

Henry Ford Health

## Henry Ford Health Scholarly Commons

---

Women's Health Articles

Obstetrics, Gynecology and Women's Health  
Services

---

11-1-2022

### **8532 Patient Satisfaction with Postoperative Follow up after Benign Minimally Invasive Hysterectomy: A Randomized, Controlled Trial**

N. Chuba

X. Liu

M. A. Cesta

Petra Chamseddine

J. Gaskins

*See next page for additional authors*

Follow this and additional works at: [https://scholarlycommons.henryford.com/womenshealth\\_articles](https://scholarlycommons.henryford.com/womenshealth_articles)

---

---

**Authors**

N. Chuba, X. Liu, M. A. Cesta, Petra Chamseddine, J. Gaskins, R. P. Pasic, and S. M. Biscette

**Patients or Participants:** Clinical Case-This is a case of a 43-year-old with a history of persistent central pelvic pain despite multiple laparoscopies for endometriosis and a hysterectomy for this indication. The patient had tried multiple medical and adjunctive treatments such as pelvic floor PT, acupuncture, etc., without relief. The patient elected for presacral neurectomy in an attempt to improve her pelvic pain. The patient desired minimal incisions for cosmesis and chose to have the procedure performed via the single site robotic platform.

**Interventions:** Case Description: Entry to the abdomen was made with a 2.5 cm incision hidden in the umbilicus. The single site port was placed, and the robot was docked. An EEA sizer was used to deviate the colon off the sacral promontory. An incision was made in the presacral peritoneum and carried cephalad toward the aortic bifurcation. The superior hypogastric plexus was coursing over the left common iliac vein. A combination of blunt and sharp dissection was used to isolate this plexus. The proximal portion of the plexus was grasped and sealed with the bipolar forceps and then separate with the hook. The plexus was further dissected down using the monopolar hook to the level of the bifurcation of the hypogastric plexus and the left arm was transected with the monopolar hook. The peritoneum was then reapproximated using a running 3-0 V-loc suture, and the procedure was completed.

**Measurements and Main Results:** N/A

**Conclusion:** This surgical video illustrates the feasibility of presacral neurectomy using the single site platform to improve cosmesis, patient satisfaction and reduction in number of incisions

#### 8525 Efficacy and Safety of Single Port Robotic Hysterectomy with Concomitant Urogynecologic and Gynecologic Oncology Procedures

Mueller M.,<sup>\*</sup>1 Tanner E.J.,III<sup>2</sup> Collins S.,<sup>1</sup> Geynisman-Tan J.,<sup>1</sup> Lewicky-Gaup C.,<sup>1</sup> Kenton K.<sup>1</sup> <sup>1</sup>Female Pelvic Medicine and Reconstructive Surgery, Northwestern University, Chicago, IL; <sup>2</sup>Gynecologic Oncology, Northwestern University, Chicago, IL  
\*Corresponding author.

**Study Objective:** To assess the feasibility of the DaVinci Single Port (SP) robotic platform for urogynecologic and gynecologic oncology surgical procedures.

**Design:** Retrospective cohort analysis.

**Setting:** The first SP robotic procedures performed as same day surgeries at an academic tertiary medical center by board certified Female Pelvic Medicine and Reconstructive Surgery and/or Gynecologic Oncology surgeons from December 2021–April 2022.

**Patients or Participants:** 15 patients underwent SP robotic hysterectomy (RH) and either bilateral salpingectomy (BS) or salpingo-oophorectomy (BSO) with or without concomitant procedures.

**Interventions:** SP RH and concomitant procedures were performed using a 1.5 cm umbilical incision, the Access Port ã (Intuitive Surgical) and the SP platform robotic camera and instruments.

**Measurements and Main Results:** Our primary outcome was conversion to a multiport procedure and intraoperative complications. Perioperative details were abstracted from the chart including operative time, estimated blood loss (EBL), and intraoperative complications, PACU length of stay (LOS) and pain scores POD#1 Surgical Pain Scale (SPS) scores.

Indications for the 15 SP RH with BS or BSO included prolapse (N=10), risk reduction (N=2), endometrial cancer (N=1), cervical (N=1), and endometrial (N=1) intraepithelial neoplasia. Concomitant procedures included: 10 (67%) SP sacrocolpopexies, 9 (60%) midurethral slings, 2 (13%) SP sentinel lymph node mapping, and 1 breast reconstruction. There was no conversion to a multiport procedure, intraoperative or immediate postoperative complications with a mean EBL of 66.7 ± 26.1 cc. Mean operative time and PACU LOS were 182 ± 53 and 216 ± 57 min. Median PACU pain scores were low (2, IQR 4) and only one patient required a single dose of postoperative tramadol. Similarly, median POD#1 SPS scores were low for pain at rest and with activity (3 (IQR 4) and 3 (IQR 4.75)) and for the worst pain 5.5 (IQR 4,25).

**Conclusion:** SP robotic approach for urogynecologic and gynecologic oncology hysterectomy with concomitant procedures performed by subspecialty surgeons is safe and feasible.

#### 8532 Patient Satisfaction with Postoperative Follow up after Benign Minimally Invasive Hysterectomy: A Randomized, Controlled Trial

Chuba N.,<sup>\*</sup>1,2 Liu X.,<sup>3</sup> Cesta M.A.,<sup>4</sup> Chamseddine P.,<sup>5</sup> Gaskins J.,<sup>6</sup> Pasic R.P.,<sup>7</sup> Biscette S.M.<sup>8</sup> <sup>1</sup>Obstetrics and Gynecology, University of Louisville, Louisville, KY; <sup>2</sup>Department of Obstetrics and Gynecology, Division of Gynecology, University of California, Irvine Medical Center, Orange, CA; <sup>3</sup>Obstetrics and Gynecology, University of Louisville, Louisville, KY; <sup>4</sup>Department of Obstetrics and Gynecology, University of Louisville Physicians, Cuyahoga Falls, OH; <sup>5</sup>Obstetrics and Gynecology-MIS, Henry Ford Health, West Bloomfield, MI; <sup>6</sup>Bioinformatics and Biostatistics, University of Louisville, Louisville, KY; <sup>7</sup>Obstetrics and Gynecology & Women's Health, University of Louisville, Louisville, KY; <sup>8</sup>Minimally Invasive Gynecologic Surgery, University of Louisville, Louisville, KY

\*Corresponding author.

**Study Objective:** To assess whether patient satisfaction varies with a single six week versus a two- and six-week postoperative visit after minimally invasive hysterectomy (MIH). Secondary aim was to determine the rate of postoperative complications between randomized groups.

**Design:** Prospective, randomized controlled trial of English-speaking women aged 18 to 70 undergoing MIH at an academic institution from August 2018 to December 2019. Patient satisfaction was determined by The Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey (S-CAHPS) global satisfaction response and compared between groups using a non-inferiority test with 12% non-inferiority limit. Comparison of postoperative outcomes were performed utilizing the Clavien-Dindo Classification System.

**Setting:** N/A.

**Patients or Participants:** 174 patients were randomized for postoperative follow up; 140 included in overall analysis.

**Interventions:** Randomization to either a two and six week or a single six-week postoperative appointment.

**Measurements and Main Results:** For the primary outcome of an S-CAHPS satisfaction score of 8 or higher, the six weeks only group was non-inferior to the two- and six-week group (93% satisfaction in both groups; non-inferiority p=0.003). There was no difference in satisfaction with number of postoperative appointments between groups: 94% for two and six week and 90% for six weeks only (p=0.694). When asked if more or fewer appointments were desired, there was no difference between groups (p=0.465). Patients with abnormal uterine bleeding were more likely to be satisfied (p=0.030). Between the two and six weeks versus six weeks only groups, there was no significant increase in emergency room visits (18% versus 20%, respectively, p=0.863) or hospital readmissions (3% versus 6%, respectively, p=0.682).

**Conclusion:** Patient satisfaction with postoperative visits are similar among women randomized to a two and six week and a single six week visit. Postoperative complications were rare and comparable between groups. A single six-week appointment showed non-inferior patient satisfaction relative to a two- and six-week schedule.

#### 8535 Troubleshooting Less Is More: Three Simple Tricks Every Gynecologist Should Know

Pickett C.M.,<sup>\*</sup>1 Gnade C.M.,<sup>2</sup> Oshinowo A.E.<sup>1</sup> <sup>1</sup>Obstetrics and Gynecology, Indiana University, Indianapolis, IN; <sup>2</sup>Obstetrics and Gynecology, University of Iowa, Iowa City, IA

\*Corresponding author.

**Study Objective:** To describe three simple techniques every Gynecologist should know for troubleshooting in the operating room.

**Design:** This is an educational video.