



AB010. SOH23ABS_243. A story of colorectal and gynaecology surgeons working in tandem with the Da Vinci robot to free a frozen pelvis and potentially give a woman the opportunity to start a family

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Background: The patient initially presented to her GP in 2015 with left iliac fossa pain corresponding to onset of menses. Ultrasound pelvis revealed bilateral ovarian cysts for which she had a laparotomy, left oophorectomy and right ovarian cystectomy. Pathology results confirmed benign endometriosis on both ovaries there was no other signs of endometriosis or fibroids during the procedure. Routine visit to the GP in 2019 found a Hb of 5.7—secondary to menorrhagia—given iron infusion and tablets and started on a regime of primolut (day 6 to 28 of period), TXA and mefenamic acid at period times. Her menses became much more controlled and her Hb two months later was 13.0 but she was now anxious to start a family—ultrasound at this time showed a 7.6 cm fundal fibroid with a 2.5 cm posterior wall fibroid and she was scheduled for a robotic assisted myomectomy to aid with conceiving.

Methods: During inspection of the abdominal and pelvic cavity she was found to have stage 4 endometriosis with the sigmoid and rectum adherent with the posterior wall of the uterus and omental adhesions to the anterior abdominal wall with adhesions also seen under the liver. Also present were 2 posterior wall intramural fibroids, bilateral hydrosalpinx with no ovary seen on the left side and a small ovary seen on the right side.

Results: The omental adhesions were divided from the anterior abdominal wall and our colorectal colleagues were called to free the rectum and sigmoid from the posterior abdominal wall with post-op sigmoidoscopy showing no

signs of perforation. The left ovarian tube and ovary were freed from the posterior wall of the uterus and the two fibroids were removed through umbilical incision in the endo bag. The patient was mobilising the next day and discharged from hospital 2 days later with some analgesia.

Conclusions: The use of the Da Vinci robot and the fact that our colorectal colleagues in University Hospital Limerick are also trained to use the Da Vinci meant that this woman didn't have to undergo further surgery for releasing her stage 4 endometriosis and a complex case became a procedure that allowed her to mobilize the following day and be discharged home on analgesia two days post-op.

Keywords: Da Vinci robotic surgery; endometriosis; gynaecology; myomectomy; uterine fibroid

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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