Introduction/Background In the last decades the rate of robotic-assisted gynecological surgeries has increased exponentially. The main reason for this increase is the less postoperative pain, the immediate patients’ mobilization, and the evidence-based safety of these procedures. However, the prolongation of robotic-assisted gynecological surgeries compared to the open or even the laparoscopic remains the biggest disadvantage. A recent publication of our team tried to stratify duration using several preoperative parameters.

Methodology We retrospectively analyzed all the robotic-assisted gynecological surgeries that have been conducted in our institution from January 2020 until May 2021. Preoperative values such as BMI, size of the uterus, previous abdominal surgeries, prior vaginal deliveries, and cause of surgical procedure were evaluated and were used in order to create a predictive score of difficulty and duration of surgery.

Results Overall, 57 cases were included in our analysis. The mean value of ‘Iavazzo score’ was calculated at 7.96, while median surgery time was 136 minutes. ‘Iavazzo score’ was found to be statistically correlated with operative time. Moreover, a cut-off value of 7.5 for our predictive score was found to be indicative of surgical duration more than our median surgical duration.

Conclusion Our predictive score can be a useful tool for preoperative planning. An international multicenter trial is soon about to be launched in order to investigate the utility of our score and confirm our results on a larger scale.