Best Practice & Research Clinical Obstetrics and Gynaecology 45 (2017) 114–117

Contents lists available at ScienceDirect

Best Practice & Research Clinical Obstetrics and Gynaecology

journal homepage: www.elsevier.com/locate/bpobgyn

Robotic Surgery in Gynaecology – Multiple Choice Questions for Vol. 45

There are a smaller number of MCQs than usual for this issue due to the relatively new and emerging nature of the topic.

1. Robotic surgical staging in early stage ovarian cancer should include which of the following surgical procedures?
   a) Hysterectomy
   b) Bilateral adnexectomy
   c) Omentectomy
   d) Pelvic and aortic lymphadenectomy
   e) Only pelvic lymphadenectomy

2. Which is/are the most impressive feature(s) of the new Da Vinci Xi when compared with the previous Da Vinci Si System:
   a) Stable 3-dimensional vision
   b) Instruments with a wrist function at the tip and a 360-degree range of motion
   c) Tremor filtration
   d) An ergonomic working position
   e) The ability to work effectively in multiple quadrants without the need for re-positioning

3. In the context of early stage ovarian cancer, the robotic approach presents the following advantages or disadvantages when compared with conventional laparoscopy and open laparotomy:
   a) Similar Estimated Blood Loss (EBL) and Length of Stay (LOS) when compared with a laparotomic approach
   b) Improved overall survival
   c) Relevant differences in terms of perioperative outcome if compared with laparoscopy
   d) It is able to help the surgeon to overcome some of the difficulties associated with traditional laparoscopic surgery such as the weight of a thick abdominal wall
   e) The evidence of a higher number of lymph nodes removed

4. The use of robotic assisted surgery for advanced stage and recurrent ovarian cancer:
   a) Is well defined and data available from the literature show a high level of evidence
   b) Is always preferable to laparotomy
   c) Ensures improved overall survival
   d) Is indicated in women with advanced ovarian cancer requiring extensive debulking
   e) Is indicated for a selected population of patients with limited carcinomatosis or isolated recurrent disease

https://doi.org/10.1016/j.bpobgyn.2017.11.002
1521-6934

5. What is/are included in suggested Sentinel Lymph Node (SLN) techniques?
   a) Cervical injections are the preferred method of injection for SLN mapping due to technical ease and reproducibility
   b) Cervical injections when used are best inserted at either 2 or 4 point sites
   c) Deeper injections in the cervix are considered efficacious for uterine cancer.
   d) Blue-dye leads to the highest detection of SLN mapping
   e) Pelvic lymphadenectomy should be performed on both sides if one side has failed SLN mapping to reduce false negative detection rates

6. What is the best dye for SLN detection as proven in studies?
   a) Methylene Blue
   b) Radiocolloid Technetium-99
   c) Isosulfan Blue
   d) Indocyanine Green
   e) Isosulfan Blue with Radiocolloid Technetium-99

7. According to the NCCN surgical algorithms, failure to identify sentinel lymph nodes requires which of the following?
   a) Bilateral pelvic lymphadenectomy
   b) Unilateral pelvic lymphadenectomy of the side that did not map
   c) Use of additional SLN technique such as Tech-99
   d) Second injection of dye and repeat attempt at SLN mapping
   e) No additional measures

8. Regarding the steep Trendelenburg position and pneumoperitoneum of patients during robot-assisted surgery which of the following is/are true?
   a) It can compromise the respiratory function of the patient
   b) It may cause orbital complications.
   c) Other than deep vein thrombosis, this position is not a contributing factor if the patient develops lower limb swelling.
   d) Limited hydration during the operation may reduce some of the complications related to the positioning and pneumoperitoneum of the patients.
   e) Laparotomy is a better option than robotic surgery for elderly patients especially those with chronic obstructive pulmonary disease.

9. Regarding organ damage during robot-assisted gynaecological cancer surgery,
   a) The risk of bladder, ureter and bowel injury is <10%.
   b) Cystoscopy after hysterectomy can help to detect bladder injury and so should be routinely done.
   c) Prophylactic ureteric stenting or catheterisation can prevent complications due to devascularization of the ureters after robot-assisted radical hysterectomy.
   d) Most bowel injury occurs during the primary laparoscopic entry.
   e) There is limited evidence on the use of mechanical bowel preparation for robot-assisted operation.

10. For other complications related to robot-assisted surgery,
    a) Vascular injury is a major cause of death after laparoscopic or robot-assisted surgery.
    b) The incidence of surgical emphysema after robot-assisted gynaecological cancer surgery is up to 20%.
    c) Advanced stage and ascites in ovarian cancers are risk factors for port-site metastasis after laparoscopic or robot-assisted surgery.
    d) Obesity is a risk factor for vaginal cuff dehiscence.
    e) Use of barbed suturing materials may prevent vaginal cuff dehiscence.

11. In the surgical management of early-stage cervical cancer, which of the following is/are true regarding robotic radical hysterectomy?
    a) Less estimated blood loss than abdominal surgery