Robotic Radical hysterectomy in cervical carcinoma: Analysis of 102 Belgian consecutive cases.

A. Segaert

Segaert A1, Traen K2, van Dam P3, Voorhoof L4, Decler W5, Leunen K1, Goffin F6, Vergote I1
1University Hospitals Leuven; 2Onze-Lieve-Vrouw Ziekenhuis, Aalst; 3Sint-Augustinus Hospital, Antwerp; 4Sint-Jan Hospital, Bruges; 5Palfijn Ziekenhuis, Gent; 6Hôpital de la Citadelle, Liège

Objective: To analyse the operative and survival results of robotic radical hysterectomies (RRH) in cervical cancer in Belgium.

Methods: 102 RRH were performed in patients with cervical carcinoma between April 1st 2007 and March 8th 2013.

Results: RRH was performed in cervical carcinoma FIGO (2009) stage Ia1 (n=3), Ia2 (n=6), Ib1 (n=67), Ib2 (n=4), IIa (n=8), and IIb (n=14). Median age was 47 years (range, 30-80), median BMI 24.0 kg/m² (range, 18.2-40.9), median operative time 240 minutes (range, 150-450), median operative blood loss 150 mL (range 20-1000), median number of pelvic lymph nodes 23 (range 5-60) and median hospital stay 5 days (range 2-19). Peroperative complications included 2 bladder lesions (sutured robotically), 1 compartment syndrome of the lower leg, and 1 ureteral lesion (treated with stent). Postoperatively 7 patients complained of bladder retention for more than 28 days and 1 patient developed a vesicovaginal fistula. 17 patients had neoadjuvant chemotherapy prior to surgery (all stage Ib2 or II) and 18 (18%) patients were postoperatively treated with radiotherapy because of unfavourable prognostic variables. At the time of analysis 15 (15%) recurrences were observed Stage Ia-Ib1: 10 [13%]; Stage Ib2-Iib: 5 [19%]) with a median follow-up of 24 months. 10 relapses were in the pelvis only and 5 patients presented with distant (including abdominal) metastases. 3 (3%) patients had died.

Conclusion: This series on 102 patients treated with RRH shows that RRH is feasible with an acceptable morbidity, and a disease-free and overall survival as expected in the reported population.