Oral Presentations

MONDAY, NOVEMBER 15, 2021

Plenary 1: Laparoscopy
(11:00 AM — 12:30 PM)

11:04 AM

Approach to the Laparoscopic Excision of Bladder Endometriosis
Nguyen D.B.,1,2* Arendas K.,2 Jago C.A.,1 Warren J.,4 Singh S.S.3,1 McGill University, Montreal, QC, Canada;2 Obstetrics and Gynecology, University of Ottawa, Ottawa, ON, Canada;3 University of Ottawa, Ottawa, ON, Canada;4 Urology, The Ottawa Hospital, Ottawa, ON, Canada

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Study Objective: To describe a stepwise approach to the excision of bladder endometriosis by laparoscopy.

Design: Surgical video.

Setting: Academic tertiary care hospital.

Patients or Participants: Surgical footage was obtained from three patients who underwent surgery for bladder endometriosis.

Interventions: Laparoscopic excision of bladder endometriotic nodule by partial cystectomy.

Measurements and Main Results: The approach to the excision of bladder endometriotic nodules can be standardized in 6 reproducible steps: (1) cystoscopy; (2) abdominal survey; (3) bladder mobilization; (4) partial bladder cystectomy under cystoscopic guidance; (5) cystotomy closure; (6) water-leak test.

Conclusion: The safe and complete excision of bladder endometriosis relies on the understanding of surgical anatomy, the multi-disciplinary aspect of patient care, and the standardization of the surgical approach.

Plenary 1: Laparoscopy
(11:00 AM — 12:30 PM)

11:11 AM

Decreasing Utilization of Minimally Invasive Hysterectomy for Cervical Cancer in the United States
Ciesielski K.M.,1,1* Mandelbaum R.S.,1 Matsushima K.,2 Matsuoki S.,1 Roman L.D.,1 Wright J.D.,3 Matsuo K.,1 Department of Obstetrics and Gynecology, University of Southern California, Los Angeles, CA;2 Department of Surgery, University of Southern California, Los Angeles, CA;3 Department of Obstetrics and Gynecology, Columbia University, New York, NY

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Study Objective: To examine the influence of the Laparoscopic Approach to Cervical Cancer (LACC) Trial on utilization of minimally invasive hysterectomy and perioperative complications for cervical cancer surgery.

Design: Population-based retrospective observational study comparing the time periods before versus after the LACC Trial report in March 2018.

Setting: National Inpatient Sample.

Patients or Participants: Women with cervical cancer who underwent hysterectomy and lymphadenectomy from 10/2015-12/2018.

Interventions: N/A

Measurements and Main Results: A quasi-experimental analysis with interrupted-time series by linear segmented regression with log transformation was performed to assess the influence of the LACC Trial report on outcome measures (minimally invasive hysterectomy use and perioperative complication rates). 5,120 women in the pre-LACC period and 1,645 women in the post-LACC period were examined. Following the LACC Trial report on 3/2018, the utilization of minimally invasive hysterectomy dropped by 19.7% in one month (55.2% in 3/2018 to 35.5% in 4/2018), followed by a continued decline of 8.0% (95% confidence interval [CI] 0.1-15.3) monthly. By 12/2018, minimally invasive hysterectomy was used in 17.9% of cases, which was 37.8% lower than the expected rate per the pre-LACC period projection. In a multivariable analysis, women in the post-LACC period were 63% less likely to undergo minimally invasive hysterectomy (adjusted-odds ratio 0.37, 95%CI 0.33-0.42) but 23% more likely to have a perioperative complication (38.6% versus 29.1%, adjusted-odds ratio 1.23, 95%CI 1.08-1.40) compared to those in the pre-LACC period. Women in the post-LACC group were more likely to have a longer hospital stay compared to those in the pre-LACC group (median, 3 versus 2 days, P<0.001).

Conclusion: Following the LACC Trial results, U.S. surgeons rapidly shifted from minimally invasive to open hysterectomy for cervical cancer. Decreasing utilization of minimally invasive surgery was associated with an increase in perioperative complications and longer hospital admissions.

Plenary 1: Laparoscopy
(11:00 AM — 12:30 PM)

11:18 AM

Does Gas Insufflation during Gynecologic or Urologic Oncologic Laparoscopy Cause Dissemination of Malignant Cells
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Study Objective: To investigate whether benign or malignant cells are found in evacuated gas during laparoscopy for gynecological or urological malignancies.

Design: Observational prospective study.

Setting: Academic, tertiary medical center.

Patients or Participants: A total of 30 patients were included: 15 underwent laparoscopic staging due to uterine adenocarcinoma and 15 had laparoscopic nephrectomy due to suspected renal cell carcinoma.

Interventions: All gas evacuated during laparoscopy was passed through a filter in order to capture any aerosolized cells formed during surgery. After surgery, the filter was rinsed backwards with 50 CC of normal saline. The fluid was collected, centrifuged and sent for cytological evaluation. Filter ability to capture malignant cells was proved by filtering ascites fluid of an ovarian cancer patient through the filter. The primary outcome was the rate

1553-4650/8 — see front matter
https://doi.org/10.1016/j.jmig.2021.09.001
laser assisted to maintain proper positioning for the surgical team. A 5 mm incision in the lower abdomen was made for the umbilical port to allow the insertion of the laparoscope. Additional ports were placed at the left and right sides of the abdomen, allowing for precise visualization and manipulation of the surgical field. Intraoperative ultrasonography was utilized to confirm the location of the lesion and guide the surgical approach.

Measurements and Main Results: The laparoscopic approach allowed for a minimally invasive intervention, reducing postoperative pain and recovery time. There were no complications reported during the procedure. Histopathological analysis confirmed the diagnosis of leiomyoma.

Conclusion: Laparoscopic surgery provides a safe and effective alternative for the treatment of broad ligament leiomyomas, offering improved comfort for patients and enhanced outcomes.

Study Objective: To present a case and surgical video of a laparoscopic excision of a broad ligament leiomyoma.

Design: Case report and surgical video.

Setting: Tertiary care hospital.

Patients or Participants: One patient.

Interventions: A 47-year-old female with a broad ligament leiomyoma, treated with a laparoscopic approach.

Measurements and Main Results: The surgery was completed successfully, and the patient had an uneventful recovery.

Laparoscopic Management of Cesarean Scar Pregnancy

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