

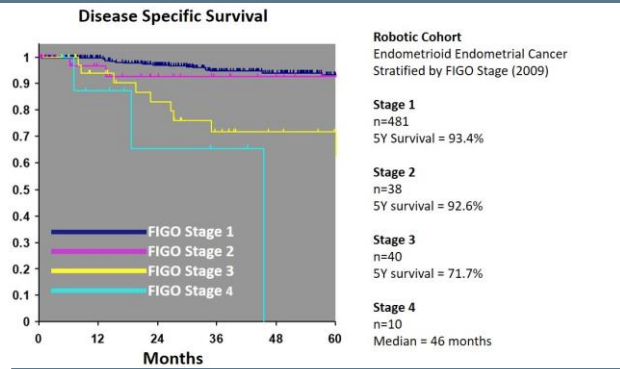
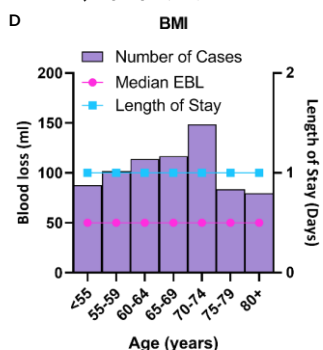
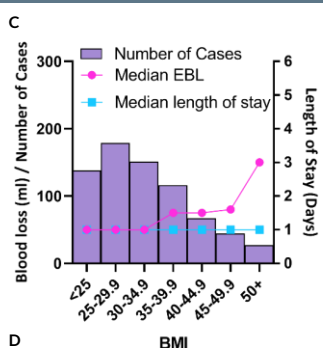
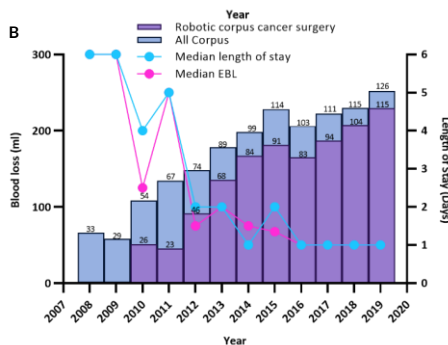
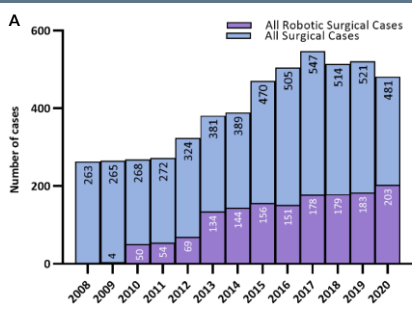
Take a picture or click to view our YouTube Channel

Robotic surgery reduced length of stay to 1 night from 6,
 Median blood loss to 50ml from 300ml.
 93% of cases performed Minimally invasively at Royal Surrey

Guildford Robotic Epicentre UK – Robotic Surgery for Uterine Cancer 10 Year Mortality Data

Aim:
 To investigate the clinical effectiveness and surgical outcomes for Uterine cancer since Guildford introduced robotic surgery.

RESULTS



Figures C & D show the association between BMI/Age and surgical outcomes for robotic surgery.

RESULTS				
2010-2019	Overall	Robotic	Open	Other MIS
Primary surgery for Corpus Cancer (n)	952	734 (77.10%)	164 (17.23%)	54 (5.67%)
BMI Median	30.63	31.09	27.67	29.00
Median EBL (ml)	70	50	500	100
Median LOS	1	1	6	2
Return to Theatre <30 Days	0.74% (7)	0.54% (4)	1.21% (2)	1.85% (1)
30 Day Mortality	0.63% (6)	0.14% (1)	3.05% (5)	1.85% (1)
Required any blood Transfusion	5.36% (51)	1.77% (13)	18.90% (31)	12.96% (7)
Required any ITU admission	15.55% (148)	7.22% (53)	51.83% (85)	18.52% (10)
Conversion to open		0.54% (4)		24.07% (13)

Median EBL in the BMI >50 robotic cohort is 150ml vs 300ml for all Open.

INTRODUCTION

Uterine cancer is the 4th most common cancer in women in the UK with incidence increasing, in part due to the association with obesity and type 2 diabetes. Minimally Invasive surgery (MIS) is the recommended treatment for endometrial cancer. Conversion rates to open can be high in patients with high BMI. Elderly patients can be inadequately staged and treated despite often presenting with high grade tumours. Since the introduction of Robotic surgery at Royal Surrey at the end of 2009 >1500 gynaecological oncology robotic procedures have been performed: the greatest experience in the UK.

METHODS

Retrospective cohort study of surgical treatment for uterine cancer performed as a service development project (RSFT Ref 1015) using data collected prospectively on a dedicated database between 01/01/2010-31/12/2019

CONCLUSION

Since the introduction of Robotics, our conversion rate has fallen from 18% in 2008 to 1.7% in 2019 (includes laparoscopic conversions planned robotic), median EBL from 300ml to 50ml and median LOS from 6 days to 1 night. Palliative procedures are performed with minimal negative impact. Robotic surgery is well suited to high BMI patients; with surgical staging performed without surgical compromise. The lowest 30-day mortality(0.14%) is seen in the robotic cohort. Introduction of the Da Vinci robot has led to revolutionary change in our practice with significant patient benefit. Many cases previously thought not fit for surgery, are recommended robotically.

CHRISTINA UWINS | ANIL TAILOR | HASANTHI ASSALAARACHCHI | JAYANTA CHATTERJEE | PATRICIA ELLIS | SIMON SKENE | AGNIESZKA MICHAEL | SIMON BUTLER-MANUEL

