

稿件編號：OE1	改良的止血帶技巧對於達文西腹腔鏡子宮保留手術所帶來的影響：個案系列研究 A modified tourniquets technique's impact to robotic assisted laparoscopic uterine
臨時稿件編號： 1186	preservation surgery: A case series study. 郭信宏 ^{1,2} 許卓皓 ¹ 顏志峰 ¹ 張紅淇 ² 林口長庚紀念醫院婦產部 ¹ 中壢宏其婦幼醫院 ²
論文發表方式： 口頭報告	Objective: To evaluate the effectiveness of Kuo's tourniquets technique on laparoscopic assisted robotic uterine-preservation surgeries
論文歸類： 內視鏡	Methods: Total 43 patients who received robotic uterine preservation surgery were enrolled in this study during 2022 Sep.1 to 2023 Feb. 10. 7 patients were excluded because of the failure of applying tourniquets (six were cervical myoma and one was a 28cm broad ligament myoma). Result: Among the rest 36 surgeries, 28 was robotic myomectomy and 8 was robotic adenomyomectomy. The perioperative outcomes were described as mean ± SD. All the surgeries used three robotic arms and were set as reduced port setting with mean port number 1.4 ± 0.6. The docking time was 3.9 ± 1.6 minutes. The application time of tourniquet 7.1 ± 6.1 minutes and the number of tourniquets was 1.3 ± 0.7 minutes. During the mean operative time as 125.3 ± 49.3 minutes, the number of tumor retrieval was 6.2 ± 7.8 pieces, the weight of specimen was 321.5 ± 288 gm, and the blood loss was 201.9 ± 181.3 ml. During the Console time as 49.9 ± 23.8 minutes, there was limited frequency of suction & irrigation as 0.2 ± 0.4. Conclusion: The applying time for Kuo's tourniquet method is 7 minutes in average and it's a quick and feasible skill to reduces blood loss during robotic uterine-preservation surgeries. This skill minimizes the necessity of suction irrigation during console time and is beneficial to perform reduce-port robotic surgery.

稿件編號：OE2	<p>腹腔鏡併腹部超音波導引子宮肌瘤或子宮肌腺症微波消融手術初步結果報告</p> <p>Laparoscopy- combined transabdominal ultrasound-guided percutaneous microwave</p>
臨時稿件編號： 1238	<p>ablations for symptomatic uterine fibroid: preliminary results</p> <p>梁世蓓¹ 許鈞碩¹</p> <p>大林慈濟醫院¹</p>
論文發表方式： 口頭報告	<p>Introduction</p> <p>Symptomatic uterine myomas and adenomyosis were common in reproductive age and minimally invasive intervention was preferred due to less pain, less blood loss, shorter operation and shorter recovery time. Since around 2010, percutaneous microwave ablations (PMWA) were wildly performed for symptomatic uterine lesion in China and Japan. The needle was inserted into the target lesion under the guidance of ultrasound. The microwave-heated center could reach above 60°C in seconds to coagulate the tissue. The reported lesion reduction rate was around 60-80% after PMWA.</p>
論文歸類： 內視鏡	<p>In our department, surgeon C.S. Hsu performed laparoscopy-combined transabdominal ultrasound-guided PMWA for symptomatic uterine fibroid. We evaluated patients with questionnaire for symptom, and pre-operative and post-operative transabdominal ultrasound for reduction volume rate. There was preliminary data of 15 patients collected since March 2023.</p> <p>Method</p> <p>Patients with symptomatic myomas or adenomyosis were indicated for PMWA. They received transabdominal ultrasound for measuring lesion volume before operation. Symptom severity score (SSS), VAS and The Quality of Life Scale (QOLS) were collected. The patient received general anesthesia and was put in dorsal lithotomy position. One 5mm trocar was inserted and laparoscope was applied to check the pelvic condition. If adhesion noted, another 5mm trocar would be inserted and adhesiolysis would be done first. Then we lowered the pressure of pneumoperitoneum to 4cmH₂O, and microwave ablation needle was inserted to uterus lesion under transabdominal ultrasound-guided. We checked the needle location and surrounding organs under laparoscope. Microwave ablation would be done under transabdominal ultrasound during the whole process. We would follow up the patient 3 months later with transabdominal ultrasound, questionnaire and laboratory data.</p> <p>Result</p> <p>Since March 1st 2023, there were 31 patients underwent Laparoscopy- combined transabdominal ultrasound-guided PMWA at our department and 15 of them followed-up for more than 3 months. Postoperative average volume reduction rate among our patients was 52.57% (16.42-81.04%). Laboratory data showed mean hemoglobin with mild increasing, CA-125 and CA-199 with decreasing postoperatively. Mild improvement of symptoms of dysmenorrheal was noted from decreasing of patient-report VAS.</p> <p>Conclusion</p> <p>Laparoscopy- combined transabdominal ultrasound-guided percutaneous microwave ablations is a feasible, minimally invasive technique for treating myomas and adenomyosis. Further long term follow up and more cases collections are needed.</p>

稿件編號：OE3	減少孔洞之達文西手術處理複雜性子宮肌瘤摘除手術: 單一手術醫師臨床經驗
臨時稿件編號： 1205	Feasibility and Surgical Outcomes of Reduced-Port Robotic Surgery for Complicated Myomectomy: A Single-Surgeon's Experience 吳佩姿 ¹ 莊斐琪 ¹ 楊采樺 ¹ 周鈺敏 ¹ 黃寬慧 ¹ 龔福財 ¹ 高雄長庚紀念醫院婦產部 ¹
論文發表方式： 口頭報告	Background: Uterine leiomyomas are the most common benign uterine tumor in reproductive age. Surgical intervention with myomectomy would be considered for the patients desiring to preserve uterus when the conservative treatments fail. Minimally invasive surgery (MIS) for complicated myomectomy such as multiple myomas, diameter of myoma ≥ 8 cm, myomas located at cervical or broad ligament and preexisting pelvic adhesions may has some limitations and be a challenge task. Using robotic platform with reduced-port setting can conquer the shortcomings of multi-port or single-port laparoscopic myomectomy. We will report our experience of reduced-port robotic surgery (RPRS) for complicated myomectomy.
論文歸類： 內視鏡	<p>Patients and Methods: We retrospectively included patients who had received RPRS by one gynecologic surgeon at Kaohsiung Chang Gung Memorial Hospital from June, 2015 to October, 2023. The da Vinci Si/Xi robotic system was used. An approximately 2.5cm vertical incision over the umbilicus was made for the Glove Port (Nelis, Korea) and one 8mm robotic trocar was established over the patients' right lower abdomen. The Glove Port consists of four insertion ports with three 8mm ports and one 12mm port which is for assistant instruments (suction irrigation, myoma screw) and to pass needles. The da Vinci 30-degree camera was inserted through one of the 8mm ports of the Glove Port. The robotic instruments were placed at another one 8mm port and the additional side trocar over the right lower abdomen, respectively. The patients' characteristics and surgical outcomes (docking time, console time, operative blood loss, conversion rate, numbers and weights of myomas, hospital stays, and associated surgical complications) were analyzed.</p> <p>Results: There were 28 women who underwent RPRS for myomectomy. We excluded women who received combined adnexal surgery and women with missing data. Totally 24 patients were enrolled. The mean age and median body mass index of the total 24 patients were 39.5 years and 22.5 kg/m². 14 of 24 (58.3%) patients were nullparous. There were 41.6% (10/24) of patients who has previous abdominal operation. According to the image examination (ultrasonography, computed tomography or magnetic resonance imaging) before surgery, the median size of the largest myoma was 9.4cm (5.8-16.1cm). The largest of myoma located over the anterior wall of uterus, posterior of uterus, fundus or other (broad ligament, cervix) accounted for 25%, 45.8%, 12.5%, and 16.7%, respectively. The median docking time and console time were 5mins and 180mins. The median operative blood loss and the hemoglobin change were 200ml and 1.9g/ dL. Besides, the median numbers and weights of myomas were 3 and 375mg. No conversion to laparotomy was recorded in these 24 patients. There was no major peri-operative (bowel or urinary tract injury) nor post-operative complication recorded.</p> <p>Conclusions: The advantages from Reduced-Port Robotic Surgery (RPRS) with the use of Glove Port include less overcoming collision between instruments, more convenient for retrieving specimen, more satisfying cosmetic outcome and rapid recovery after operation. Our experience demonstrated that reduced-port robotic surgery is an alternative application which is feasible and safe for complicated myomectomy.</p>

稿件編號：OE4	達文西輔助腹腔鏡和傳統腹腔鏡子宮肌瘤切除術之術後疼痛比較的回顧性研究
臨時稿件編號： 1143	<p>Comparison of postoperative pain in robotic versus traditional laparoscopic myomectomy: a retrospective cohort study</p> <p>吳雅筑¹ 丁大清¹ 花蓮慈濟醫院婦產部¹</p>
論文發表方式： 口頭報告	<p>Background and Objectives</p> <p>Minimally invasive gynecologic surgery using laparoscopic and robotic techniques has gained popularity for reducing perioperative discomfort and hospital stay. Robotic surgery has seen increased utilization in gynecology, yet the debate over postoperative pain superiority between traditional laparoscopy and robotics persists. This study aimed to compare postoperative pain within the initial 24 hours following robotic and traditional laparoscopic myomectomy.</p>
論文歸類： 內視鏡	<p>Methods</p> <p>A retrospective cohort study involved 24 patients undergoing robotic myomectomy and 58 patients undergoing laparoscopic myomectomy between January 2019 and July 2023. Primary outcomes encompassed postoperative pain levels, the use of basal postoperative analgesia (ketolorac and morphine IV or IM), additional long-acting Non-Steroidal Anti-Inflammatory Drug (Dynastat) and Patient Controlled Analgesia (PCA) during the initial 24 hours post-surgery. Secondary outcomes assessed blood loss and hospitalization duration.</p> <p>Results</p> <p>Patient characteristics were similar in both groups (age, $p = 0.396$; body mass index, $p = 0.975$; parity, $p = 0.674$; percentage of prior abdominal surgery, $p = 0.370$). Factors that could potentially heighten pain, such as the number of ports ($p < 0.001$), additional procedures ($p = 0.017$), operative time ($p < 0.001$), number of myomas ($p = 0.007$), and the largest myoma size ($p = 0.007$), were significantly higher in the robotic group. However, there were no significant disparities in postoperative visual analog scale pain scores ($p = 0.3$), percentage of the use of Ketorolac ($p = 0.056$) and Morphine analgesia ($p = 0.537$), dosage of Ketorolac ($p = 0.441$) and Morphine ($p = 1.0$) IV/IM use, additional Dynastat use ($p = 0.752$), PCA use ($p = 0.795$), or hospitalization days ($p = 0.056$) between robotic and traditional laparoscopic myomectomy. Notably, the robotic group exhibited greater blood loss than the traditional laparoscopic group ($p = 0.024$).</p> <p>Conclusion</p> <p>Comparing robotic-assisted myomectomy with traditional laparoscopic approach, there were no significant differences in postoperative pain scores or the need for additional postoperative analgesia, despite robotic cases involving more procedures, ports, longer operative times, and other potential factors influencing postoperative pain. This study suggests that both approaches offer comparable postoperative pain outcomes, emphasizing the importance of patient-specific factors in decision-making for myomectomy techniques.</p>