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Robotic Procedure Shorter, Has Less Blood Loss

ARTICLES BY
MICHELE G. SULLIVAN

KISSIMMEE, FLA. — Robotic-assisted laparoscopic hysterectomy is a safe alternative to total laparoscopic hysterectomy, offering the advantages of shorter operating room time, significantly less blood loss, and fewer conversions to open surgery, according to Dr. Khaled Sakhel. "The room time in our study was sig-

nificantly shorter in the robotic-assisted group, despite the fact that the induction time was 6 minutes longer," he said at the annual meeting of the AAGL. "The surgeon was able to make up that lost time and more," leaving the operating room a mean of 10 minutes sooner than surgeons who performed a total laparoscopic procedure.

Dr. Sakhel reported a prospective comparative study conducted while he was at Michigan State University, East Lansing; he has since moved to Eastern Medical School, Norfolk, Va.

The cohort consisted of 136 women (mean age 46 years) who underwent total laparoscopic hysterectomy or robotic-assisted laparoscopic hysterectomy at two Michigan hospitals. Patients were not randomized; instead, insur-

ance companies decided which hospital would be used.

Group 1 consisted of 73 women who were assigned to a hospital that had a robotic surgical system; the 63 patients in group 2 were assigned to a hospital without such a system. The patients' mean weight was 180 pounds. There were no significant demographic or diagnostic differences between the two groups. A single surgeon performed all the procedures.

The study examined three time outcomes in addition to clinical outcomes. Total room time was defined as "wheels in, wheels out." Induction time was defined as "wheels in to incision time." Procedure time was defined as incision to closure time.

Total room time was significantly less in the robotic group (125 vs. 135 minutes). Induction time was significantly longer in the robotic group (27 vs. 21 minutes), because of the additional time in docking the robotic system. Procedure time was significantly shorter in the robotic group (82 vs. 108 minutes).

Mean blood loss was significantly less in the robotic group (46 mL vs. 114 mL). There was one complication in the robotic group (a retained asepto bulb due to miscommunication among the surgical team), and two complications in the total laparoscopic group—both cystotomies. The difference in complications was not statistically significant.

Significantly more patients were discharged postoperatively on the day of the robotic surgery procedure, compared with those who had total laparoscopy (90% vs. 70%). On the second postoperative day, all of the remaining robotic surgery patients went home, compared with 93% of those remaining who underwent total laparoscopy, although this difference was not statistically significant. ■

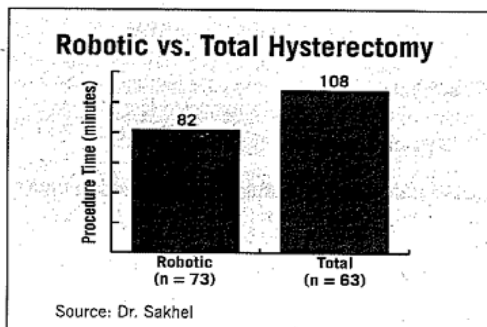


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Disclosures: Dr. Sakhel said he had no disclosures.