfusion “*

*Emile Darai :*

*“ I totally agree the comment”*

Are you operating times comparable to your lap times?

*Gaby Moawad :*

*“In my practice robotic times are faster than laparoscopic times. Times are only a proxy for cost but never for the outcomes”*

*Emile Darai :*

*“ For colorectal endometriosis, the operating time was higher by robotic for the rectal shaving but not for the group composed of discoid and segmental resection”*

What is your experience with using Firefly for the identification of the endometriosis lesions?

*Gaby Moawad*

*“Firefly works best on identifying vascular endometriosis lesions and fibrotic as well. It works best for minimal vesicular and hyperhemic lesions, it works mostly for minimal endo and interestingly for adolescent endo.”*

Thank you for the nice lecture. Do you use any thing to prevent adhesions?

*Gaby Moawad*

*“None in my practice, minimal EBL and adherence to microsurgical principles, respecting tissue are probable the best practices to minimize adhesions formation”*

*Emile Darai :*

*“We don't use barrier adhesion”*

What about possible complications and its incidence?

*Gaby Moawad*

*"Complications are similar to those for laparoscopic surgery, robotic is a laparoscopy."*

*Emile Darai*

*"For colorectal resection, we don't find difference between robotic and laparoscopy for the overall complication rate. However, for the sub-group of discoid and segmental resection, a lower intraoperative complication rate was observed."*

What kind device for uterine exposition / manipulation ?

*Gaby Moawad*

*"VCare uterine manipulator by Conmed."*

What is your opinion of ICG evaluation of rectal wall after dissection ?

*Gaby Moawad*

*"We use ICG to check perfusion of tissues after dissection, anastomosis, rectal dissection, ureters, bladder ( vaginal cuff as well in some patients)."*

Is it really sensible to use v lock or a continuous suture as it will shorten your suture line and potentially cause stenosis particularly with a disc. Interrupted sutures would be preferable

*Gaby Moawad*

*"Great point , we have never had in our practice such a complication after using Vloc ."*

Pr Moawad, please do You advise any special diet for patients after shaving and discoid surgery?

Thank You

*Gaby Moawad*

*"In our practice, we do recommend early feeding with regular diet and maintaining soft stools with the help of a stool softener."*

*Emile Darai*

*"we have the same regimen"*

Is there a true risk of thermal injury with using robotic monopolar device when dissecting and passing near the ureter.

*Gaby Moawad*

*"Knowledge of electrosurgery and the tools used are of critical importance, when we dissect the ureter we preserve the Waldayer sheet that wraps the ureter and protects it , we never had any issues with the techniques that were showed during the lecture."*

*Emile Darai*

*"No difference in ureteral injury was observed comparing harmonic scalpel and monopolar."*

Experience with synchro seal for die surgery?

*Gaby Moawad*

*"Synchro seal is a great tool for dissection especially shaving the mesorectum and mesosigmoid for preparation for discoid excision or segmental resection , minimal thermal spread 1mm, curved tips easy for dissection and fast sealing cycles 2 seconds 5x faster than the ultrasonic devices on the market, and it cools really fast 70 degrees after the cycle in comparison to 240 degrees for the harmonic thus minimizing the theoretical risk of thermal injury ."*

Try to convince a skilled (16 y experience) 3D-lap surgeon why to change to robotics if you have to consider the economy also (except that it would be fun to operate with the robot)

*Emile Darai*

*"So far, our series is too small to draw definitive conclusion. However, we were surprised by the difference in in situ resection that was higher in the robotic group confirming the contribution of robotic thanks to the magnification of the vision."*

Thank you all for excellent lectures. The discoid resection seemed very easy. How often the bleeding when using cold scissors makes the vision more complex?

I meant shaving above, it seemed very easy.

*Gaby Moawad*

*"Thank you , if you encounter bleeding, mainly it is from small arterioles that could be controlled with bipolar or even a monopolar coag, irrigation helps as well."*

Do you think that robotic surgery may restore in the near future the place that deserves the surgery approach in the management of endometriosis-associated with infertility?

*Gaby Moawad*

*"That is the hope considering many surgeons has now reached their proficiency curves, and the technology readily available, the publication will match the outcomes and hopefully show a difference."*

*Emile Darai*

*"So far It is impossible to give a definitive conclusion but when robotic is associated with less intraoperative complications, it is logical to think that this evidence is interesting for infertility treatment"*