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A NOVEL ENDOSCOPIC SURGERY METHOD: TRANSURETHRAL SURGERY – NATURAL ORIFICE TRANSLUMENAL ENDOSCOPIC SURGERY (TUS-NOTES) USING PNEUMOCYSTOSCOPY FOR TREATMENT OF VESICOVAGINAL FISTULA

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Introduction/Background Vesicovaginal fistula (VVF) formation represents a condition with devastating consequences for the patient and continues to pose a significant challenge to the surgeon. To minimize the morbidity of classical fistula repair, we hereby present a new minimally invasive surgery technique to perform a fistulae repair in transurethral surgery- natural orifice transluminal endoscopic surgery (TUS-NOTES) by using a new small fine needle holder (MRS-D-Ney) and knot pusher.

Methodology

Setting A rigid cystoscope with 30 degree optics is inserted into the bladder with CO(2) insufflation. After inspecting and finding the fistulae orifices the fistulae area is manipulated with an endoscopic hooklet. First the monocryl 4–0 fibre is put into the needle holder. To fit into the needle is bended. The needle is put loose next to the cystoscope put into the bladder and after touching the wall the fibre is fixed at the end of the needle holder with a clamp. Now by a rotation the whole is at both sides stiched. With a grasp -put through the working channel- the needle is grasped and by loosening the clamp everything can be pulled out. By tying an extracorporeal knot and putting a knot pusher over the fibre, the knot is fixed. This procedure is repeated till the whole is closed. The fibres are cutted.

Results The aim is to present the TUS-NOTES technique and teach the viewer how to apply this novel intervention to close the fistulae inside of bladder at 27 cases. The mean operative time was 55 min (35 min–110 min), whereas the blood loss was less 10 ml. The patients were discharged 3 days after surgery, and the catheter were removed 10 days after surgery.

Conclusion To reduce morbidity and prolonged recovery of excision of the VVF – TUS-NOTES technique is efficacious and the preferred method of intervention.

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MALIGNANT STRUMA OVARII: AN UP-DATE ON THE CURRENT LITERATURE

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Introduction/Background Malignant struma ovarii is a rare monodermal ovarian tumor, that may affect women in their reproductive years. Data regarding effective treatment are scarce and are primarily derived from small retrospective studies. Therefore, there is no consensus on optimal treatment for those patients.

Methodology This review serves to provide information on the latest literature available pertaining to the treatment modalities and prognostic factors of malignant struma ovarii.

Data were derived from the search in medical databases (Pubmed, Cochrane, Clinicaltrials.gov) up-to-date.

Results Due to the rarity of malignant struma ovarii, there is a paucity in the current literature for high quality randomized controlled trials regarding optimal surgical management and adjuvant therapy. The best available evidence is derived from limited retrospective cohort analysis. Five (5) large retrospective cohort studies that were published within the last two years were analyzed. The overall survival seems to be negatively affected by specific histologic subtypes, poor differentiation, ascites, recurrences and ovarian capsular involvement. Radioactive therapy has no proven benefit on overall survival. However, it is documented that thyroidectomy in combination with radioactive therapy increases disease free survival, in comparison to surgery alone.

Conclusion In the absence of high-quality data from randomized controlled trials, a conservative surgical approach with adjuvant thyroidectomy and radioactive therapy seems a reasonable approach and is supported by the relevant literature.

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HOW THE INTENSE THROMBOPROPHYLAXIS MEETS THE NEEDS OF HIGH THROMBOTIC BURDEN GYNECOLOGICAL CANCER PATIENTS UNDERGOING SURGICAL TREATMENT? INTERMEDIATE RESULTS FROM THE METHOS STUDY

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Introduction/Background Gynecologic cancer surgery has 6-fold higher risk for DVT and 14-fold for PE, compared to benign disease. Two meta-analyses (Rasmussen2009, Farage-sanu2016) show residual VTE rates 5.3% and 14.3% in patients following standard thromboprophylaxis approach. Despite increased awareness, improved surgical techniques and more extensive use of primary thromboprophylaxis, postoperative DVT remains high.

Methodology MeTHOS is a prospective observational, phase IV study, aiming to evaluate the role of intense thromboprophylaxis (tinzaparin 0.4 ml, 8.000 Anti-Xa IU, OD) for High Thrombotic Burden (HTB) gynecological cancer patients undergoing surgery. Enrolled women had signed informed consent.

Results 221 patients enrolled. Their characteristics in accordance to cancer, patient and treatment high thrombotic burden risk factors are depicted in table 1. Median tinzaparin administration was 29 days (Q1-Q3: 26–34). Eight thrombotic events (TEs) recorded (efficacy:96.4%, 95%CI:93.0–98.2%): 2 in endometrial cancer surgeries, 5 in ovarian, 1 in sarcoma. FIGO-III or IV was linked to higher TE risk, compared to FIGO-I or II (OR: 8.8, p=0.02). Extremely severe (>5 hours) surgeries were prone to TEs, 12% of them followed by TEs, while for major and severe surgeries (2–5 hours) it was 1% and 3% (p=0.04) respectively. 89% of TEs occurred in patients with BMI>29 (OR:76.6, p=0.04). Ovarian cancer surgeries had increased risk for TEs compared to other malignancies (OR:4.2, p=0.04). Three bleeding events reported (1.4%, 95%CI: 0.4–4%). Compared to prophylactic dose, in the two meta-analyses (reported TEs: 5.3% and 14.3%) there