Abstracts

Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) for Early Stage Endometrial Cancer
Shuk Tak Kwok*, Siew Fei Ng. The University of Hong Kong, Queen Mary Hospital, Oanda, Hong Kong SAR, Hong Kong PRC
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Introduction Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) has gained popularity in benign gynaecological conditions. The main advantage of vNOTES is to overcome the limitations of traditional vaginal hysterectomy, particularly on limited exposure and poor visualization. As vNOTES is a relatively new surgical approach, the experience with vNOTES in gynaecological malignancies is still lacking. The aim of this study was to evaluate the feasibility and safety of vNOTES in managing women with early-stage endometrial cancer and to evaluate the short-term oncologic outcome.

Methods A retrospective review was conducted on women who had vNOTES total hysterectomy and bilateral salpingo-oophorectomy (THBSO) for atypical endometrial hyperplasia or early-stage endometrial cancer at a university-affiliated gynaecologic oncology centre from January 2021 to February 2022. Demographics data, perioperative complications and oncologic outcome were reviewed.

Results 13 women had vNOTES THBSO done for atypical endometrial hyperplasia (n=2) and endometrial cancer (n=11). The mean age was 65.7 years [standard deviation (SD) 10.0] and the mean body mass index was 29.0 kg/m2 (SD 5.9). The mean blood loss and operative time were 200 ml (SD 130.1) and 175 minutes (SD 40) respectively. Two (15.4%) women required conversion to conventional laparoscopy. There were no perioperative complications including visceral injury, re-laparotomy or readmission reported. The mean length of hospital stay was 1.5 days (SD 0.5). The mean follow-up period was 15 months (SD 4.5), and there was no recurrence of endometrial cancer reported.

Conclusion/Implications vNOTES THBSO appeared to be a feasible and safe surgical approach for atypical endometrial hyperplasia and early-stage endometrial cancer.
Methods An open, non-randomized, prospective, and longitudinal clinical trial was carried out. Female patients treated at the morning and evening Pelvis clinic service of the Jalisciense Institute of Cancerology were included, with suspicion or confirmation of a malignant pelvic tumor, and were taken to a surgical procedure, in the period from November 1, 2017, to November 31, 2017. December 2018.

Results 41 patients, two groups, VI (n = 23) and those with a TI (n = 18). The results of surgical exposure, resectability, surgical time, morbidity, pain, and a questionnaire to assess patient satisfaction according to the aesthetic appearance of the incision made were compared. Patients with (VI) were older (p=0.000), weighed more (p= 0.011), and had a higher BMI (p= 0.000). No significant differences were found between the two groups in terms of surgical exposure, resectability, bleeding, surgical margins, number of pelvic or para-aortic nodes, postoperative complications, or pain. The level of satisfaction reported by the patient for the incision made was higher in the (IT) group (p= 0.000).

Conclusion/Implications Due to similar clinical results, the decision to perform a vertical or transverse incision should be made between the surgeon and the patient, taking into account the surgical procedure to be performed, the patient’s characteristics, and the assessment of probable post-surgical complications.