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Laparoscopic versus robotic hysterectomy in obese and extremely obese patients with endometrial cancer: A multi-institutional analysis

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Objective: The aim of this study was to evaluate the surgical and oncological outcome of robotic surgical staging with hysterectomy (RH) plus or less pelvic and aortic lymphadenectomy, compared to the same procedures performed by laparoscopic surgery (LH) in obese patients ($BMI \geq 30 \text{ kg/m}^2$) with endometrial cancer.

Materials & Methods: From October 2001 to April 2017, obese patients ($BMI > 30 \text{ kg/m}^2$) with primary, histologically confirmed endometrial carcinoma who underwent LH or RH using the Da Vinci Si or Xi Surgical System® were eligible for the study.

Results: We identified 662 women with endometrial cancer and $BMI > 30 \text{ kg/m}^2$. Out of 662 patients, 252 (38.1%) underwent RH and 410 (61.9%) underwent LH plus or less pelvic and aortic lymphadenectomy. Our study showed that, compared to the 410 patients treated in LPS, 252 patients treated in robotics have a statistically significant difference in terms of increased operating time and blood loss, and a decreased conversion rate. In addition, patients undergoing robotic surgery performed pelvic lymphadenectomy two times more than laparoscopic surgery. These data may have influenced the increase in operating time and blood loss. Furthermore, a reduction in hospital stay was observed in the robotic group. We observed that the oncological outcomes do not vary with the surgical approach and BMI variation.

Conclusions: Robotic surgery in severely obese women with endometrial cancer is feasible, safe, and reproducible and could be the treatment of choice for these patients.

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