

Laparoscopic or Robotic Treatment of Endometriosis



Endometriosis is a condition where tissue from inside the uterus implants outside the uterus. Endometriosis tissue is frequently located close to the ovaries (where eggs are made), fallopian tubes (tubes that carry eggs to the uterus), on the peritoneum (the inside lining of the abdomen or belly), or on other organs. It can be associated with the inability to get pregnant, abnormal bleeding, and pelvic pain (with or without periods, sexual intercourse, bowel movements or urination). It can also show up as a type of cyst on the ovary called an endometrioma or “chocolate cyst.”

Endometriosis is found by surgical intervention, examination (biopsy), and removal of the suspected tissue. A laparoscopy is the best approach for this purpose. Small incisions are made in the abdomen under general anesthesia and gas is used to stretch the abdomen. A camera or laparoscope is used to look directly at the pelvis and special instruments are used to remove any endometriosis tissue. It is important to have a complete discussion with your doctor before surgery. Because it is so difficult, this procedure requires a surgeon with specialized training in endometriosis surgery.

What is this procedure used for?

Some reasons to consider surgery in patients with suspected endometriosis are:

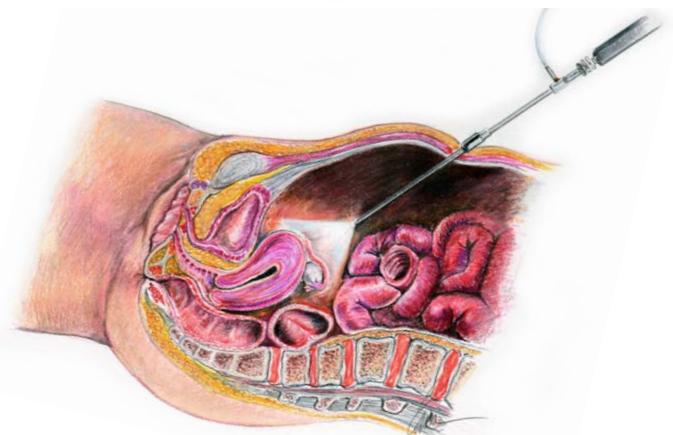
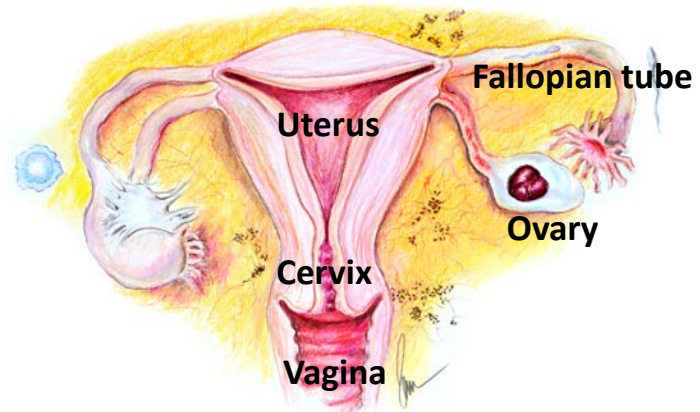
- Failed medical treatment
- Unresolved pain
- Endometriosis cysts
- Suspected involvement of other organs
- Infertility (inability to get pregnant)

The goals for endometriosis surgery are to:

- Confirm that the patient has the disease
- Remove endometriosis tissue
- Improve pain
- Restore normal body structure
- Treat infertility (inability to get pregnant)

Different surgical procedures can be offered for endometriosis. These include:

- Removing or burning endometriosis (excision or ablation)
- Ovarian cystectomy (removal of endometrioma cyst)
- Removal of endometriosis deep within the reproductive organs (deep infiltrating endometriosis)
- Removal of uterus with or without ovaries



Top illustration: Endometriosis implants and scarring (adhesions). Bottom illustration: A cross-sectional view of a laparoscope (camera) inside the abdomen.

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What are the risks of this procedure?

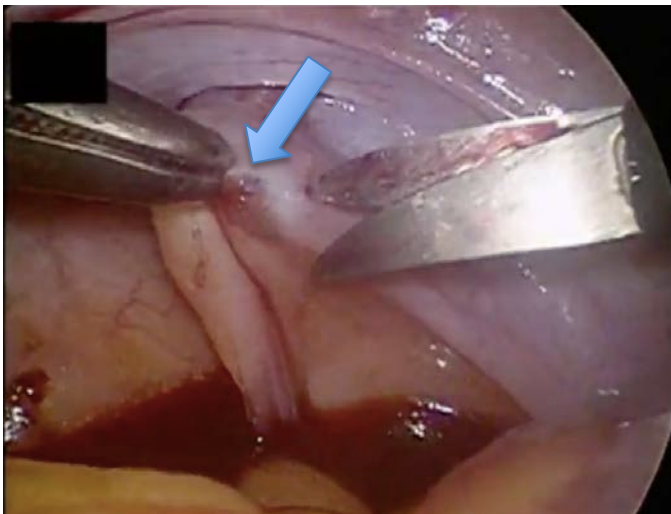
Every surgery has a small risk or possibility of having complications. Laparoscopy is generally safer than open abdominal surgery. A gynecologist who is experienced with treating endometriosis is less likely to have serious complications in patients. Some of the risks associated with endometriosis surgery include:

- Bleeding during or after the surgery
- Infection
- Injury to your bladder, intestines, or other structures near your uterus
- Blood clots in your legs or lungs
- Need to switch to a laparotomy (surgery through one large incision)
- Continued pain after surgery
- Regrowth of endometriosis
- Loss of organs damaged by endometriosis, such as fallopian tubes (which carry eggs from the ovaries to the uterus) or ovaries (where eggs are produced)

What should I expect after surgery?

With a laparoscopic or robotic approach there is less pain, a shorter hospital stay, and faster recovery when compared with open abdominal surgery. Everyone recovers at a different pace after surgery. Many patients are able to get back to most of their usual activities by 1-2 weeks after surgery. Common symptoms after a laparoscopy include:

- Irregular vaginal bleeding
- Fatigue or sleepiness from anesthesia
- Pain or cramping in your stomach and soreness from your surgical cuts
- Shoulder pain
- Constipation (difficulty emptying bowels)



Excising endometriosis lesion (at arrow tip)

When should I call my doctor?

Most women make a full recovery after endometriosis surgery. Call your doctor if you experience the following symptoms:

- Difficulty breathing or shortness of breath
- Heavy vaginal bleeding
- Pain not controlled by your pain medications
- Severe nausea and vomiting
- A temperature over 100 degrees
- Trouble urinating or having a bowel movement