Video Article

Laparoscopic assisted robotic myomectomy of a huge myoma; Does robotic surgery change the borders in minimally invasive gynecology?

Özgüç Takmaz1, Savaş Gündoğan1, Esra Özbaşlı1, Emine Karabük2, Murat Nakı1, Faruk Köse1, Mete Güngör1

1Acıbadem Mehmet Ali Aydınlar University, Maslak Hospital, Clinic of Obstetrics and Gynecology, İstanbul, Turkey
2Acıbadem Mehmet Ali Aydınlar University, Atakent Hospital, Clinic of Obstetrics and Gynecology, İstanbul, Turkey

Address for Correspondence: Özgüç Takmaz
e-mail: ozguctakmaz@hotmail.com

DOI: 10.4274/jtgga.2016.0192

Received: 17 February, 2019 Accepted: 8 May, 2019

Abstract

Today, the adoption of minimal invasive gynecologic procedures are expanding their routine use in clinical practice. Until recently, a diameter of 8 cm was the recommended maximal size for laparoscopic removal of the fibroids. However, robotic assisted laparoscopy improved the capacity and the feasibility of the many gynecologic procedures. Here, we are reporting a video of robotic myomectomy of a huge myoma. (J Turk Ger Gynecol Assoc 2019; 20: xxxxx)

Keywords: Robotic myomectomy, huge myoma, fibroid

Introduction

To demonstrate the feasibility of robotic myomectomy of a huge fibroid. Robotic myomectomy operation video of a 19 cm diameter (FIGO type 3-4) myoma (Canadian Task Force Classification III). A University Affiliated Private Hospital.

38-year-old Gravida 2 (vaginal birth) patient with a 19cm intramural fibroid was admitted to our clinic with a request of endoscopic removal of the fibroid, after a detailed information to the patient about risk of the surgery which defines the risk of disseminating malignant cells through the abdominal cavity. Then it is decided to perform myomectomy operation via robotic platform. The operation was performed via da Vinci Xi platform (Intuitive Surgical, Inc., Sunnyvale, C), the patient card was docked centrally, three robotic arms and an assistant port with smoke evacuator (AirsealR SurgiQuest, Inc., CT, USA) were used.

Operation time (skin to skin) was 205min., Docking time was 6min., 2.0 barbed suture was used for uterine closure. Estimated blood loss (calculated with the difference between irrigation and suction) was 350cc, 2 erythrocyte suspension transfusion had been given after the operation, first gas discharge was 13 hours after the surgery, length of hospital stay was 2 days. No complication had been occurred peri-operatively.

Huge fibroids can be removed by robotic assisted laparoscopy.
Laparoscopic Assisted Robotic Myomectomy of a Huge Myoma

Ozguc Takmaz, Savas Gundogan,
Esra Ozbasli, Murat Naki, Faruk Kose
Mete Gungor
Acibadem MAA University Maslak Hospital
Istanbul / Turkey

- Total operation time: 205 min
- Docking time 6 min.
- EBL: 350 ml.
- 2 Unite of Erytrocye Suspension
- Discharged postoperative 2\textsuperscript{nd} day.
- No perioperative complication.
- Weight of myoma was 1460 gr.
- Pathology: Benign uterine leiomyoma