BIARGS

BIARGS
British & Irish Association of
Robotic Gynaecological Surgeons

BIARGS 11ᵗʰ Annual Scientific Meeting (Virtual ASM) on 24th and 25th June 2021

Main presenter Name: ………Dhivya Chandrasekaran……..
Job title ……Subspecialty Fellow in Gynaecological Oncology ……………
Hospital name/address: The Royal Marsden NHS Foundation Trust……

Email address ……Dhivya.chandras@gmail.com…………………………
Mobile number: …07961341327……………………………………
Membership status: Trainee or Nurse free BIARGS registration for 2021
Abstract to be considered for
1. **Oral presentation** ☐
2. **Video presentation** ☐
3. **Poster presentation** ☐
4. **Oral or poster presentation** ☐ TICK

Title:	**Extreme obesity is not a barrier for robotic assisted surgery for endometrial cancer.**
Author/s :	**Dhivya Chandrasekaran, Marielle Nobbenhuis, Nana Gomes, Marie Taniacao, Owen Heath, Matthew Hacking, Thomas Ind.**
Affiliation:	**The Royal Marsden NHS Foundation Trust**
Introduction	**Rising prevalence in obesity is likely associated with the 55% increase in incidence of endometrial cancer over the last 30 years (CRUK). Several studies have established the feasibility as well as the benefits of robotic surgery in obese women.**
Methods	**Prospectively collated database was reviewed for all women with body mass index ≥50 (BMI, kg/m2) undergoing robotic surgery for endometrial cancer between years 2007 and 2021. Patient demographics, disease characteristics and length of stay were analysed using descriptive statistics.**
Results	**In total, 1028 robotic procedures were undertaken, of which 596 were for endometrial cancer. Of all endometrial cancers, 26 women had a BMI≥50. The mean age 62.4(SD 1.5), with a mean BMI of 54.9(SD**

Authors confirm consent has been taken from all authors. Email form to
administrator@biargs.org.uk *www.biargs.org.uk*

	3.9). 92.3%(24/26) had additional comorbidities including cardiovascular 46.2% (12/26), diabetes 26.9% (7/26), obstruction sleep apnoea 7.7% (2/26) and previous laparotomy 11.5% (3/26). The average length of procedure was 101.9 minutes (SD3.6) Conversion to laparotomy undertaken in 19.2% (5/26) - 3 elective to retrieve large uterus; 2 reactive due to adhesions. Sentinel lymph node(SLN) sampling was attempted in 24.4%(9/26) and successful in 4/7 (44.4%). SLN was abandoned in the remaining 5, secondary to ventilation difficulties (n=3), bleeding (n=1) and inappropriate tracer injection (n=1). Stage 1 disease was confirmed in 84.6% (22/26). The average length of stay was 2.6days (SD 2.2).
Conclusion	In this highly selected group, robotic endometrial cancer surgery was successfully performed in 92.3%, with an average hospital stay of 2.6 days
Summary	This report demonstrates that within an experienced multi-disciplinary team, robotic approach for endometrial cancer surgery is feasible in women with extreme obesity and is associated with low morbidity.