

P349. Single site robotic-assisted apical lateral suspension (ss r-als) for advanced pelvic organ prolapse: first cases reported

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Context While single-port laparoscopy for gynaecological surgery is technically changeling, Da Vinci Single-Site® robotic surgery platform may help to overcome some of the difficulties of this rapidly evolving technique. Robotic Single Port approach can be considered in Pelvic Organ Prolapse (POP) surgery, at first for simple procedures such as Robotic Apical Lateral Suspension (R-ALS).

Objective This article presents first few cases of single-incision R-ALS using this device in POP surgery.

Methods - Intervention(s) R-ALS consists in suspending anterior vaginal wall, cervix and hysthmus laterally to the abdominal wall using a titan-covered T-shaped mesh. The patients were operated using the Da Vinci Single-Site® robotic surgery device. After docking the robot, the complete surgery was performed by robotic approach; only abdominal sub-peritoneal passages of the lateral arms of the mesh were performed extra-corporeally as described in the canonical surgical technique of R-ALS.

Patient(s) Until now in our Hospital four surgeries were done with this approach, all for advanced symptomatic anterior and apical prolapse (POP- Q stage III/IV).

Main Outcome Measure(s) The aim of the article is to evaluate the feasibility and the safety of single-port R-ASL, in term of surgical effectiveness, operating time, potential complications.

Result(s) Mean operating time was 138 ± 12 minutes, including the docking time (mean 15 ± 3 minutes). No surgical complications occurred during the surgery and the post-operative stay, and no conversion to laparotomy or additional trocars were required.

Conclusions To the best of our knowledge, the first case of R-ALS using the Da Vinci Single-Site robotic surgery platform to be reported was done in our Hospital. After that we decided trying to validate this procedure because in our early experience it seems to be feasible, safe and effective for the treatment of advanced multicompartimental POP. Its main advantages are reduced instrument clashes and less surgical scars for patient. Restoration of triangulation and the lack of monopolar scissors are still limits which are only partially overcome by the degrees of freedom of robotic instruments.

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