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P351. Early experience using new integrated table motion for the da Vinci Xi in gynecological surgery: feasibility, safety, efficacy.

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Background:
Most gynecological surgeons use the da Vinci surgical system when narrow pelvis, obesity or shallow sacral angle may represent operative limits. Integrated Table Motion (ITM) is a new surgical device including a unique operating table that is connected wirelessly to the da Vinci Xi surgical platform allowing reposition of patients without undoking robotic arms and without removing robotic tools from the abdomen.
Objective: This study presents the first case series in gynecological surgery using ITM.
Methods- patients- interventions: A prospective post-market study was performed on ITM in 11 women enrolled for gynecological surgery. Nine women underwent total robotic hysterectomy (TRH) with ITM, two patients underwent surgery for POP (pelvic organs prolapse); one patient underwent lateral suspension for hystero-cystocele and one patient underwent sacral rectopexy for repair of posterior pelvic prolapse.
Main outcome measures: Primary end-points were ITM feasibility, safety and efficacy. These were assessed by evaluating the number of movement, duration of each table motion, table position attained, cause for moving, and the position of instruments and camera during movement. The safety of ITM was analyzed by assessing patient estimate blood loss, urine volume, pre-and post-operative mean blood pressure and heart rate, port-site condition, intra- and post-operative complications, adverse events related to the use of the new operating table ITM in term of injuries to tissue, nerve or organs, and hospital stay.
Results: During the 11 gynecological surgeries, there were 35 instances of table moves. 32 of 35 ITM moves were performed to achieve internal exposure in the pelvis. The endoscope as well the instruments remained inserted during the 88% of table movements. No external instrument conflicts or other clashes related to the new operating table happened. No adverse events and no ITM safety-related remarks were noted.
Conclusion: Preliminary analysis of the early experience using ITM demonstrated its feasibility, safety and efficacy in different gynecological surgeries. The small number of subjects in the first worldwide series of gynecological surgeries as well the diversification of surgical procedures neglect any scientific evidences however the present study on human concerning the use of ITM highlighted the development of this new suitable tools for robotic surgery in benign and malignant gynecological diseases.

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