

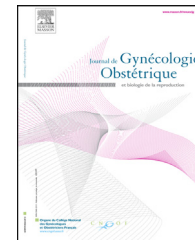


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ORIGINAL ARTICLE

Management of deep infiltrating endometriosis by laparoscopic route with robotic assistance: 3-year experience

Chirurgie de l'endométriose profonde par cœlioscopie avec assistance robotique : expérience de 3 ans

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KEYWORDS

Robotic assistance;
Da Vinci;
Deep endometriosis;
Rectal shaving;
Ureterolysis

Summary

Objective. – To assess the feasibility of deep endometriosis surgery using robotic assistance, benefits and limits of this approach.

Method. – Case-series study enrolling patients managed for deep infiltrating endometriosis (DIE) using robotic assistance in our department between September 2011 and March 2014 (NCT02294825). Self-questionnaires including pain and digestive symptoms were filled in pre-operatively and 1 year after surgery.

Results. – Thirty-five patients were enrolled in the series. They represented 54% of patients managed for gynecological disease by laparoscopic route with robotic assistance during the study period, and 14% of patients managed for deep endometriosis in our department. Follow-up averaged 24 ± 8 months, and no patient was lost to follow-up. Thirty-two patients had rectal involvement: rectal shaving was performed in 25 patients, disc excision in 3 and colorectal resection in 4. Three patients had bladder resection. Thirteen patients presented with deep endometriosis of the ureters: ureterolysis was performed in 11 of them, and resection of the ureter followed by reimplantation into the bladder in 2 patients. One major complication

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MOTS CLÉS

Assistance robotique ;
Da Vinci ;
Endométriose
profonde ;
Shaving rectal ;
Urétérolyse

(Clavien IIIb) was recorded in a patient presenting with necrosis of the right ureter on postoperative day 5. Nine patients tried to conceive after surgery and 8 have already become pregnant (88.9%). One year after surgery, self-questionnaires revealed a significant decrease in pain symptoms and significant improvement in several item values of gastrointestinal standardized questionnaires.

Conclusions. – Surgical management of DIE is feasible using robotic assistance. However, data available in the literature and our own experience do not definitively support the hypothesis of the superiority of robotic assistance in the management of DIE.

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Résumé

Objectifs. – Évaluer la faisabilité de la chirurgie de l'endométriose profonde par voie cœlioscopique avec assistance robotique et déterminer les bénéfices et les limites de cette approche. **Schéma de l'étude.** – Série rétrospective de patientes présentant une endométriose profonde prise en charge par voie cœlioscopique avec assistance robotique dans notre service entre septembre 2011 et mars 2014 (NCT02294825).

Lieu. – Centre hospitalier universitaire.

Patientes. – Trente-cinq patientes atteintes d'endométriose profonde.

Interventions. – Prise en charge chirurgicale par voie cœlioscopique avec assistance robotique.

Critère de jugement principal. – Autoquestionnaires évaluant la douleur et les symptômes digestifs, complétés avant et 1 an après l'intervention.

Résultats. – Les patientes incluses dans notre série représentaient 54 % des patientes prises en charge dans le service pour une pathologie gynécologique par cœlioscopie avec assistance robotique pendant la durée de l'étude. Le suivi moyen était de 24 ± 8 mois. Aucune patiente n'a été perdue de vue. Trente-deux patientes ont présenté une atteinte rectale : un shaving rectal a été réalisé chez 25 patientes, une exérèse discoïde chez 3 patientes et une résection colorectale chez 4 patientes. Trois patientes ont bénéficié d'une résection vésicale. Treize patientes ont présenté une endométriose profonde avec sténose des uretères : une urétérolyse a été pratiquée chez 11 d'entre elles et une résection urétérale avec réimplantation type vessie psöique chez 2 patientes. Une complication majeure (Clavien IIIb) a été relevée chez une patiente présentant une nécrose de l'uretère droit survenue 5 jours après une urétérolyse. Neuf patientes rapportaient un désir de grossesse après l'intervention et 8 sont déjà enceintes (88,9 %). Un an après la chirurgie, il a été observé une diminution significative des symptômes douloureux et une amélioration significative des valeurs de plusieurs items des questionnaires digestifs.

Conclusion. – La chirurgie de l'endométriose profonde est faisable par voie cœlioscopique avec assistance robotique. Néanmoins, sa supériorité par rapport à la cœlioscopie conventionnelle reste encore à démontrer.

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Introduction

Endometriosis is responsible for causing pelvic pain and infertility with a major negative impact on quality of life [1–4]. Deep infiltrating endometriosis (DIE) is characterized by invasion of the organ muscles situated around the uterus, e.g. bladder, rectum, ureters or uterosacral ligaments (USL) [5,6]. This disease can also generate various severe lesions, represented by deep nodules infiltrating the digestive and urinary tracts.

DIE surgery may be challenging, as deep infiltration of various organs is associated with pelvic inflammation and tough adhesions. Surgical management of DIE may require dissecting in close contact with the rectum or the ureters, and may be responsible for severe unfavorable outcomes, such as fistula, abscess or peritonitis.

Laparoscopic route appears to be the best approach in the management of DIE. The benefits of laparoscopy over

open surgery are multiple and have already been proved [7]. During the last 3 years, several teams have introduced robotic assistance into DIE management, and reported their experience through non-comparative series [8,9]. Nezhat Camran et al. compared immediate outcomes in patients managed by either laparoscopy or robotic assistance [8]. As the afore-mentioned authors are pioneers in DIE robotic surgery, it is obvious that their conclusions were rather enthusiastic or encouraging, with special mention of feasibility, ergonomics, precision of dissection, and lack of unfavorable outcomes. Robotic assistance has already been successfully used in other specialties such as urology, brain surgery, cardiothoracic surgery and in some gynecology operations [9–15], thus it might in theory be an alternative to standard laparoscopy in the treatment of DIE. Notwithstanding, to our knowledge, strong arguments for the superiority of robotic surgery over laparoscopy in the management of DIE remain scarce.

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