



Robotic vs. open surgery in obese women with low-grade endometrial cancer: comparison of costs and quality of life measures

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Abstract

Statement of the Problem: Low-grade-endometrial-cancer (LGE) is the most common gynecological-cancer in developed-countries. Women who develop LGE tend to be obese and to suffer from many co-morbidities that challenge the surgeon. The literature demonstrates the supremacy of minimal-invasive-surgeries (MIS) for this group of patients. Robotic-surgery (RS), an advanced MIS, costs are high and healthcare-systems do-not include specific reimbursement for this approach.

Methodology &Theoretical-Orientatation: This retrospective study compared perioperative-measures, costs, quality-of-life and survival after open (OS) vs. RS, among obese-women (BMI \geq 30) diagnosed with LGE. in two tertiary-medical-centers in the center of Israel during 2013–2016. Quality-of-life was evaluated by Physical&Mental Components of the SF-36 and a recovery-from-surgery questionnaire. Overall-survival-outcomes were obtained from patients' files. Surgical-outcomes (operating and anesthesia times, length of hospital-stay, and intraoperative&postoperative-complications according to the Clavien-Dindo-classification scale) were reviewed. **Findings:** In all, 138 women underwent OS (n = 61) or RS (n = 77) during the study-period. The groups had similar BMI, comorbidities, demographics and tumor characteristics. RS was associated with shorter hospital-stays (mean 1.7 vs. 4.8 days; P<.0001) and fewer postoperative-complications (Clavien-Dindo > 2, 5.2% vs. 19.7%; P=.0008), but longer operating-theater time (3.8 vs. 2.8 h; P<.001). Costs are equivalent when at least 350 RSs are performed annually, without the initial system costs. Quality-of-life measures were better after RS. SF-36 showed better measures for RS. After RS, patients tended to recover quicker. Overall, 5-year-survival was 89.8% for the OS group vs. 94% for the RS group (log-rank, P=0.330). **Conclusions:** Obese-women with LGE had better quality-of- life after RS vs. OS. They also had shorter hospital-stays and fewer postoperative-complications. Centers with high-volumes of RS can achieve similar costs when comparing both methods. These results were achieved without jeopardizing survival.

Biography

Prof Zvi Vaknin is specialized in Obstetrics and Gynecology since 2008. He serves as the head of gynecology department and gynecology-oncology unit, at Shamir Medical Center, a public hospital in the center of Israel, affiliated to Sackler Faculty of Medicine, Tel-Aviv University. He completed his fellowship in Gynecological Oncology at McGill University in Montreal Canada at 2010. He is the past president and currently serves as the secretary of the Israeli Society of Colposcopy and Cervical Pathology (ISCCP). He also serve as a board member in the Israeli Society of Gynecology Oncology (ISGO). His main clinical and research profiles are gynecological cancer, focusing on minimally invasive surgery, and the treatment and prevention of gynecological cancer. He is author of more than 100 publications in peer reviewed journals and have contributes as an author in ESGO official textbook on gynecologic cancer.

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