AB018. Surgical outcomes for laparoscopic resection of stage III–IV endometriosis in our unit

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Background: Endometriosis is an oestrogen-dependent inflammatory process caused by the presence of endometrial tissue outside the uterine cavity. It can lead to infertility and chronic pain, which can be severely debilitating. Deeply infiltrating endometriosis (DIE) can lead to significant bowel and bladder symptoms. Management is two-fold—hormonal suppression and surgical excision.
Methods: Data was collected retrospectively from a surgical perform for all patients who had laparoscopic resection of endometriosis between 2016–2019 in our unit.
Results: During the data collection period 155 patients had laparoscopic resection of endometriosis. Of these, 96 (62%) had stage III or IV disease, of which 34 cases were operated with a joint specialist due to their complexity. Five of the patients required an intra-operative anterior resection with a defunctioning ileostomy, and one required conversion to laparotomy with urethral reimplantation. The average age was 38 years (range, 19–54 years) and the average BMI was 27 (range, 18–45). DIE and an endometrioma were pre-operatively diagnosed in 42 and 48 patients respectively. There were two complications—one uterine perforation and one bladder perforation, both recognized and managed at the time of surgery. The average estimated blood loss was 150 mL.
Conclusions: Surgical management of moderate-severe endometriosis is a multidisciplinary approach with significant risk of requiring excision of DIE leading to a bowel resection and subsequent stoma. Surgical approach is individualised, depending on patient symptoms and fertility preferences.

Keywords: Endometriosis; laparoscopy; outcomes

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