

3D-total laparoscopic hysterectomy of a very large uterine myoma in a super morbidly obese woman of body mass index 60 kg/m²: A case report

Sharifah Halimah Ja'afar¹, Shahridan Mohd Fathil²

¹Department of Obstetrics & Gynaecology, Gleneagles Hospital Medini, Johor, Malaysia, ²Department of Anaesthesiology, Gleneagles Hospital Medini, Johor, Malaysia

ABSTRACT

Introduction: We are reporting a case of total laparoscopic hysterectomy for a large uterine mass of 24 weeks gestation in a super morbidly obese woman. **Case Description:** A 40-year-old Malay nulliparous female, morbidly obese (height 161 cm, weight 158.5 kg, BMI 60.1 kg/m²) presented with a large uterine fibroid, FIGO Grade 4 with its upper border extending up to the 4 cm above the umbilicus. After 6 months of GnRH suppression, she consented to a total laparoscopic hysterectomy. Pre-operatively, bowel preparation was done with 3 days of liquid diet, a rectal enema, and antacid pre-induction. A nasogastric tube was inserted before port entry. The ports were placed higher with the primary port at the epigastric region and the working ports on the left paramedian at the level of the umbilicus and ipsilateral left lumbar. Intra-corporeal myomectomy was done prior to the total hysterectomy. The patient was stable throughout the operation, and blood loss was 900ml. The patient was fully ambulated, resumed a normal diet 24 hours after surgery, and was discharged home well on day 2 post-operation. **Discussion:** Operating a large uterine mass in a super-morbidly obese woman laparoscopically is technically far more challenging for surgical and anaesthetic management. Perioperative preparation, positioning, anaesthetic management, and ergonomic port placement are paramount to surgical outcomes. Minimally invasive surgery is feasible & it is the best option for the morbidly obese patient as it allows early mobilization and spares them from tumultuous post-operative morbidity from open surgery as proven by our case.

The surgical outcomes of robotic-assisted myomectomy versus laparoscopic myomectomy by an experienced laparoscopic surgeon

Sharifah Halimah Ja'afar¹, Tey Shea Reen¹, Sufian Hady², Yi-Chen Chuang³

¹Department of Obstetrics & Gynaecology, Gleneagles Hospital Medini, Johor, Malaysia, ²Department of Obstetrics & Gynaecology, Pantai Batu Pahat Hospital, Johor, Malaysia, ³Department of Obstetrics & Gynaecology, Far Eastern Memorial Hospital, Taiwan

ABSTRACT

Introduction: This study aimed to learn the learning curve pattern regarding the surgical outcome of robotic-assisted myomectomy versus conventional laparoscopic myomectomy by an experienced laparoscopic surgeon. **Methods:** A prospective non-randomized study of robotic-assisted laparoscopic (RAL) myomectomy listed for surgery from 1st March 2023. Patients with uterine fibroids suitable for a conservative surgical intervention and minimally access surgery are counseled on the surgical approach, either robotic-assisted or conventional laparoscopic myomectomy. The robotic surgery is carried out with the Intuitive da Vinci Xi system. After docking, a myomectomy is performed as usual as laparoscopic surgery. The following outcome measures were assessed: Operative time (mins), estimated blood loss (ml), rate of conversion to laparoscopy, days of pain (PS >3), rate of post-operative fever, and length of stay after surgery (days). **Result:** The preliminary result showed from the completion of training up to 15th May 2023, 10 patients had robotic myomectomies, and 18 had laparoscopic myomectomies. Both groups were matched in characteristics, with mean age (36.6 vs 37.9), BMI (21.9 vs 26.3), largest fibroid diameter (cm) (7.11 vs 8), and multiplicity. Robotic surgery had a longer mean operating time (147.5 vs 128.3 mins), significantly lesser blood loss (92 vs 228 ml), and no difference in days of post-operative pain (1.2 vs 1.1 days), and length of stay (1.6 vs 1.2 days). **Conclusion:** The surgical outcome of robotic-assisted myomectomy performed by an experienced laparoscopic surgeon is compatible with conventional laparoscopy and readily proficient soon after a period of technical training.