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8776 Perioperative Outcomes of Robotic Versus Open Midline Specimen Extraction Fascial Site Closure

J. Silver
Michael K. Shu
E. Gianacopoulos
T. Olafuyi
A. Eddib

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Study Objective: Sacrocolpoperineopexy (SCP) repairs multicompartamental pelvic organ prolapse (POP) and involves extensive dissection along the anterior and posterior vaginal length to a greater degree than sacrocolpopexy. Medical literature is lacking large-scale studies of the complication profile for SCP. This study aims to offer a descriptive investigation of the intraoperative and postoperative complications amongst over 1000 cases of SCP.

Design: Descriptive study.

Setting: Academic-affiliated community hospital.

Patients or Participants: All patients (n=1243) undergoing a robotic-assisted SCP by a single urogynecologist between January 2012 and March 2022 were included in this study.

Interventions: Of all patients, 821 (66%) underwent a concomitant hysterectomy: 62% supracervical, 4.1% total, and 34% with prior hysterectomy and vaginal vault suspension. 1117 (90.2%) were performed without co-surgeons i.e. sling placement by a urologist or hysterectomy by a gynecologist. 1145 (92.1%) had a concomitant anti-incontinence procedure with 91.2% being a transabdominal sling.

Measurements and Main Results: The median age of all patients was 66 years old, with an average BMI of 28.2 kg/m². Rate of intraoperative complication was 1.4% (n=15); blood transfusion (0.1%, n=1), and bladder (1%, n=11), ureteral (0%), or bowel injury (0.3%, n=3), 35.8% (n=371) required discharge with home catheterization. 5.7% (n=56) of all patients had a return to the emergency department (ED) within 90 days of surgery mainly for pain (n=15), nausea and vomiting (n=3), constipation (n=8), or urinary tract symptoms (n=18). 2.7% (n=29) required readmission, and of those, 17.2% (n=5) required re-operation if readmitted to the hospital: incisional hernia repair (n=2), drainage of abscess (n=2), and pulmonary embolism thrombectomy (n=1).