

Role of Laparoscopic surgery in the management of Ovarian Tumours

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26th Feb 2016

Overview

- What is Possible
- What is appropriate

Laparoscopic surgery

Advantages

Decreased

- hospital stay
- pain
- wound infection
- scarring
- blood loss

Magnified view

Disadvantages

-Increased

- Equipment
- Expense
- Surgical Expertise
- ?Operating Time

-Few Oncologist
Laparoscopically trained

Risks of Laparoscopic Surgery in cancer patients

- Adhesions
- Dissemination of tumour
- Port site recurrences
 - Few

Instrumentation

- Ports
- Instruments
- Clips
- Staples
- Bags
- Bipolar diathermy



Equipment



- Bipolar graspers
- Harmonic scalpel
 - Lina
 - Ligasure



Laparoscopic Needle holders

- Vaginal tube

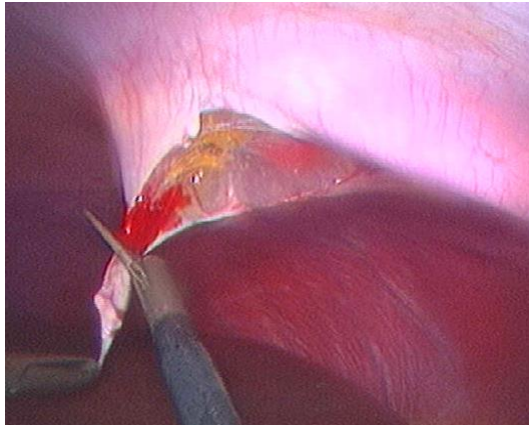


What Can be done Laparoscopically?

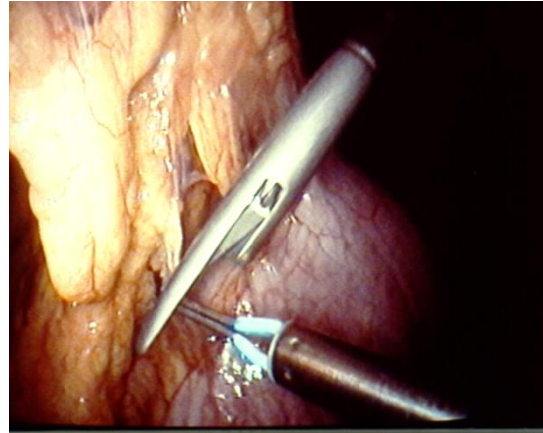
- Cystectomy/ BSO
- Hysterectomy
- Lymphadenectomy- Plevic / PA
- Omentectomy
- Oophorectomy
- Biopsies/ Staging

Laparoscopic Management of Ovarian Cancer

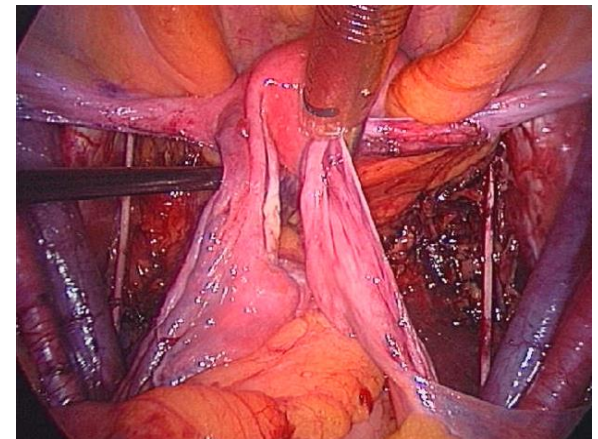
Peritoneal biopsy



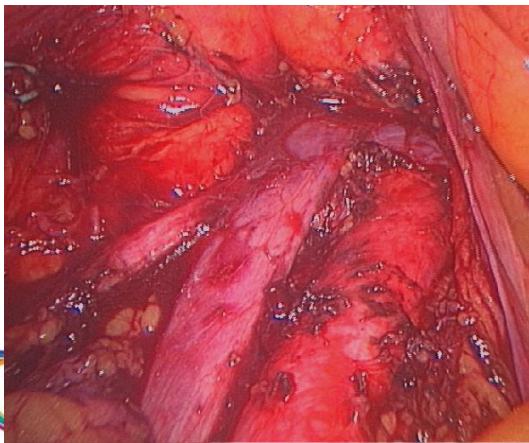
Omentectomy



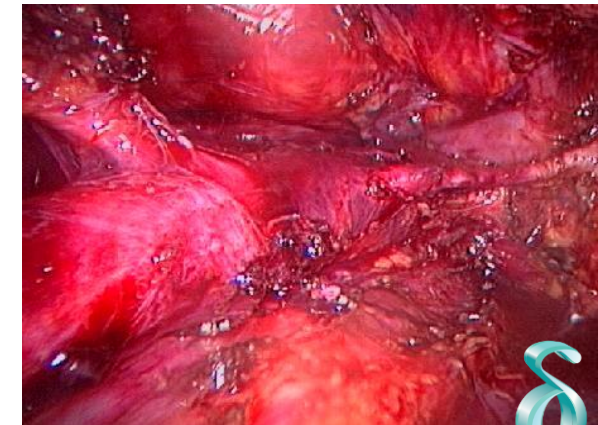
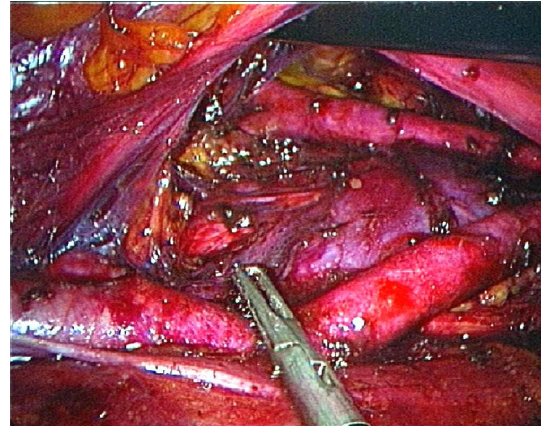
Pelvic Lymphadenectomy



Transperitoneal Para Aortic Lymphadenectomy



Retroperitoneal Para Aortic Lymphadenectomy

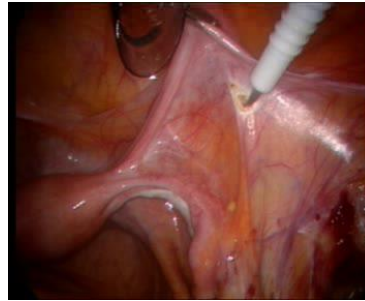


Total Laparoscopic Hysterectomy

Lymphadenectomy

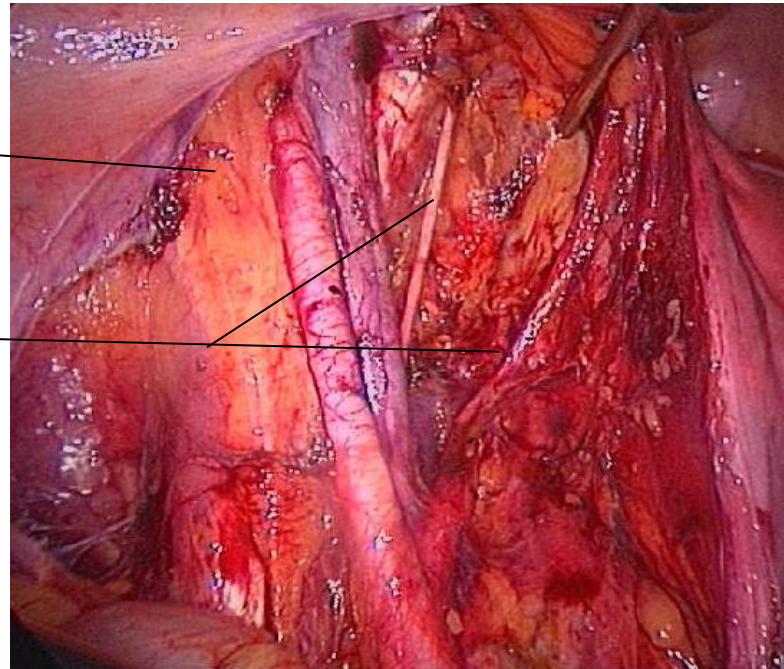
- Approach
 - Transperitoneal
 - Retroperitoneal
- Site
 - Pelvic
 - Para-aortic

Pelvic Lymphadenectomy



External : Iliac vessels, psoas muscle and pelvic wall

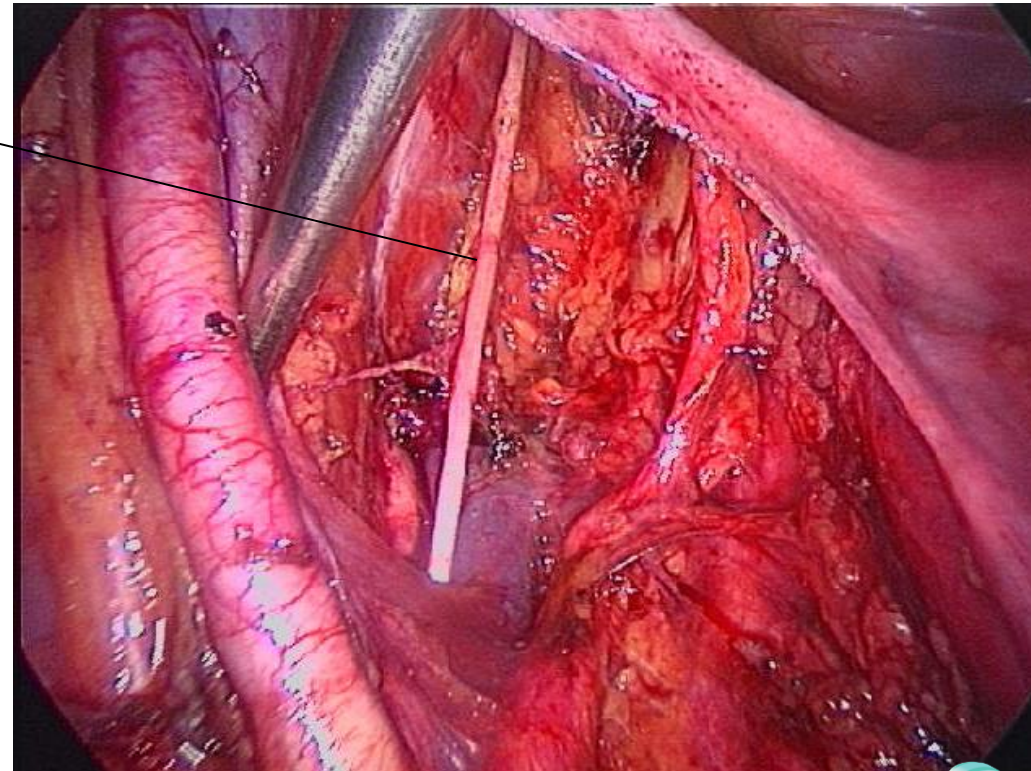
Internal : superior vesical artery and hypogastric artery



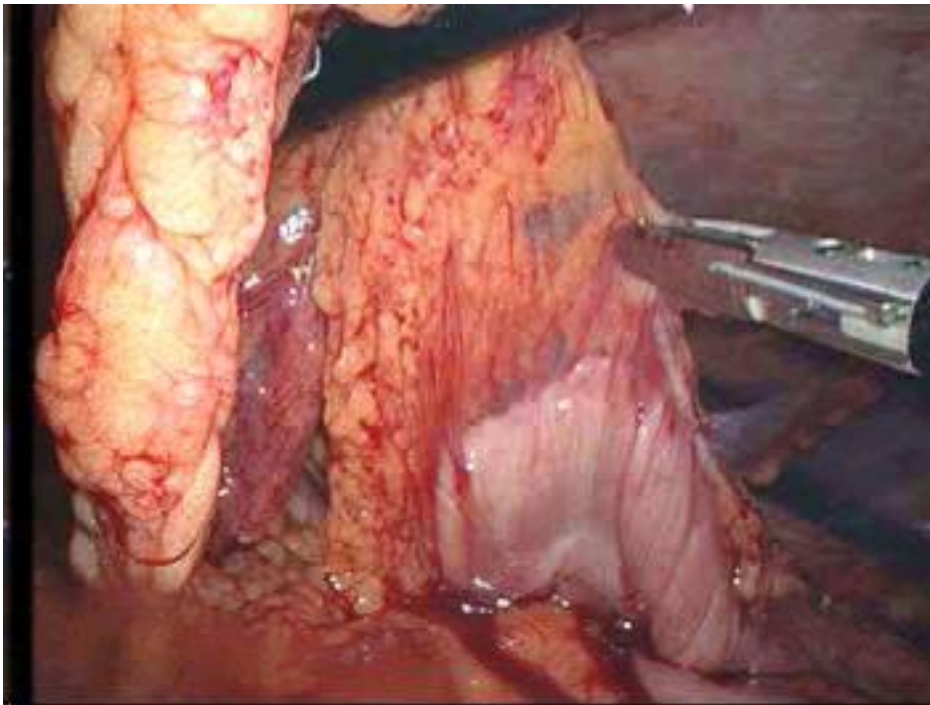
Find the limits

Deeply :
Obturator nerve

Cranially :
Common iliac
bifurcation and
ureter

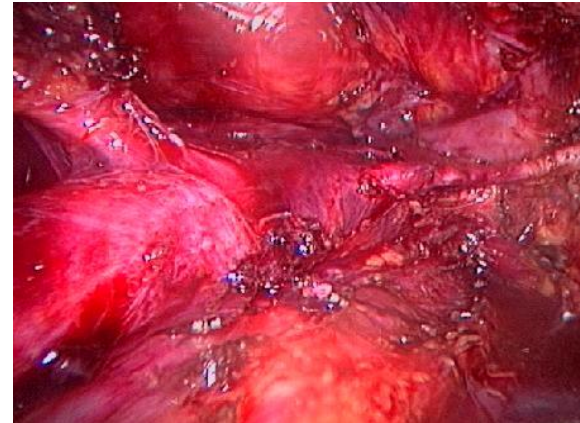
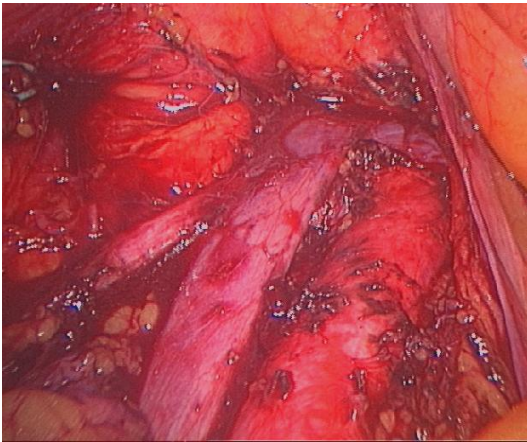


Laparoscopic Omentectomy



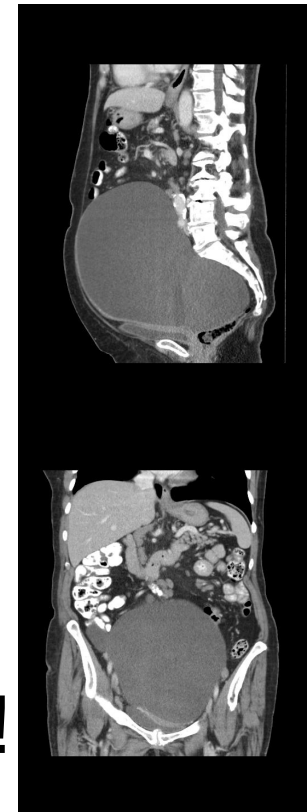
PA node dissection

Transperitoneal Para Aortic Lymphadenectomy



Who should have an ovarian cyst removed laparoscopically?

- Age
- Ultrasound appearance
- Ca 125
- RMI < 200
- MDT review
- Size- not a limit
- Derby Gynae cancer centre-
 - cysts > 30cm done laparoscopically!



Intraoperative spillage?

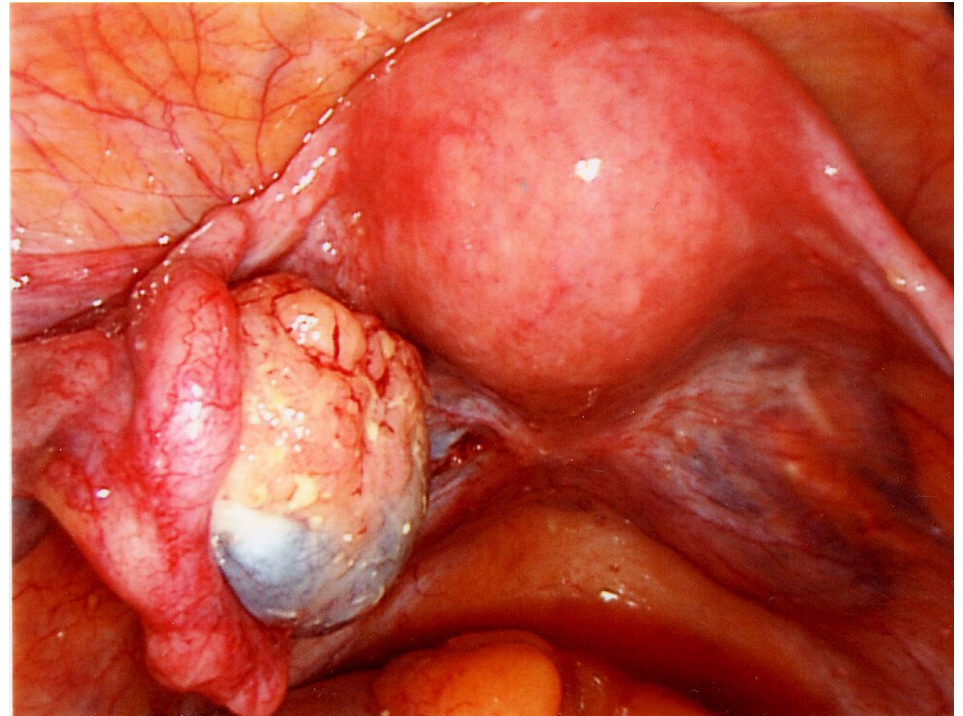
- Upstaging
- Increased risk spillage laparoscopically (12-15% cf 10% at open)
- Cochrane review- No evidence of worst outcome
- Try to avoid if possible

Ovarian Cancer

- Is there any place?
 - Hysterectomy, Oophorectomy, Washings and Omentectomy are all feasible laparoscopically.
 - Biopsy and staging

Laparoscopic management of Ovarian cancer

- Feasible
- Should you do a pelvic and/or aortic lymphadenectomy?



Role in Ovarian cancer

1. Treatment of early stage tumours
2. Staging of tumours incompletely stage
 1. Lymphadenectomy / Omentectomy
 2. Only 5% tumours upstaged if do lymphadenectomy
3. Biopsy / staging of Disseminated disease
 1. Assessment of resectability
4. Prophylactic surgery
5. Assessment of feasibility of Ultra-radical

Management of early ovarian cancers

- Feasible
- No increased recurrence
- ? Risk if spillage
- No worsening outcome

Conclusions

- Feasible
- Has definite role in management
- Increased use in appropriate cases

Questions??

