

Unnecessary Laparotomy Avoidance--Outcome of 257 Consecutive Adnexal Masses of 8 – 13 cm on Pre-Operative Ultrasound Treated with Laparoscopic Adnexectomy, Bagging and Colpotomy

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Study Objective: To assess outcome parameters in women with adnexal masses of 8 – 13 cm on Pre-Operative Ultrasound treated with Operative Laparoscopy, Adnexectomy, Bagging and Colpotomy.

Design: Retrospective Chart Review.

Setting: Community hospital and private Gynecologic Surgery practice.

Patients: 257 consecutive patients with adnexal masses of 8 – 13 cm on Pre-Operative ultrasound examination meeting criteria set forth in ACOG Committee Opinion 280, “Role of the Generalist Obstetrician-Gynecologist in the Early Detection of Ovarian Cancer.”

Intervention: Patients meeting the selection criteria were scheduled for Operative Laparoscopy, Washings, Adnexectomy, Bagging and Colpotomy. Procedures were aborted if frank malignancy was encountered or the procedure was judged to be technically infeasible. Patients were assessed post-procedure and discharged to home if no complications were noted and pain status was amenable to treatment with oral analgesics.

Measurements and Main Results:

Of 257 consecutive cases with stated inclusion criteria, six were found to have disseminated malignancy and eleven masses judged not candidates for laparoscopic treatment. A total of 240 patients successfully completed intended treatment (93.38%). Of patients successfully completing treatment 234 did not require admission (97.5%). One patient had a bowel injury requiring re-operation during the admission. One patient developed deep vein thrombosis well after discharge. Importantly nine patients (3.75%) required re-operation by GYN Oncology after final pathology was available.

Table 1: Outcome Data

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|-----------------------------------------------|------------|---------------|
| TOTAL PATIENTS IN STUDY PERIOD | 257 | |
| --SURGERY ENDS WITH LAPAROSCOPY | 6 | 2.33% |
| --FAILED LAPAROSCOPY | 11 | 4.28% |
| TOTAL PATIENTS SUCCESSFULLY COMPLETING | 240 | 93.38% |
| --OUT-PATIENT ONLY | 234 | 97.50% |
| --ONE HOSPITAL DAY | 5 | 2.08% |
| --TWO OR MORE HOSPITAL DAYS | 2 | 0.84% |
| --INADVERTENT RUPTURE OF MASS | 3 | 1.25% |
| --CUFF CELLULITIS | 0 | 0.00% |
| --FEBRILE MORBIDITY | 9 | 3.75% |
| --INJURY TO BOWEL | 1 | 0.42% |
| --INJURY TO BLADDER | 0 | 0.00% |
| --INJURY TO URETER | 0 | 0.00% |

| | | |
|-----------------------------------|---|-------|
| --INJURY TO MAJOR VESSELS | 0 | 0.00% |
| --DEEP VEIN THROMBOSIS | 1 | 0.42% |
| --PULMONARY EMBOLISM | 0 | 0.00% |
| --PORT SITE HERNIA | 0 | 0.00% |
| --RE-OPERATION THIS ADMISSION | 1 | 0.42% |
| --DEATH | 0 | 0.00% |
| WASHINGS POSITIVE FOR MALIGNANCY | 6 | 2.50% |
| RE-OPERATED LATER BY GYN ONCOLOGY | 9 | 3.75% |

Conclusions: Laparoscopic adnexectomy, bagging and colpotomy is a desirable goal for patients meeting selection criteria affording a minimally invasive approach with attendant benefits including out-patient treatment, few complications and low necessity for re-operation after final pathology is evaluated.