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A detailed analysis of the learning curve for robotic assisted type-I extrafascial pan hysterectomy with pelvic and high paraaortic lymphadenectomy for endometrial cancer-Single institution study

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Study: Prospective non-randomized observation study was selected.**Aim & objectives:** To analyze learning curve for both surgeon (surgeon console time) and bed side team (docking time) robotic assisted type-I extrafascial pan hysterectomy with pelvic and high para aortic lymphadenectomy for endometrial cancer, in Indian quaternary care cancer center.**Materials & Methods:** In a single quaternary care Indian cancer institution, the segmental docking time and operative time on all initial 131 consecutive patients between year 2011-2013 with same surgeon and same team of technician and nurse and assistant doctors, who underwent robotic assisted type-I extrafascial pan hysterectomy with pelvic and high para aortic lymphadenectomy for endometrial cancer were prospectively collected and analyzed. Segmental time taken for docking and time as surgeons console and number of lymph nodes retrieved in pelvic and paraaortic lymphadenectomy in consecutive cases were collected, compiled and statistics were worked out. Data were analyzed under five parameters, docking time, surgeons' console time, total combined time taken for each procedure and number of lymph nodes retrieved in pelvic and high Para aortic lymphadenectomy specimen. The point at which the slope of the curve becomes less steep for operative times was plotted for docking time; surgeons console time and total combined time of procedure. For lymph nodes retrieval data, the point at which as per AJCC TNM staging, time taken to reach, recommended minimum number of lymph nodes at each segment of Pelvic and Para aortic lymphadenectomy was plotted and analyzed. 2011-2013 year.**Conclusion:** In our first Indian study, robotic assisted type-I extrafascial pan hysterectomy with pelvic lymphadenectomy and high para aortic lymphadenectomy for high risk endometrial cancers, we noted, proficiency for docking time is achieved after 22 case and for surgeon console time after 16 cases and adequate number of pelvic lymph nodes retrieval after 12 cases and para aortic lymph nodes retrieval after 20 cases. However the efficiency further continue to improve over time with increasing number of procedures, but this shows the minimum number of cases required to consistently pass learning curve and it's a team work with proper coordination between the docking team (technician and assistant and nurse) and surgeon and it helps to increase proficiency and efficiency in building a team for robotic assisted surgery.

Biography

Sean S Jacob is a Trainee student, University of Central Florida, USA

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