Value of Da Vinci Surgery in Benign Gynecology

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Disclosure – Conflict of Interest Slide

• Speaker's Bureau: Intuitive Surgical



Landscape Change of Benign Surgery



494,000 hysterectomies are performed annually in the United States 2010 518,828 hysterectomies in 2005 More than 600,000 in 2002



What are we left with?

Complex Benign Hysterectomies

WHAT IS IT THAT INCREASES THE COMPLEXITY OF A HYSTERECTOMY?





What is it that increases the complexity of a hysterectomy?

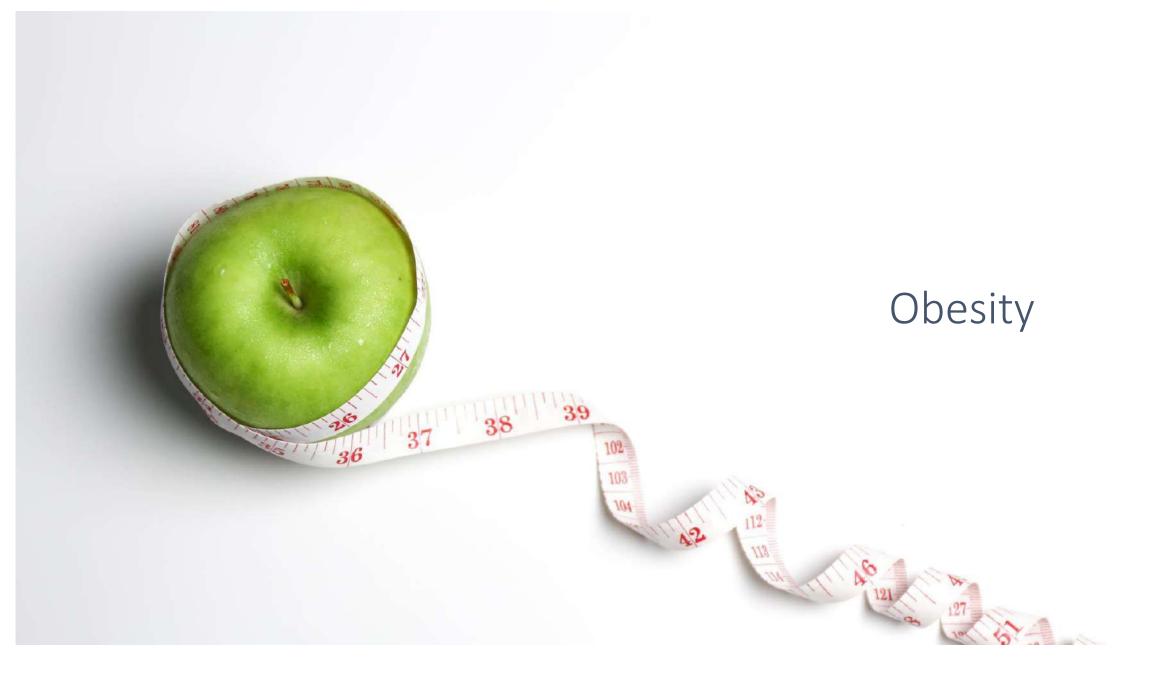






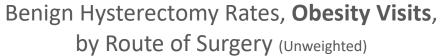
Obesity Uterine size Adhesions

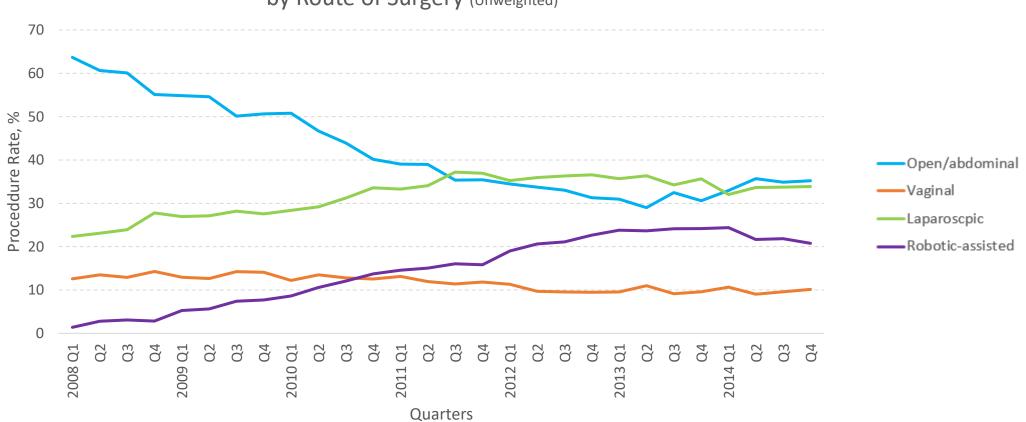




Complexity: Obesity

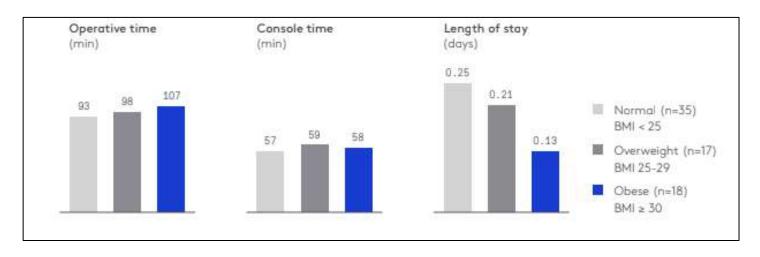




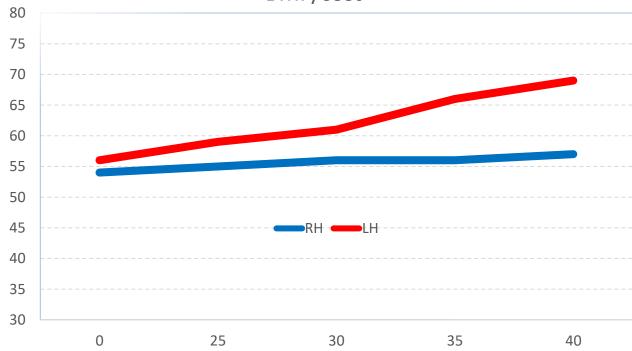


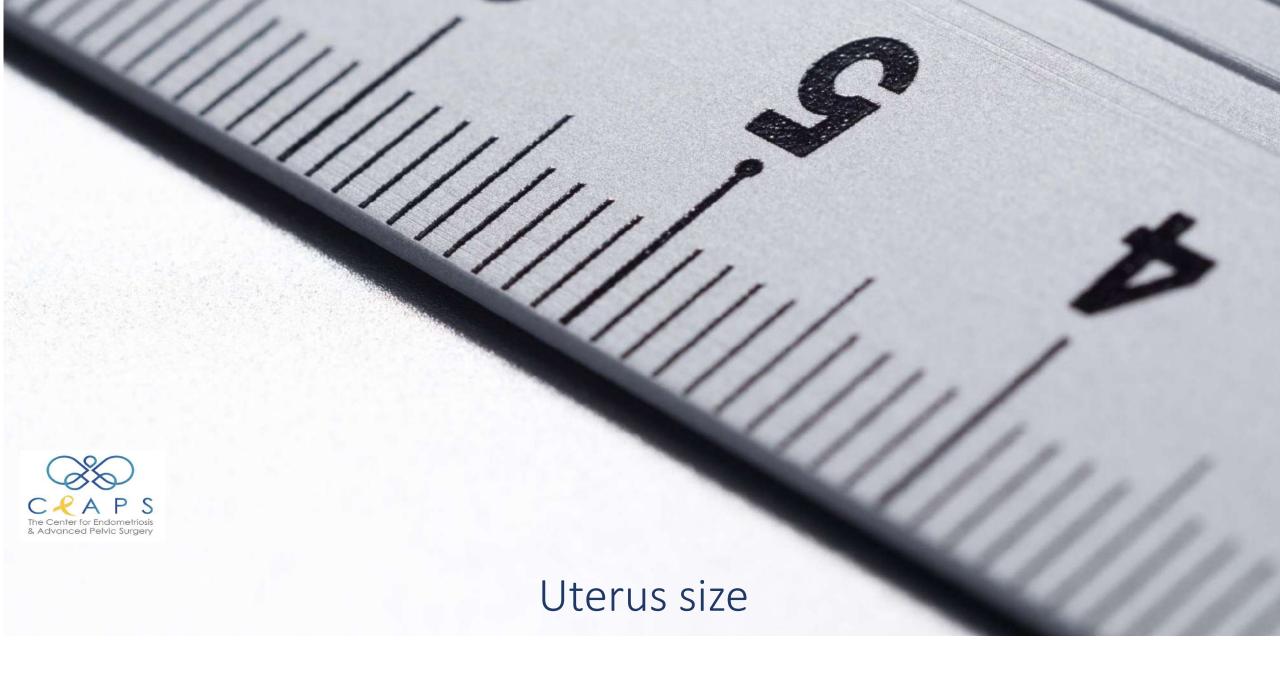
Complexity: Obesity











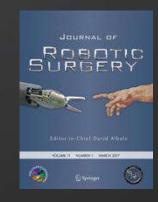
ORIGINAL ARTICLE

Comparison of cost and operative outcomes of robotic hysterectomy compared to laparoscopic hysterectomy across different uterine weights

Gaby N. Moawad¹ · Elias D. Abi Khalil¹ · Paul Tyan¹ · Michael K. Shu² · David Samuel² · Richard Amdur³ · Stacey A. Scheib⁴ · Cherie Q. Marfori¹

Outcome	Mean	Outcome	OR	
	Robot (n=101)	Laparoscopic (n=95)		
EBL (cc) *	50 (50-100)	50 (50-150)	.73	
Operative Time (min) †	110 (88-135)	141 (106-184)	<.0001	
Cost (\$) [‡]	4789 (4187-5456)	5144 (4197-7345)	.0063	
LOS (days)			.023	
0	84 (83.2%)	65 (68.4%)		
1	14 (13.9%)	19 (20.0%)		
2 or more	3 (3.0%)	11 (11.6%)		

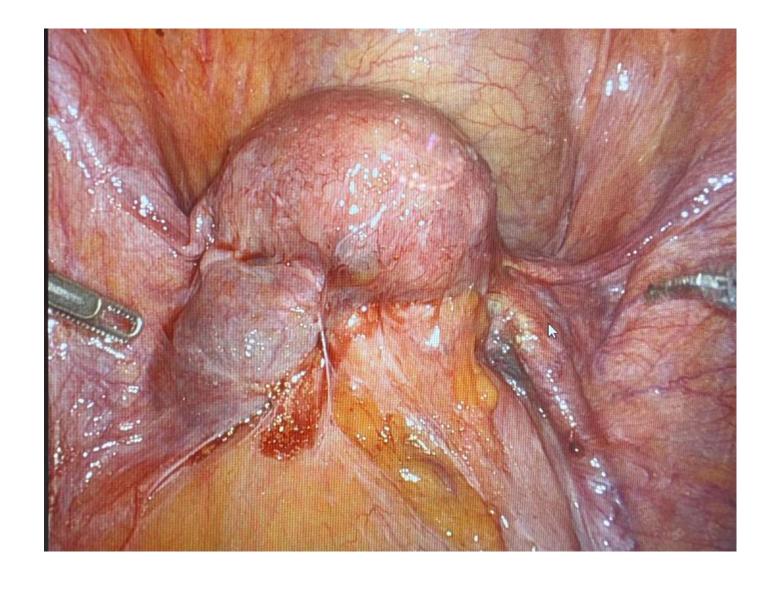
Outcome	Mean	Outcome	OR	Mean difference	p-value
	Robot (n=101)	Laparoscopic (n=95)			
Op Time(min) *	123 (100-145)	170 (146-193)		47	<.0001
Cost (\$) [†]	5444(3848-7039)	6941(5140-8742)		1648	.0054
LOS >0(days)	17(16.9%)	30(31.6%)	2.9		.0071
1	14 (13.9%)	19 (20.0%)			
2 or more	3 (3.0%)	11 (11.6%)			



Comparison of cost and operative outcomes of robotic hysterectomy compared to laparoscopic hysterectomy across different uterine weights



Pelvic Adhesions





Original Research

GYNECOLOGY

Effect of remote cesarean delivery on complications during hysterectomy: a cohort study

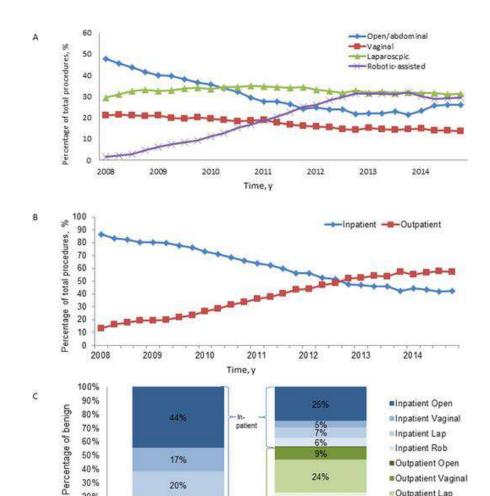


Susanne Hesselman, MD; Ulf Högberg, PhD; Maria Jonsson, PhD

CONCLUSION: Previous cesarean delivery is associated with an increased risk of complications during a subsequent hysterectomy, but the risk is only partly attributable to the presence of adhesions. Previous cesarean delivery and presence of endometriosis were major predisposing factors of organ injury at the time of the hysterectomy, whereas background and perioperative characteristics were of minor importance.



Fig 2. Trends for BH from Q1 2008 through Q4 2014.





Out-patient

11%

2008

23%

2014

20%

10%

0%



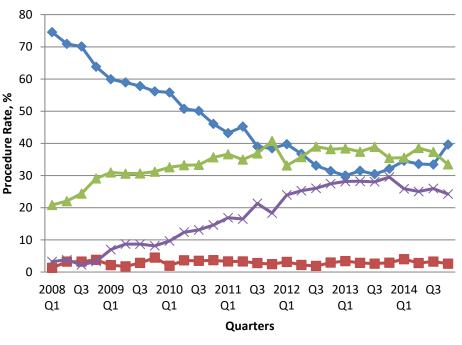
Outpatient Lap

Outpatient Rob

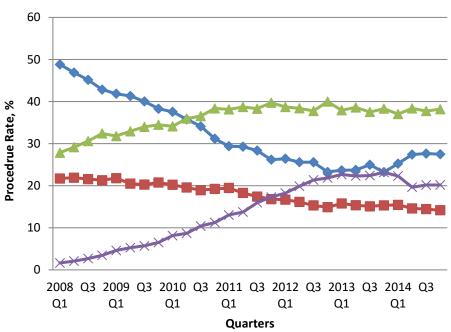


Overall, stratified by complexities

Benign Hysterectomy Rates, among Visits with >= 2 Complexity Score, by Route of Surgery, by Quarter (Unweighted)



Benign Hysterectomy Rates, among Visits with < 2 Complexity Score, by Route of Surgery, by Quarter (Unweighted)



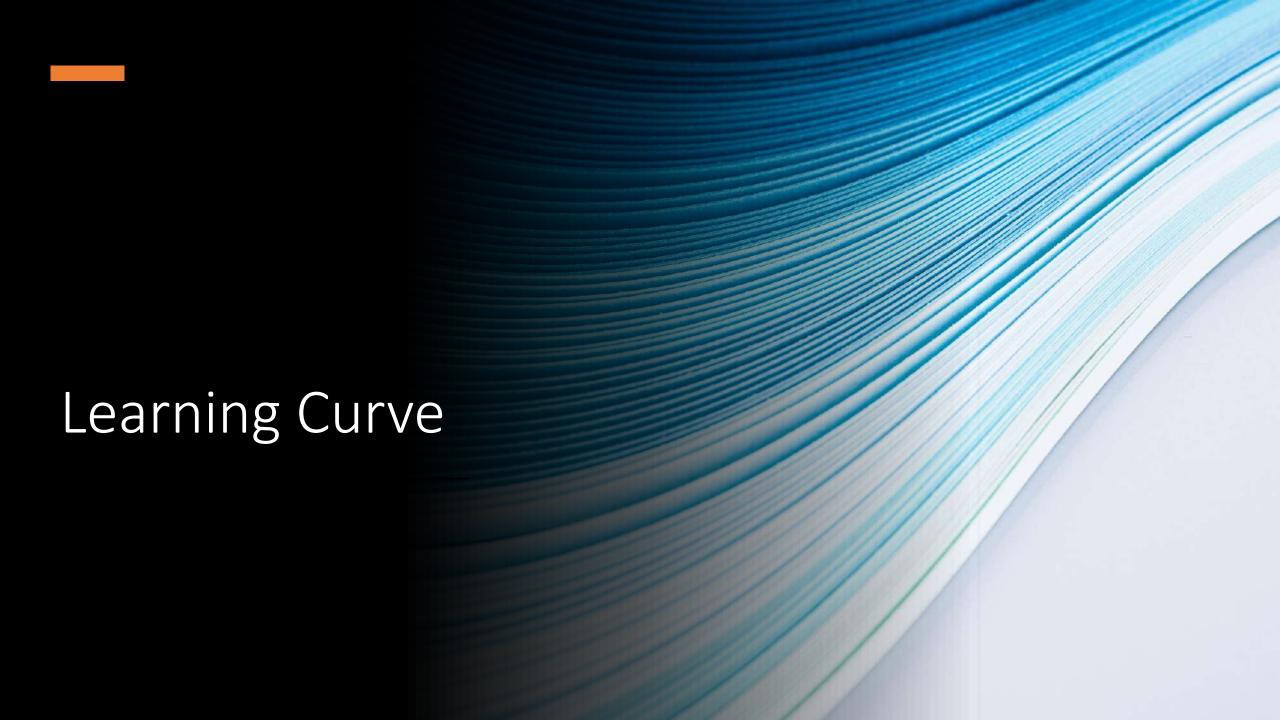
→ Open/abdominal

──Vaginal

Laparoscpic

----- Robotic-assisted







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Comparison of robotic versus conventional laparoscopy for the treatment of colorectal endometriosis: Pilot study of an expert center

Marjolaine Le Gac ^a, Clément Ferrier ^a, Cyril Touboul ^{a, b, c}, Clémentine Owen ^a, Alexandra Arfi ^a, Anne-Sophie Boudy ^a, Aude Jayot ^a, Sofiane Bendifallah ^{a, b, c}, Emile Daraï ^{a, b, c} $\stackrel{\boxtimes}{\sim}$

Learning Curve



Residency Training Pathway

Phase 1	Phase 2	Phase 3	Phase 4	Post Training
da Vinci System	da Vinci System	Advanced Instrument	Procedure	Training Equivalency
Online Course	Skills Practicum	Online Course	Performance as Console Surgeon	Certificate*
Procedure Review	Skills Simulator™	da Vinci System	Procedure	da Vinci Technology
		Skills Practicum Suturing topics	Performance as Bedside Assistant	Training Pathway
	115.16	S S		
da Vinci System In-Service	da Vinci Case Observations	Skills Simulator™		Advanced Training Courses
Skills Simulator™		Procedure		Complex Cases
		Performance as		
		Bedside Assistant		





Fatigue



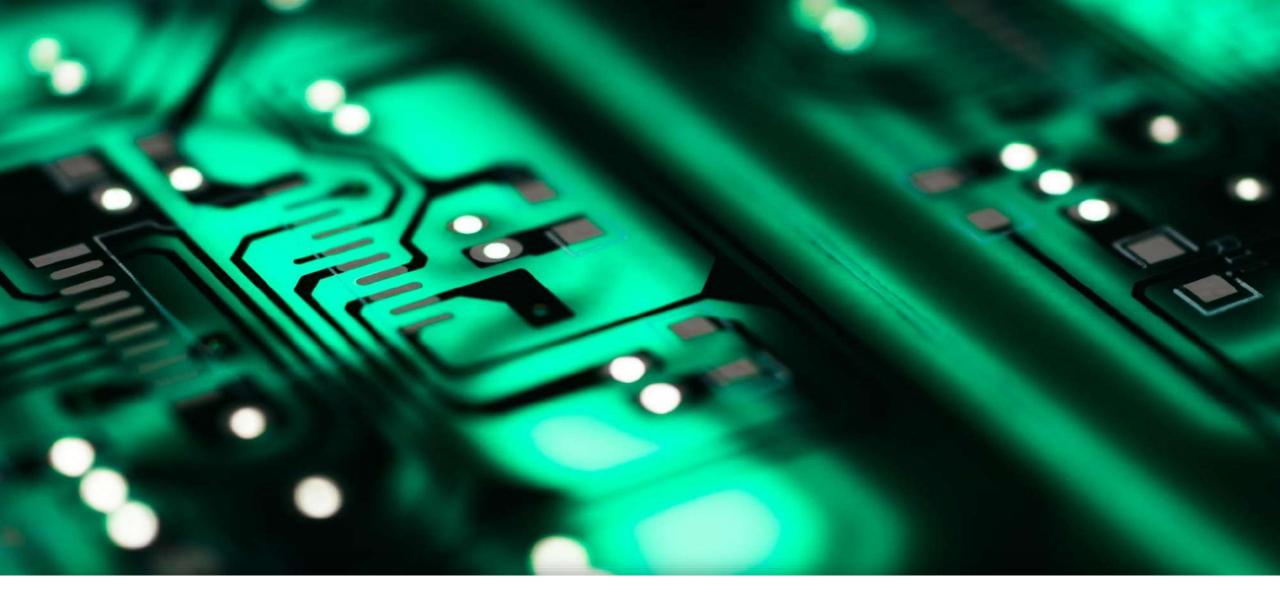
REVIEW ARTICLE

Should All Minimal Access Surgery Be Robot-Assisted? A Systematic Review into the Musculoskeletal and Cognitive Demands of Laparoscopic and Robot-Assisted Laparoscopic Surgery

Abdul Shugaba^{1,2} · Joel E. Lambert^{1,2} · Theodoros M. Bampouras¹ · Helen E. Nuttall³ · Christopher J. Gaffney¹ · Daren A. Subar²

Conclusions Evidence suggests a reduction in musculoskeletal demands during robotic surgery in muscles excluding the trapezius, and this is associated with most studies reporting a reduced cognitive load. Robotic surgery appears to have less negative cognitive and musculoskeletal impact on surgeons compared to laparoscopic surgery.

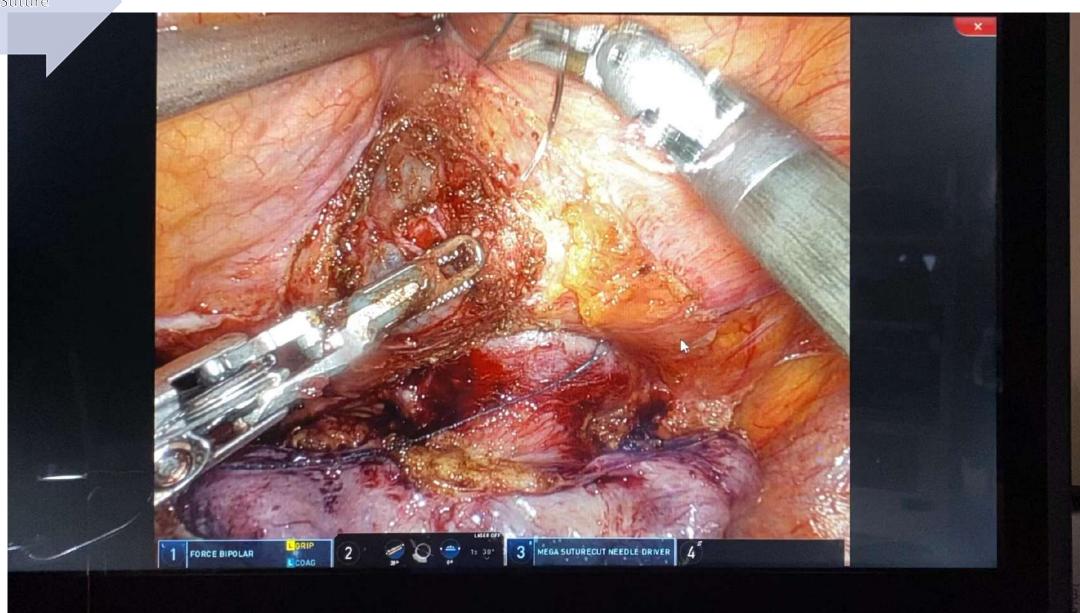




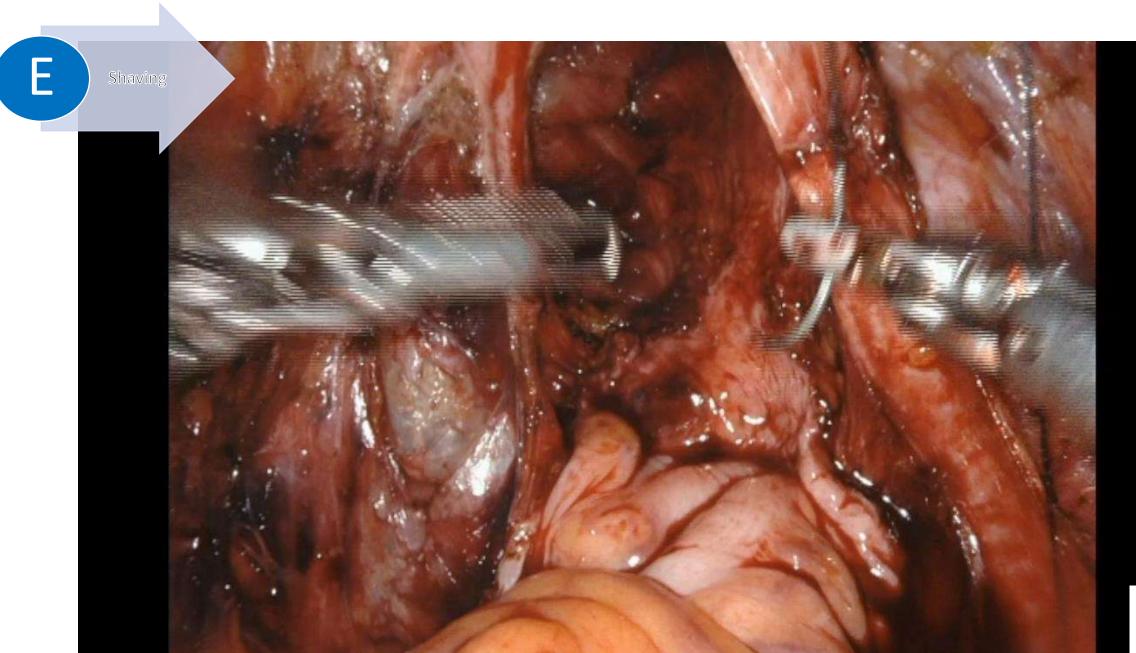
Advanced Technology



E Suture

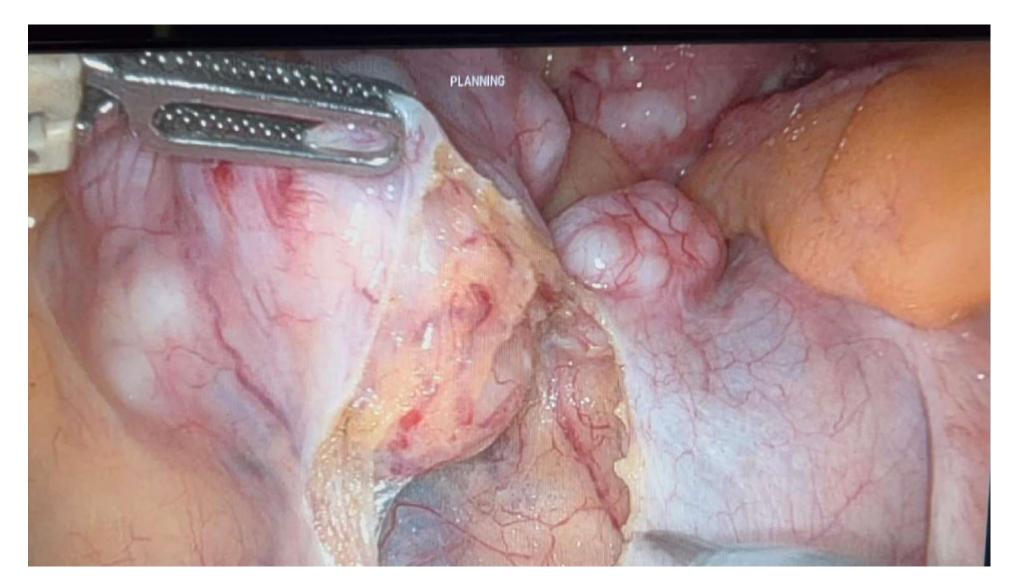


A P S or Endometriosis Pelvic Surgery



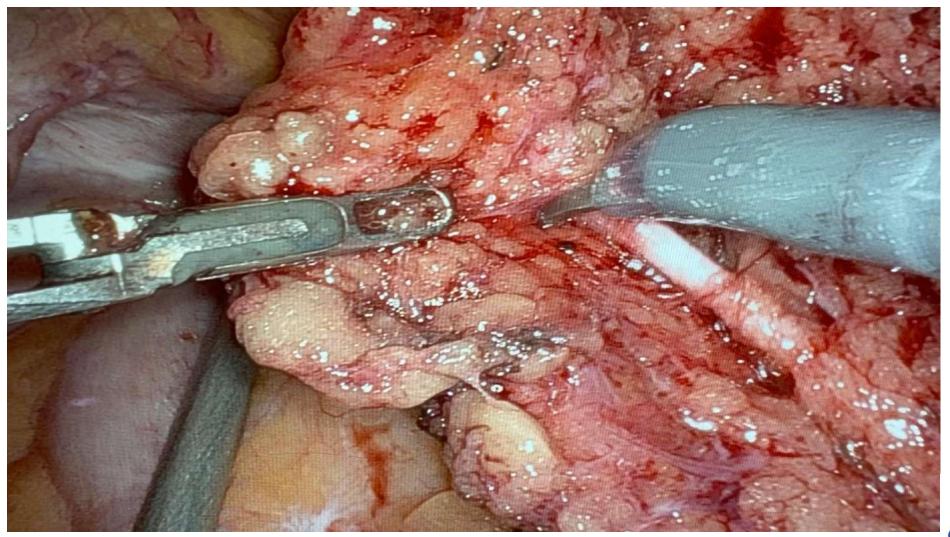


Leiomyomatosis



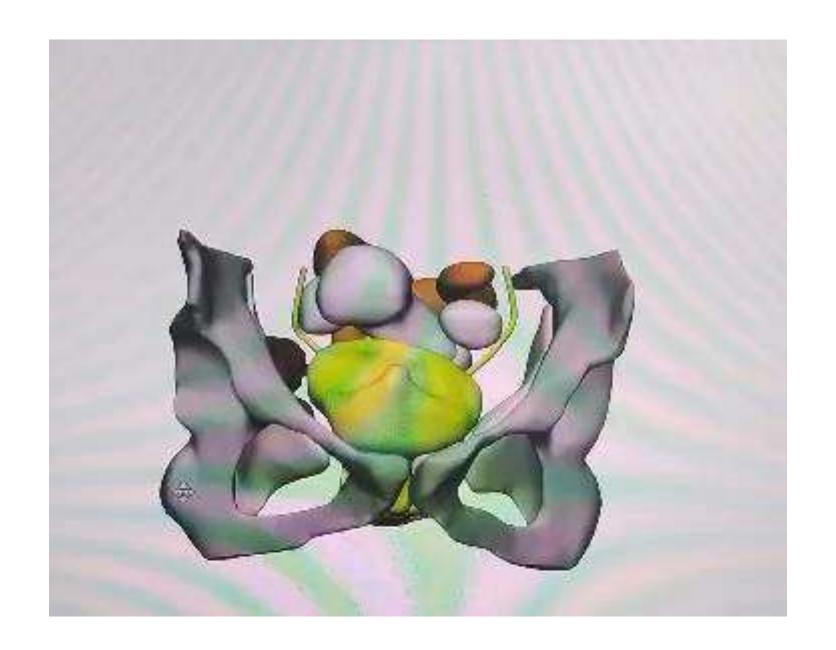


Neurolysis



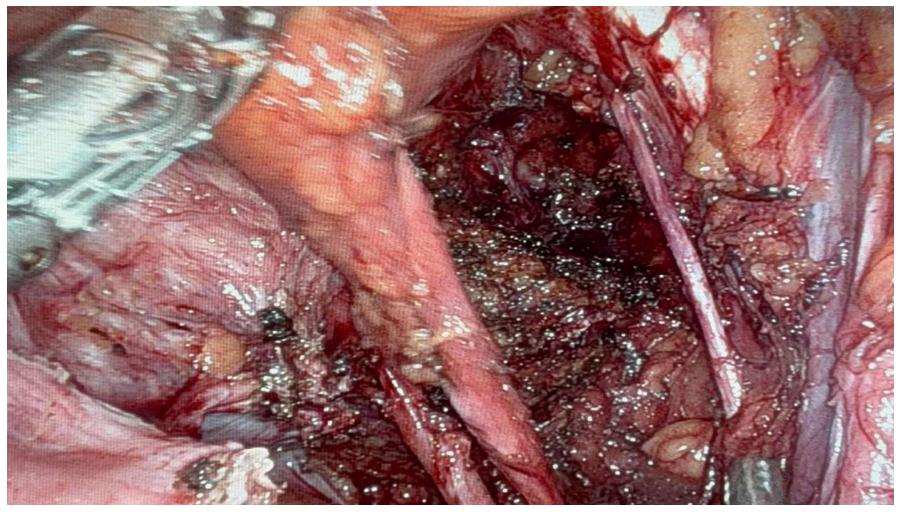






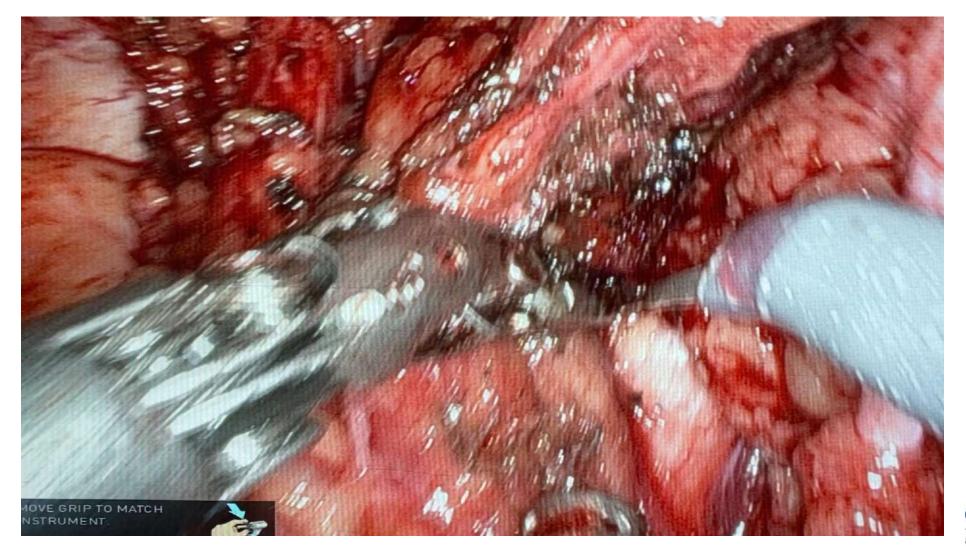


Pelvic Side Wall



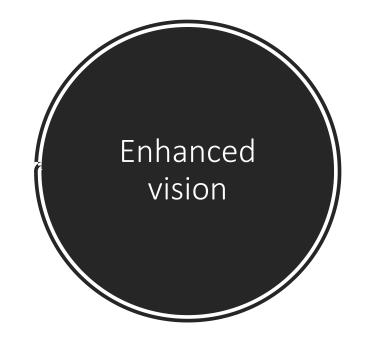


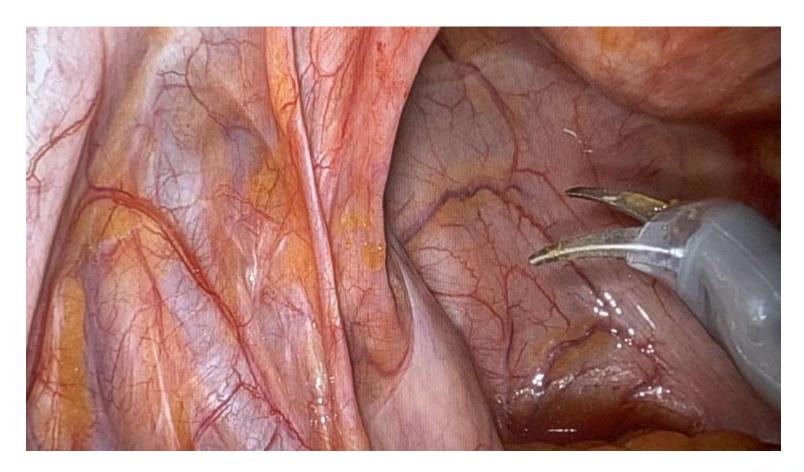
Sciatic Neurolysis





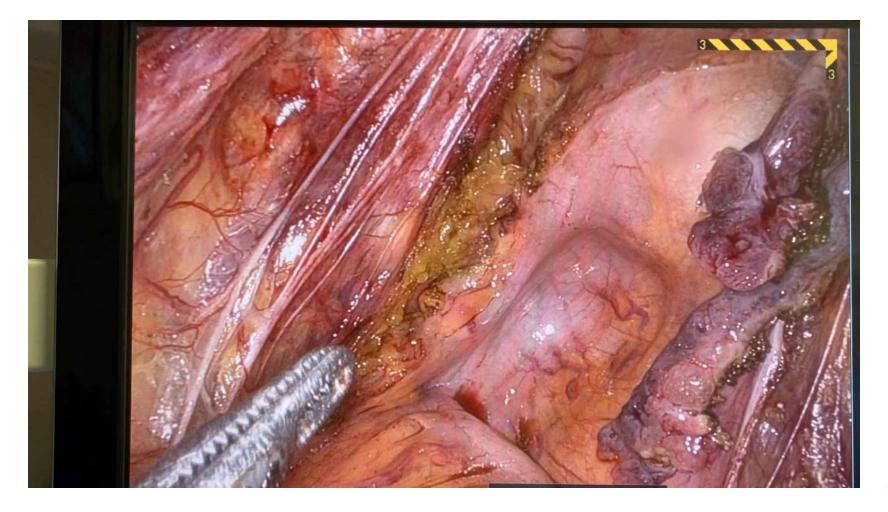






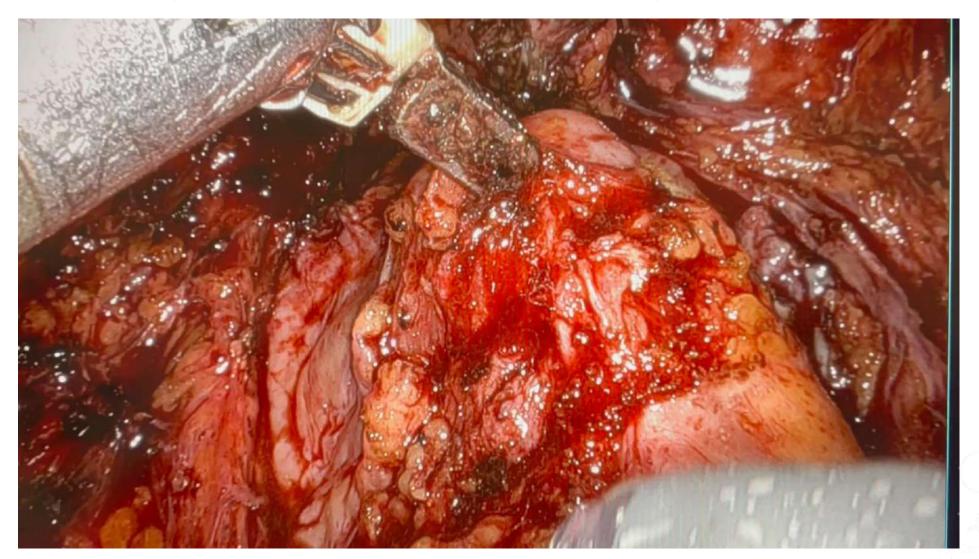


Inferior Hypogastric Plexus





Shaving under Intraluminal ICG guidance









Article

Improvement of Post-Operative Quality of Life in Patients 2 Years after Minimally Invasive Surgery for Pain and Deep Infiltrating Endometriosis

Sophie Legendri ^{1,2}, Marie Carbonnel ^{1,2,*}, Anis Feki ³, Gaby Moawad ⁴, Gabrielle Aubry ¹, Alexandre Vallée ⁵ and Jean-Marc Ayoubi ^{1,2}

The International Journal of Medical Robotics and Computer Assisted Surgery



ORIGINAL ARTICLE

Comparison of robot-assisted and conventional laparoscopy for colorectal surgery for endometriosis: A prospective cohort study

Clément Ferrier, Marjolaine Le Gac, Kamila Kolanska, Anne-Sophie Boudy, Yohan Dabi, Cyril Touboul, Sofiane Bendifallah, Emile Daraï



Thank you

