



# ROBOTİK HİSTEREKTOMİ

Histerektomi Kursu  
İstanbul  
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Prof. Dr. Müfit C. YENEN  
Yakın Doğu Üniversitesi Tıp Fakültesi  
Jinekolojik Onkoloji Cerrahisi

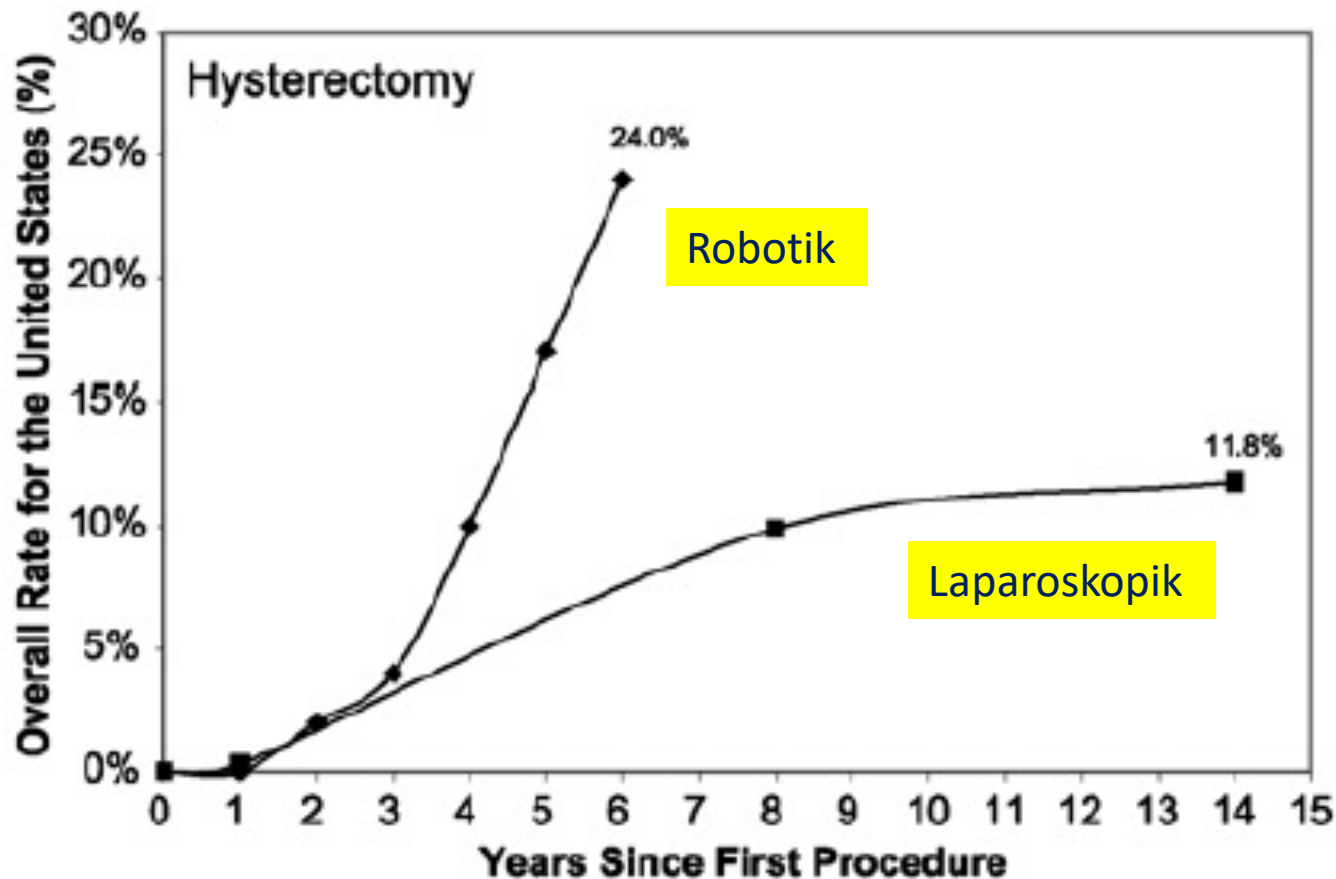
# TARİHÇE

- Robotik cerrahi için 2000 yılında FDA onayı alındı.
- İlk olarak kalp damar cerrahisi (bypass) sonrasında ürolojik cerrahi (radikal prostatektomi) yapıldı.
- 2005 yılında jinekolojik operasyonlar için FDA onayı alındı.
- Günümüzde jinekolojik operasyonların %95'i robotik cerrahi ile yapılabilmektedir.

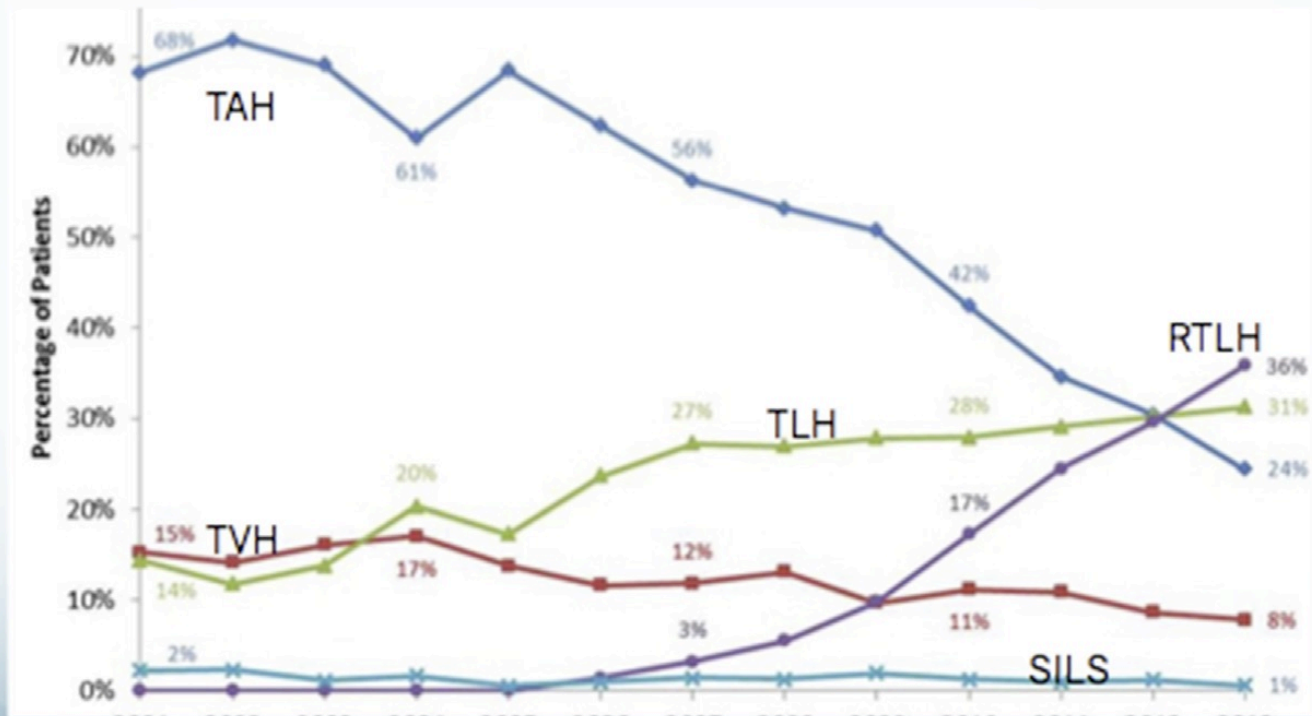
# NEDEN ROBOTİK HİSTEREKTOMİ?

- Daha küçük insizyon,
- Daha az ağrı ve analjezik ihtiyacı,
- Daha kısa hastanede kalış süresi,
- Daha hızlı işe dönüş,
- Daha az kan kaybı,
- Daha az komplikasyon,
- Tremorun ortadan kalkması
- 3 D görüntü olanağı...

*Robotic-Assisted  
Surgery for the  
Community  
Gynecologist:  
Can it Be Adopted?*



# Hysterectomy Trends 2002 - 2015



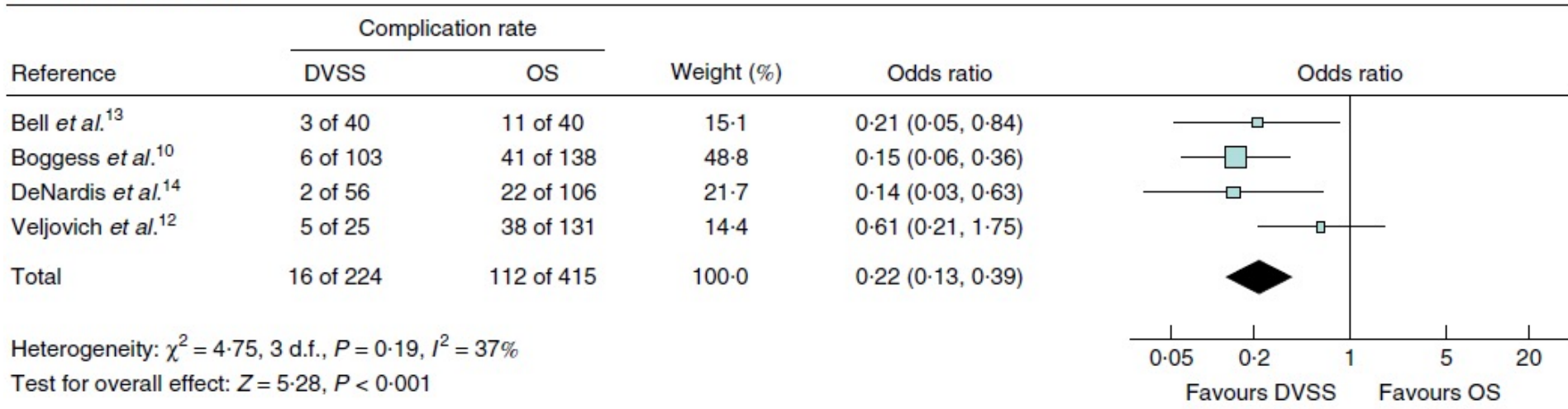
# Meta-analysis of observational studies on the safety and effectiveness of robotic gynaecological surgery

M. Reza, S. Maeso, J. A. Blasco and E. Andradas

Health Technology Assessment Unit, Laín Entralgo Agency, C/Gran Vía 27, 7º, Madrid 28013, Spain

Correspondence to: Ms M. Reza (e-mail: mercedes.reza@salud.madrid.org)

## a DVSS versus OS



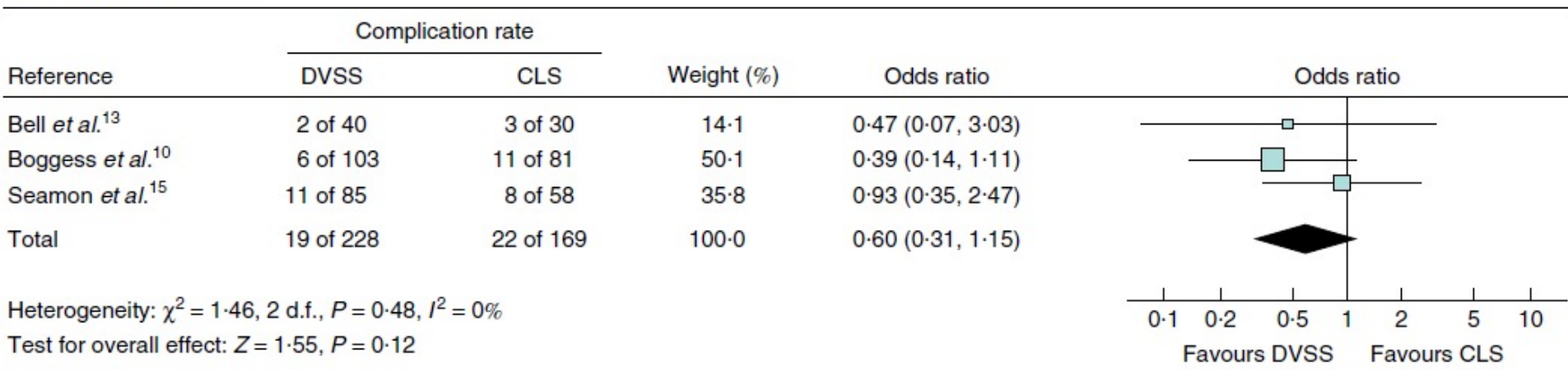
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## b DVSS versus CLS



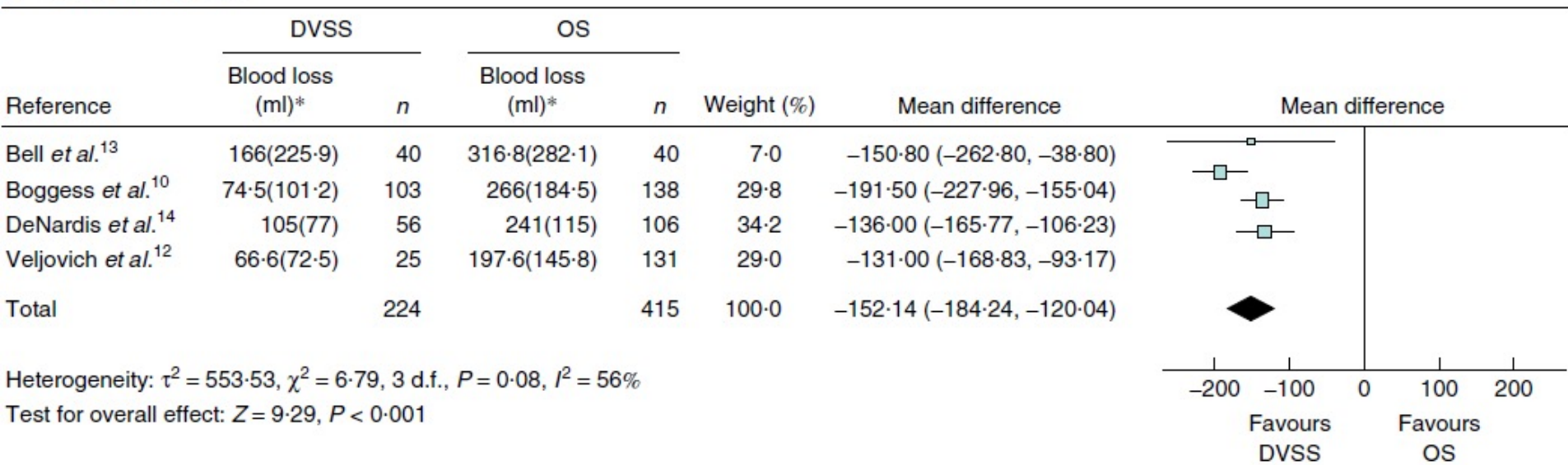
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## a DVSS versus OS





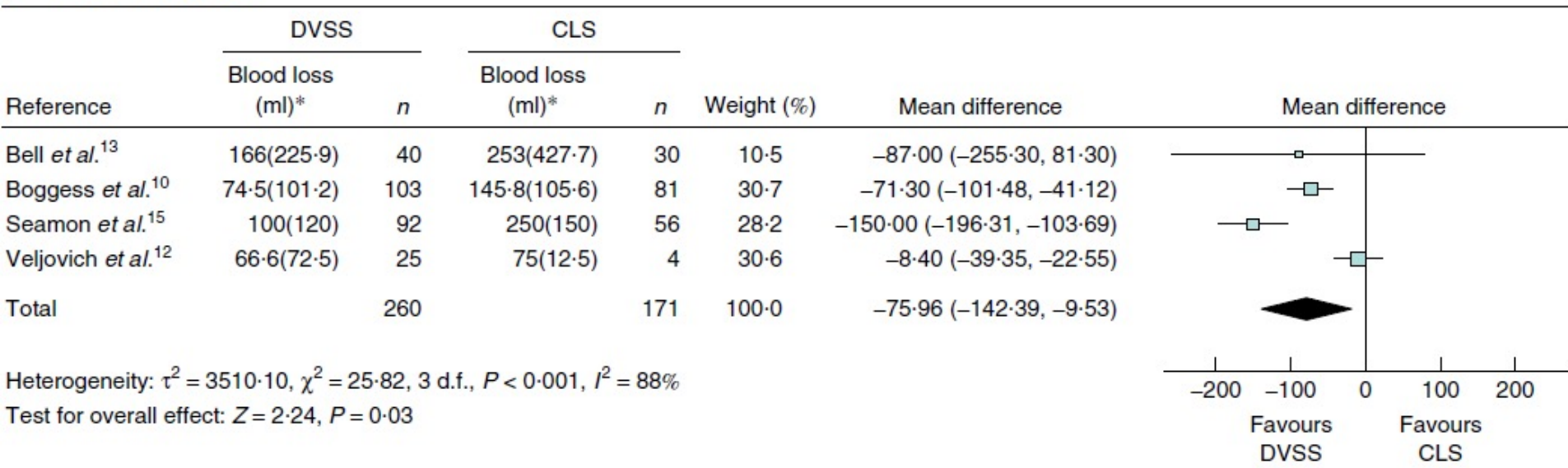
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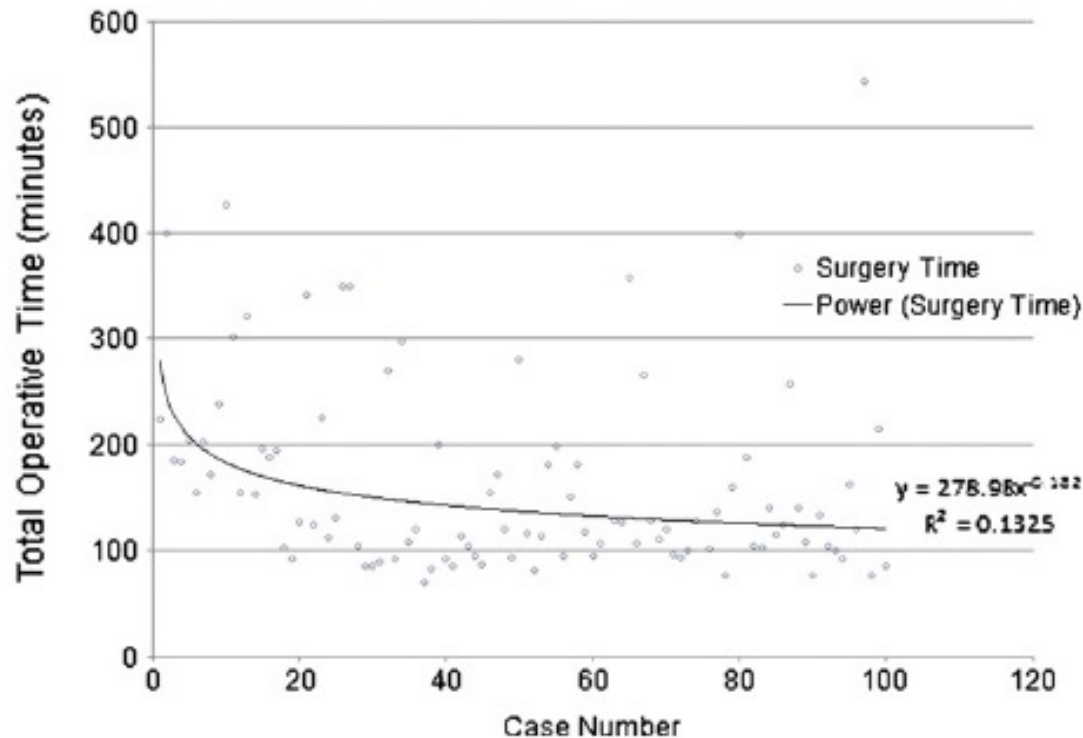


Contents lists available at ScienceDirect

## International Journal of Gynecology and Obstetrics

journal homepage: [www.elsevier.com/locate/ijgo](http://www.elsevier.com/locate/ijgo)

## EDUCATION AND TRAINING

Learning curve analysis of the first 100 robotic-assisted laparoscopic hysterectomies performed by a single surgeon<sup>☆</sup>Jeff F. Lin<sup>a</sup>, Melissa Frey<sup>b</sup>, Jian Qun Huang<sup>b,c,\*</sup>

	> 40 cases (4)	< 20 cases (4)
Average No cases/year	52	6
Total Op Times	92 min (56-170)	169 min (78-330)
EBL	43 cc's (10-150 cc's)	213 cc's (10-1200 cc's)
Sig. Complications	2/150 cases <b>(1.3%)</b>	7/42 cases <b>(16.6%)</b>



# Outpatient robotic hysterectomy: clinical outcomes and financial analysis of initial experience

Mostafa A. Borahay<sup>1</sup>

Pooja R. Patel<sup>1</sup>

Cemil Hakan Kilic<sup>2</sup>

Gokhan Sami Kilic<sup>1\*</sup>

Characteristics	Outpatient (n = 14)	Hospitalized (n = 15)	p
<b>Physician finances</b>			
Billing	2386.38 (± 352.81)	3185 (± 1039.67)	0.0251*
Reimbursement	1239.76 (± 237.91)	1389.91 (± 448.16)	0.3197
<b>Hospital finances</b>			
Reimbursement	7364.2	7295.03	0.775
Total costs	9153.2	9163.64	< 0.001*
Fixed costs	4475.2	4234.04	< 0.001*
Variable costs	4678.2	4929.60	0.0038*
Contribution margin	2685.92 (± 3797.65)	2959.5 (± 3552.64)	0.252
Net profit/loss	-1789.15 (± 4070.78)	-6347.17 (± 4041.85)	0.01*
<b>Payer type</b>			
Private insurance	13 (92.86%)	13 (86.67%)	1.0
Governmental	1 (7.14%)	2 (13.33%)	

**- 4968.2 \$**

Data expressed in mean (± SD) or number (percentage) unless otherwise specified.

All values are in 2013 \$US.

\*Statistically significant.

**TEKNIK**

# Hastaya pozisyon verilmesi ve hazırlanması

- Anestezi altında bimanuel tuşe ile portların yerlerini planlayın.
- Hastayı dorsal litotomi pozisyonuna alın, bacakları ve omuzları destekleyin.
- Bütün baskı noktalarını DVT ve sinir yararlanması profilaksisi için yumuşak pedlerle destekleyin
- Hastayı maksimum trandelenburg ( $>20^\circ$ ) pozisyonuna alın.
- Trandelenburg süresinde kaymayı önleyen jel yada vakumlu pedler kullanın.
- Dizlerin fleksiyonu  $60^\circ$  den az olmalı, bu şekilde femoral sinir yaralanması engellenmiş olur.



# Hastaya pozisyon verilmesi ve hazırlanması

- Nazo/oro gastrik tüp ile mideyi dekomprese edin.
- Mesaneye 16 Fr Foley kateter yerleştirin.
- Abdomen, perine ve vaginayı steril bir şekilde hazırlayın bacakları ayrı ayrı olarak drapleyin.
- Uterin manipulatorü cerrahın tercihinine göre yerleştirin.
- Peritoneal kaviteyi 15 mmHg basınç ile insufle edin.

Rumi II



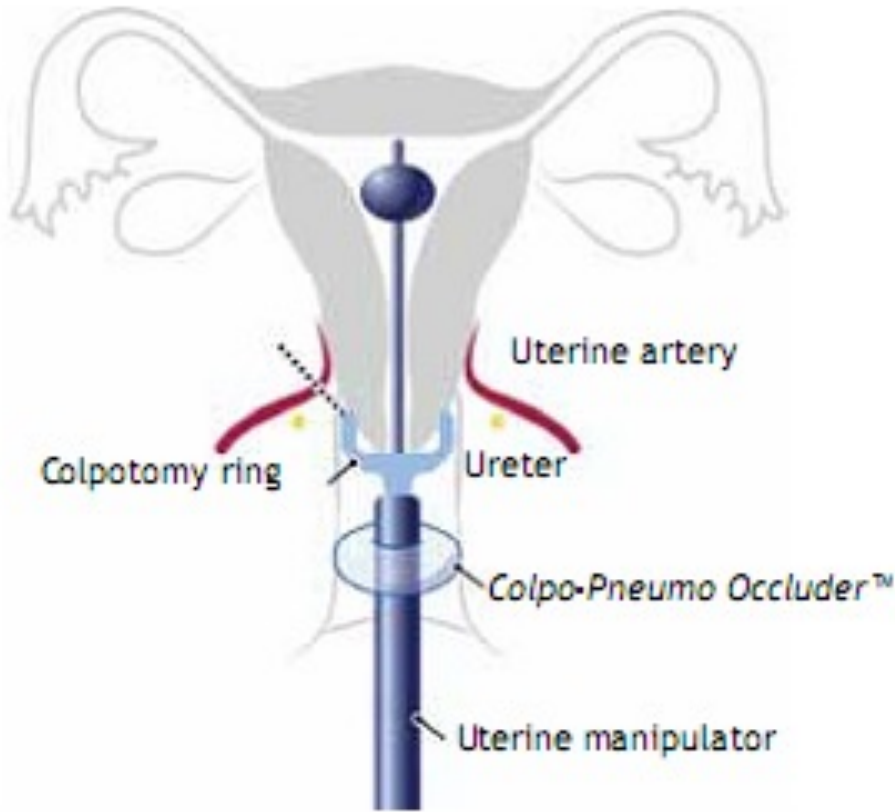
VCare®



Advincula delineator



# Uterin manipulator yerleřtirilmesi

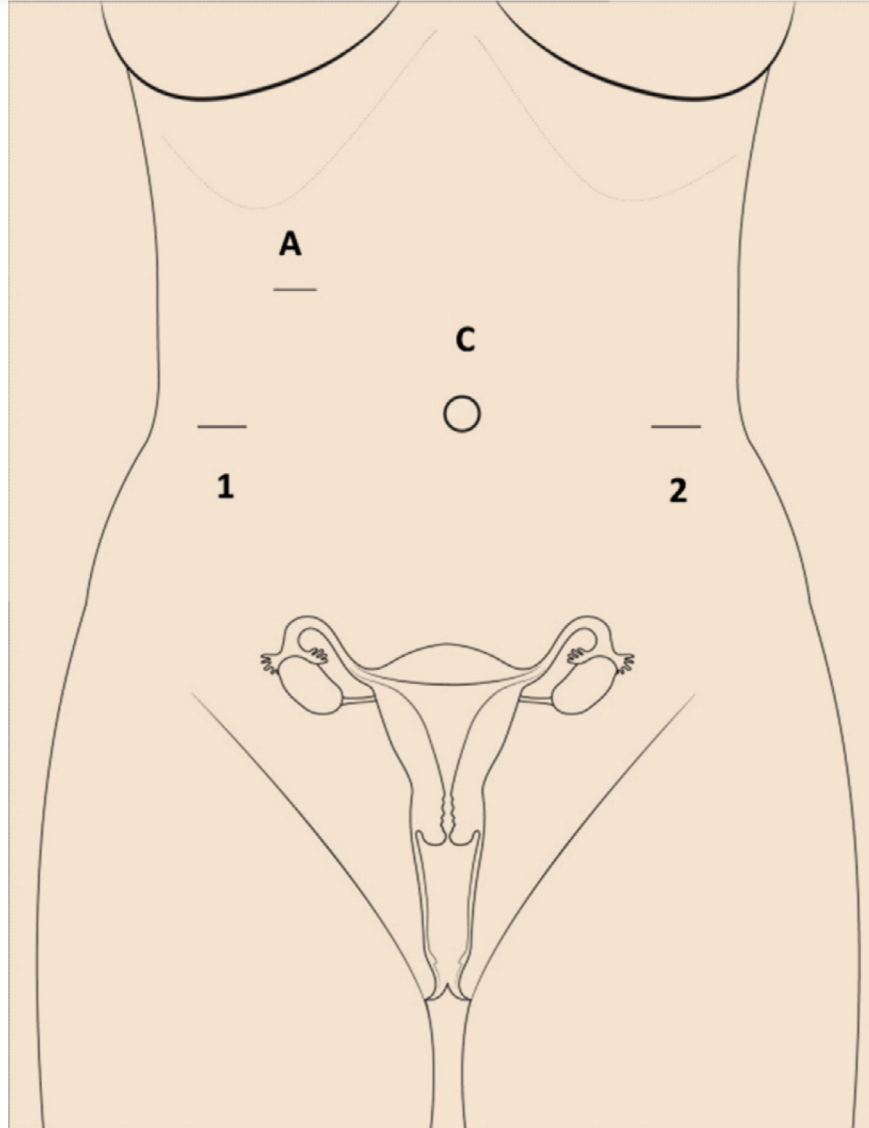


- Kolpotomi halkası vaginal fornikse yerleřtirilir.
- Manipulator balon intrauterin kaviteye yerleřtirilir.
- Hava tıkayıcı balon vagene yerleřtirilir.

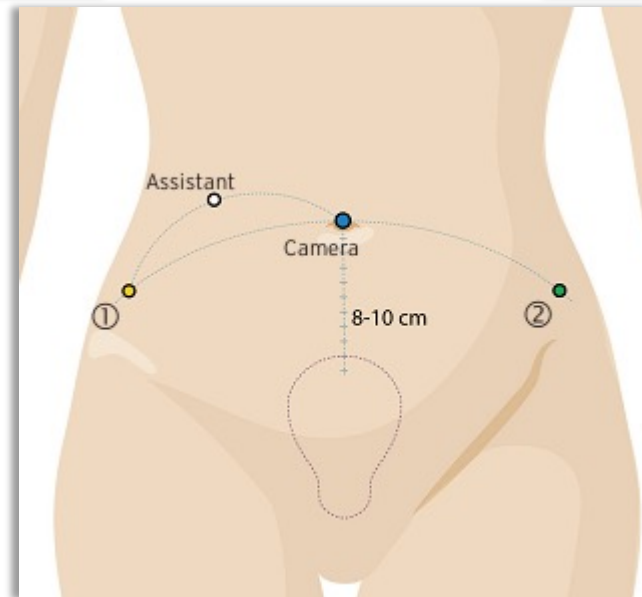
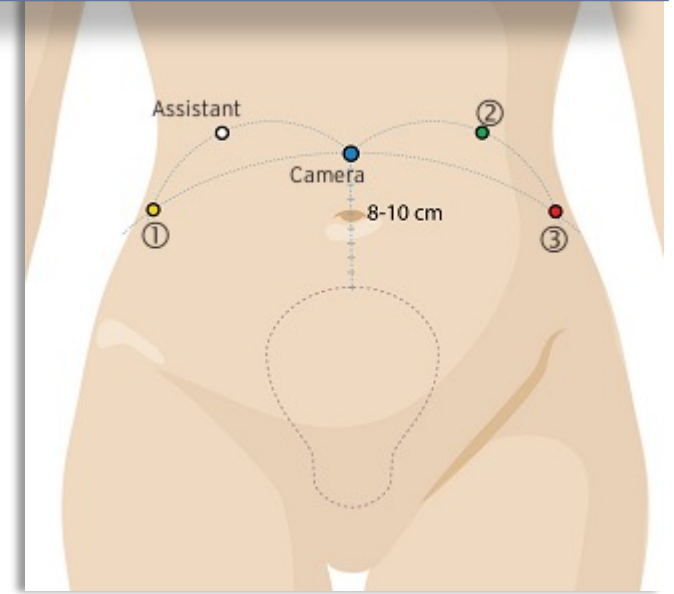
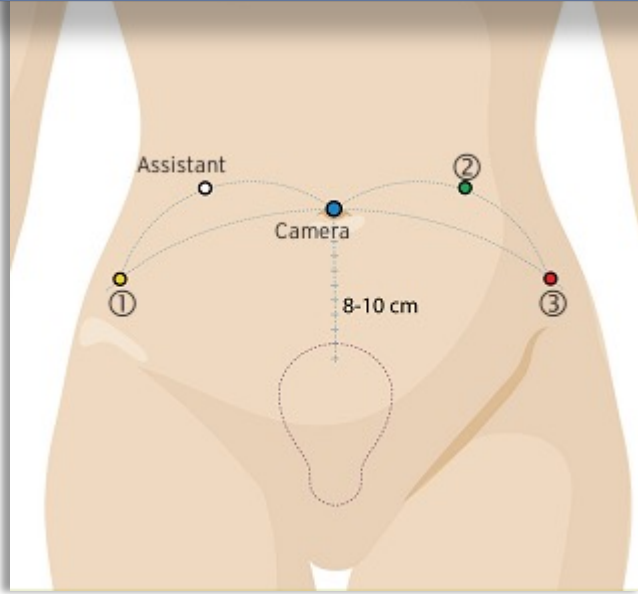
# HASTA POZİSYONU



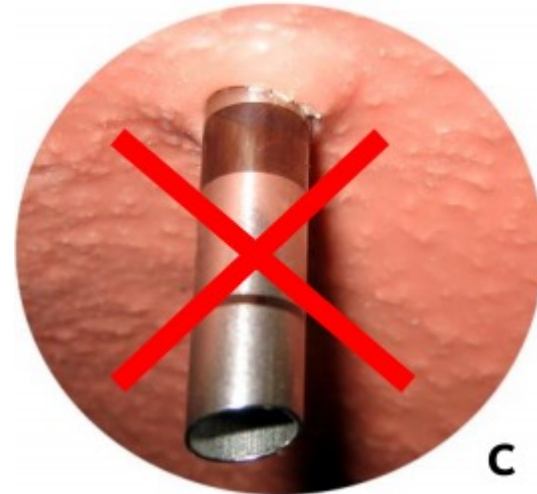
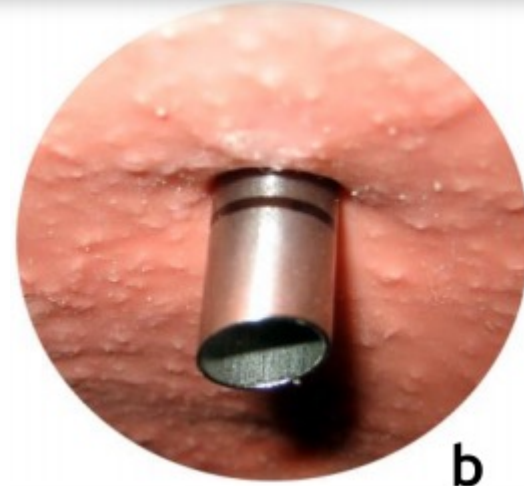
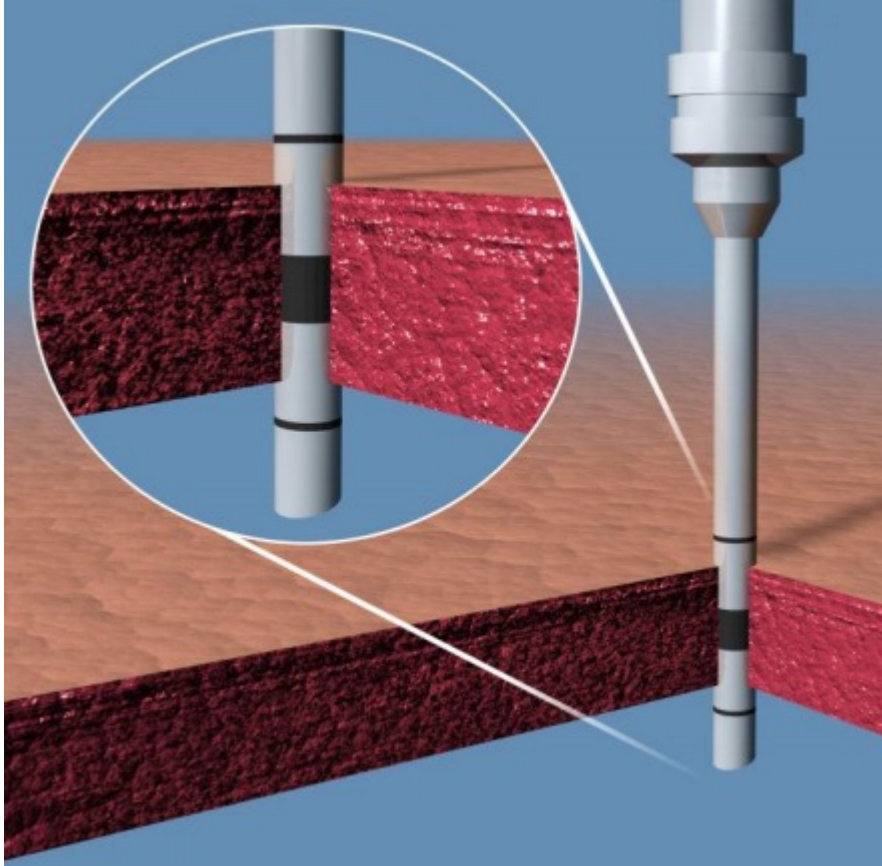
# PORTLARIN YERLEŐTİRİLMESİ

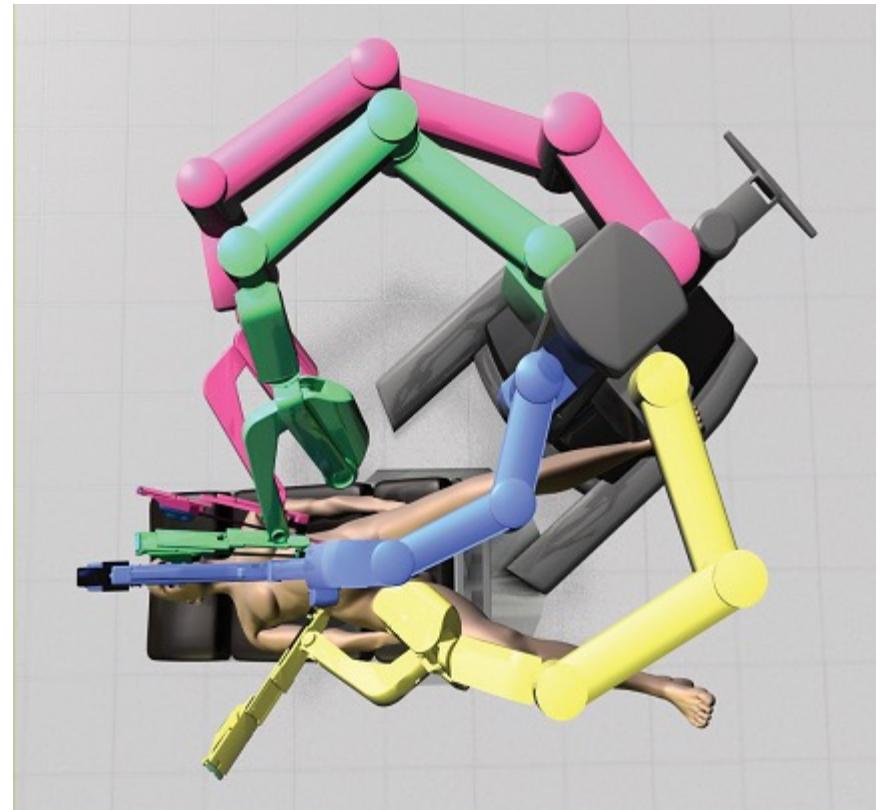
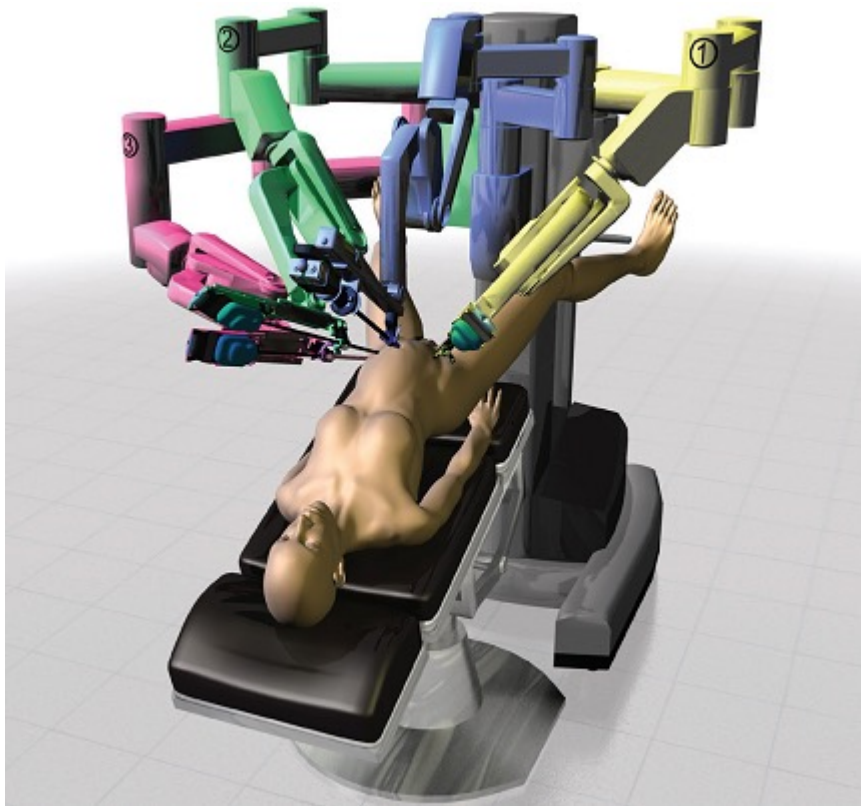


# PORTLARIN YERLEŐTİRİLMESİ



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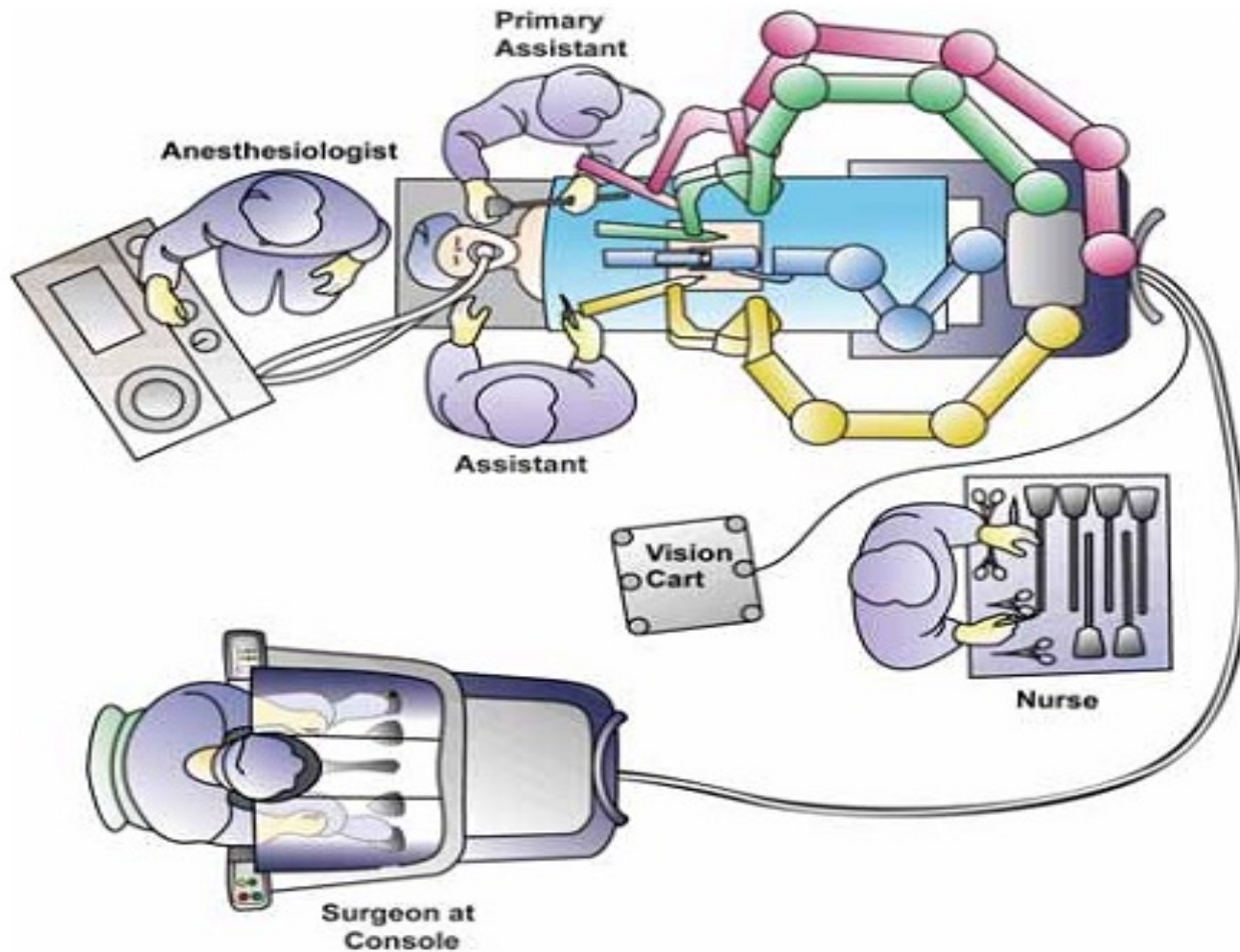




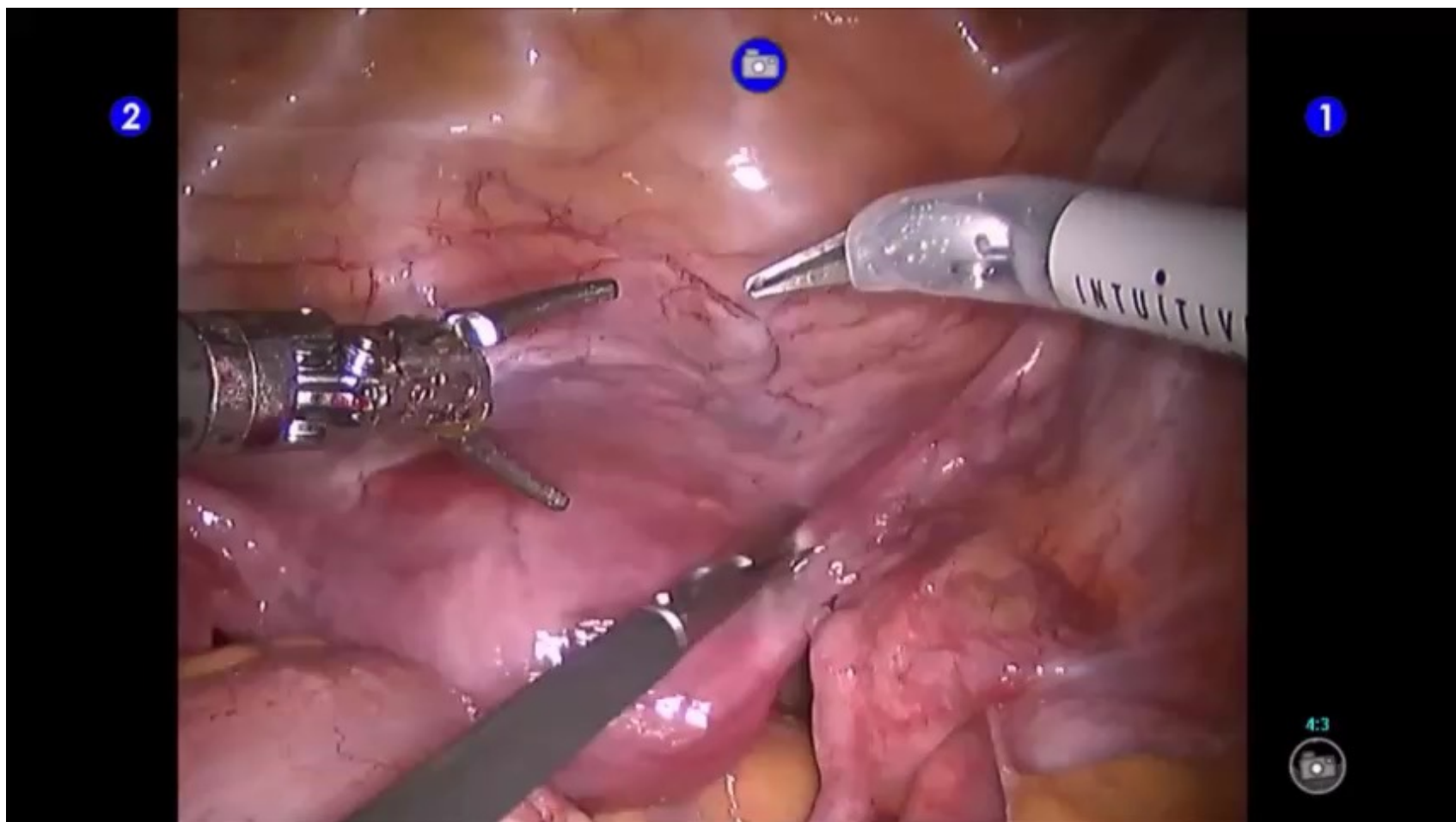


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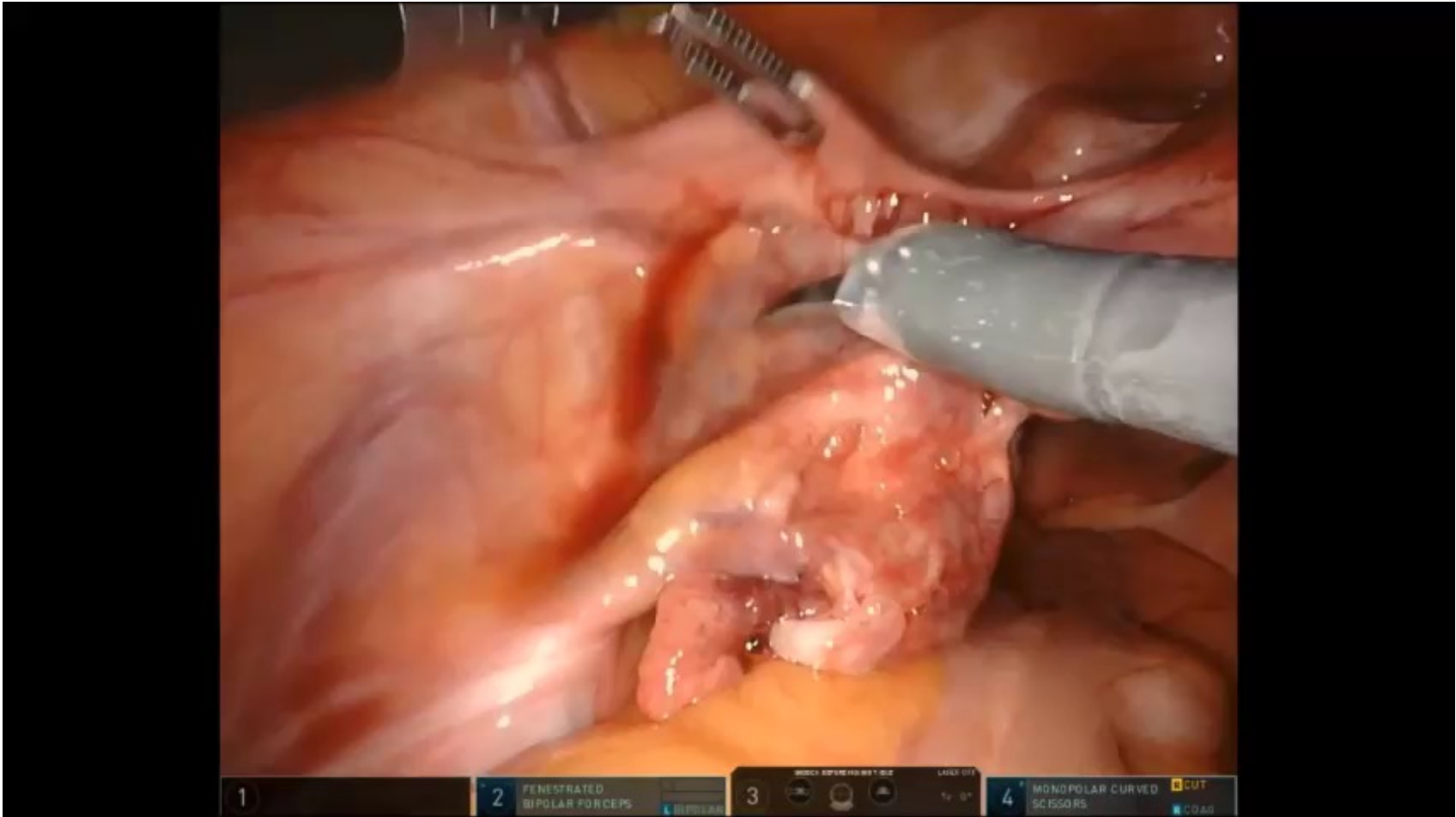
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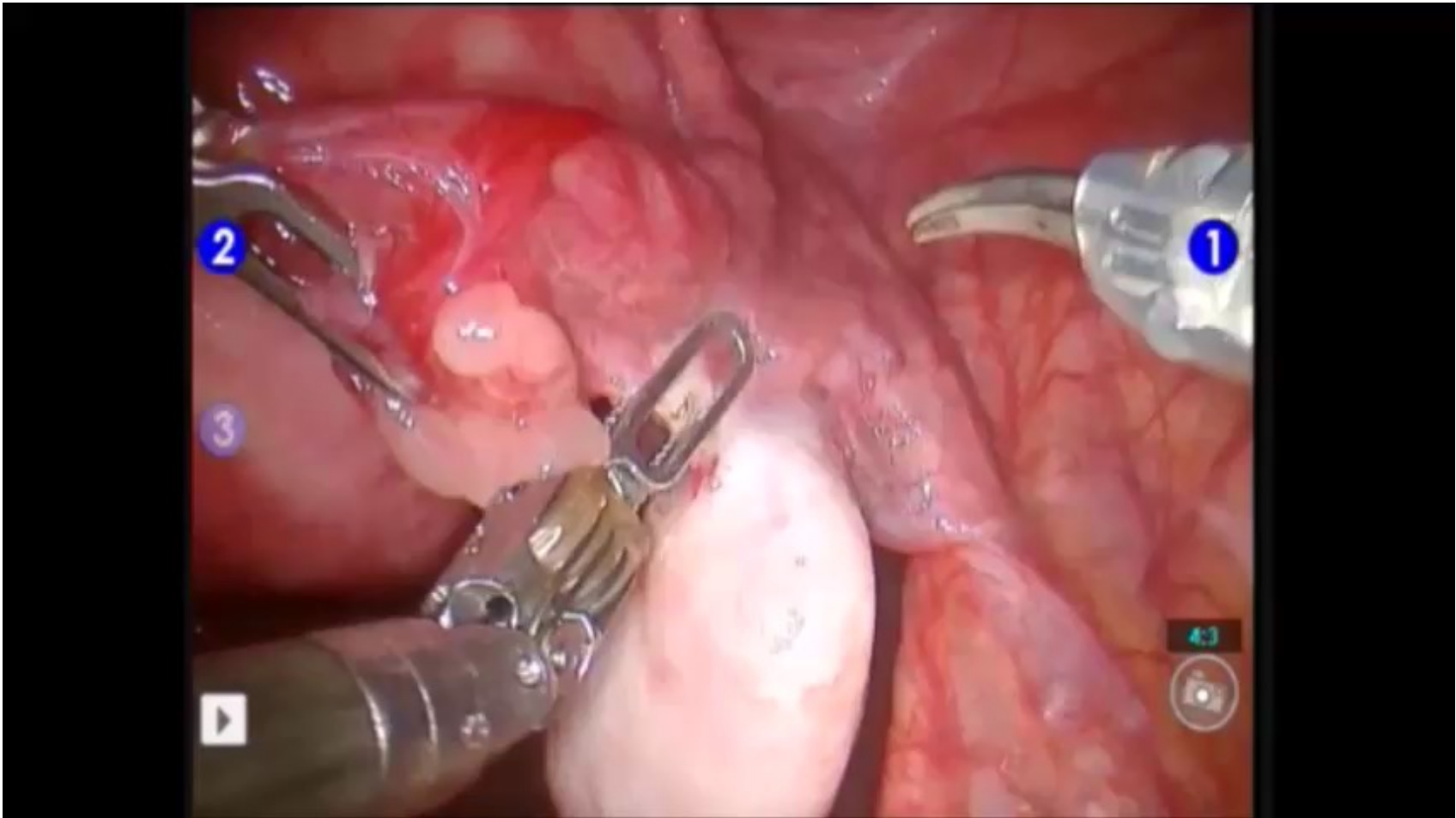






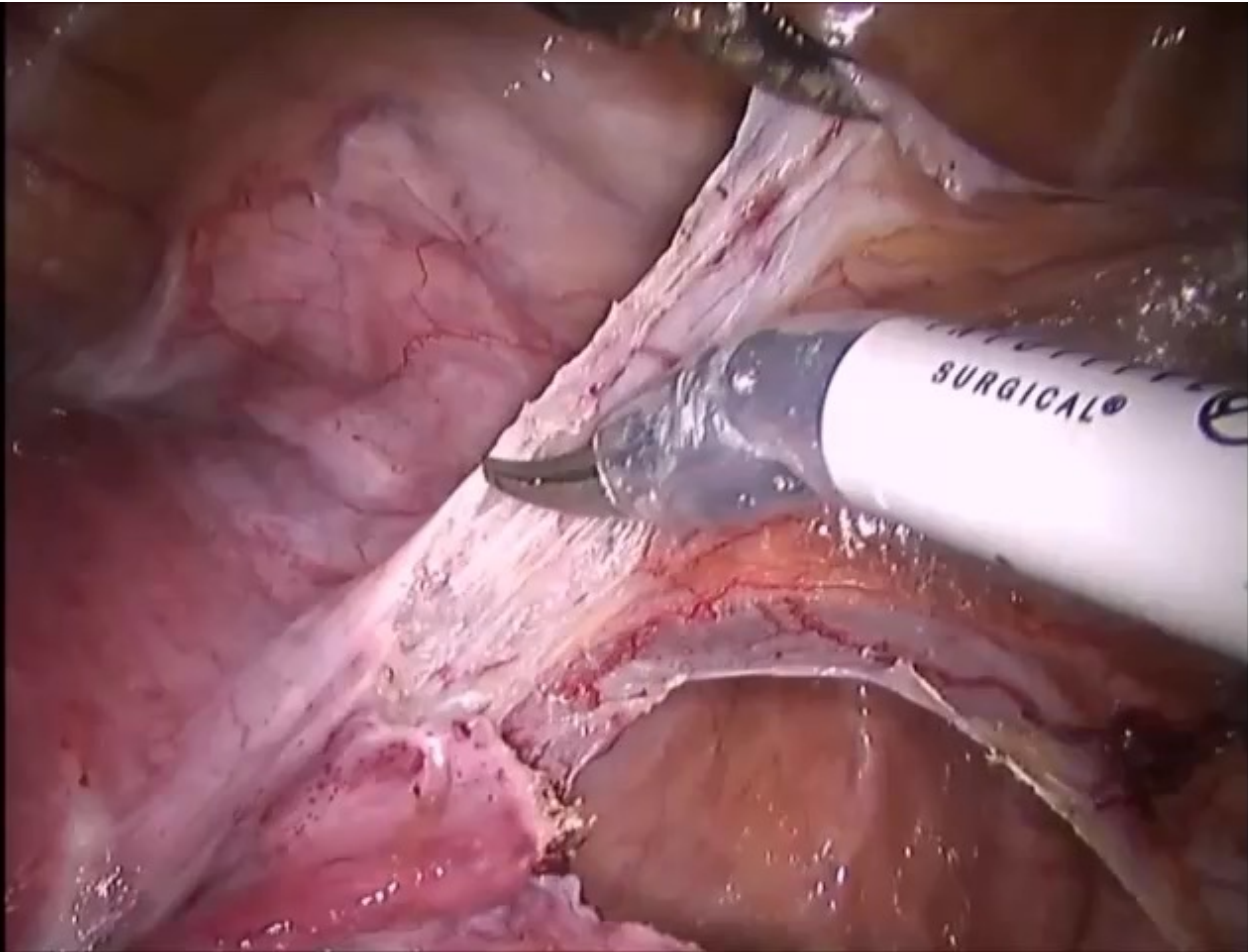








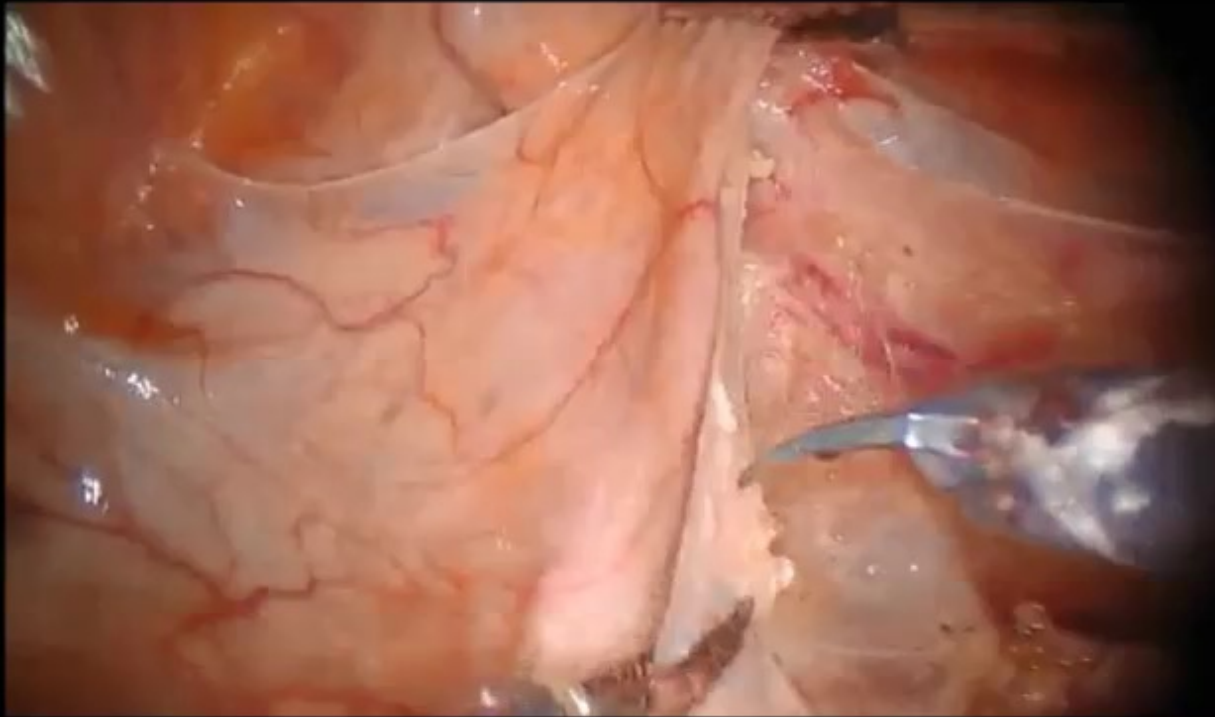
2



1

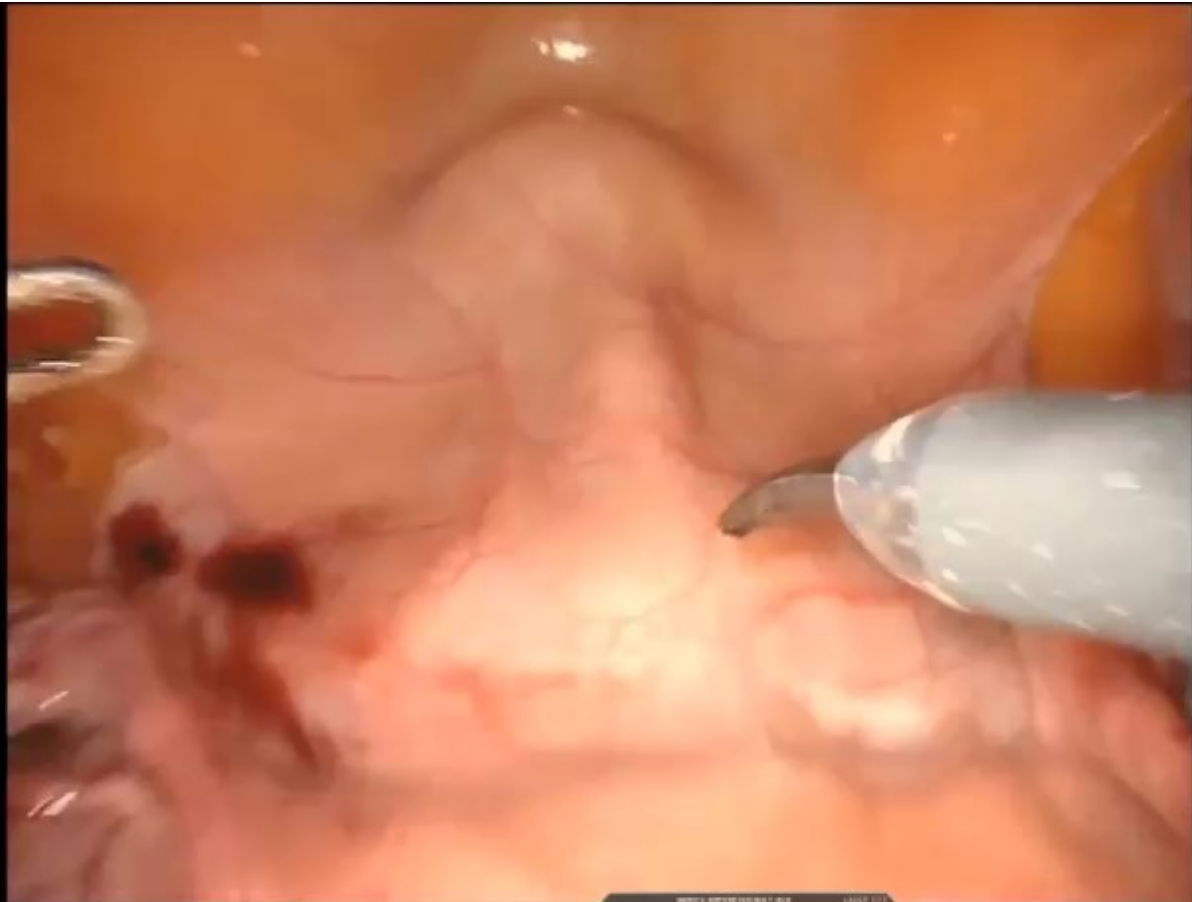
4:3











1

2 FENESTRATED BIPOLAR FORCEPS

BIPOLAR

3

MONOPOLAR CURVED

LAND OFF

1x 8"

4 MONOPOLAR CURVED SCISSORS

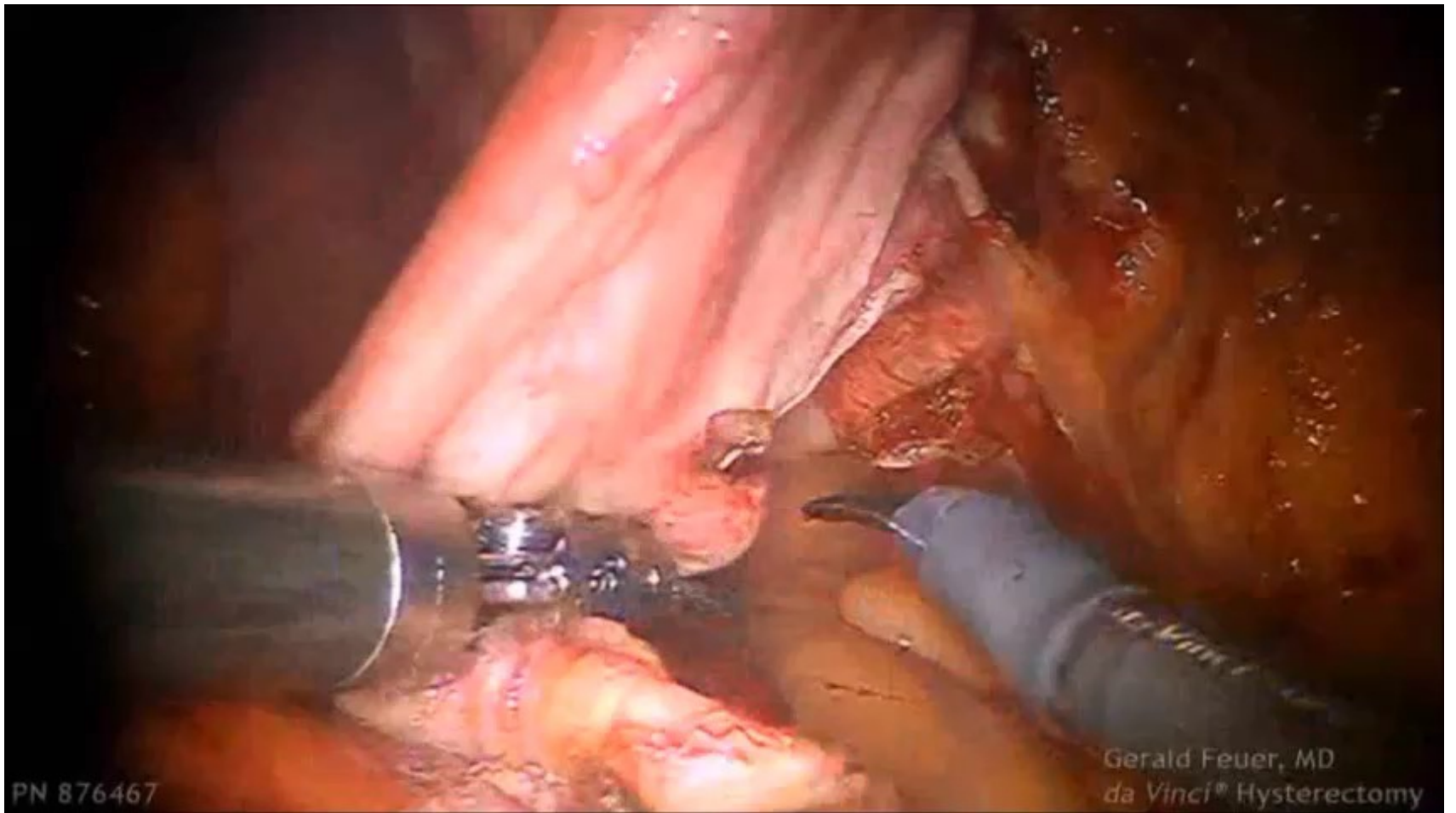
CUT

C.O.A.S.





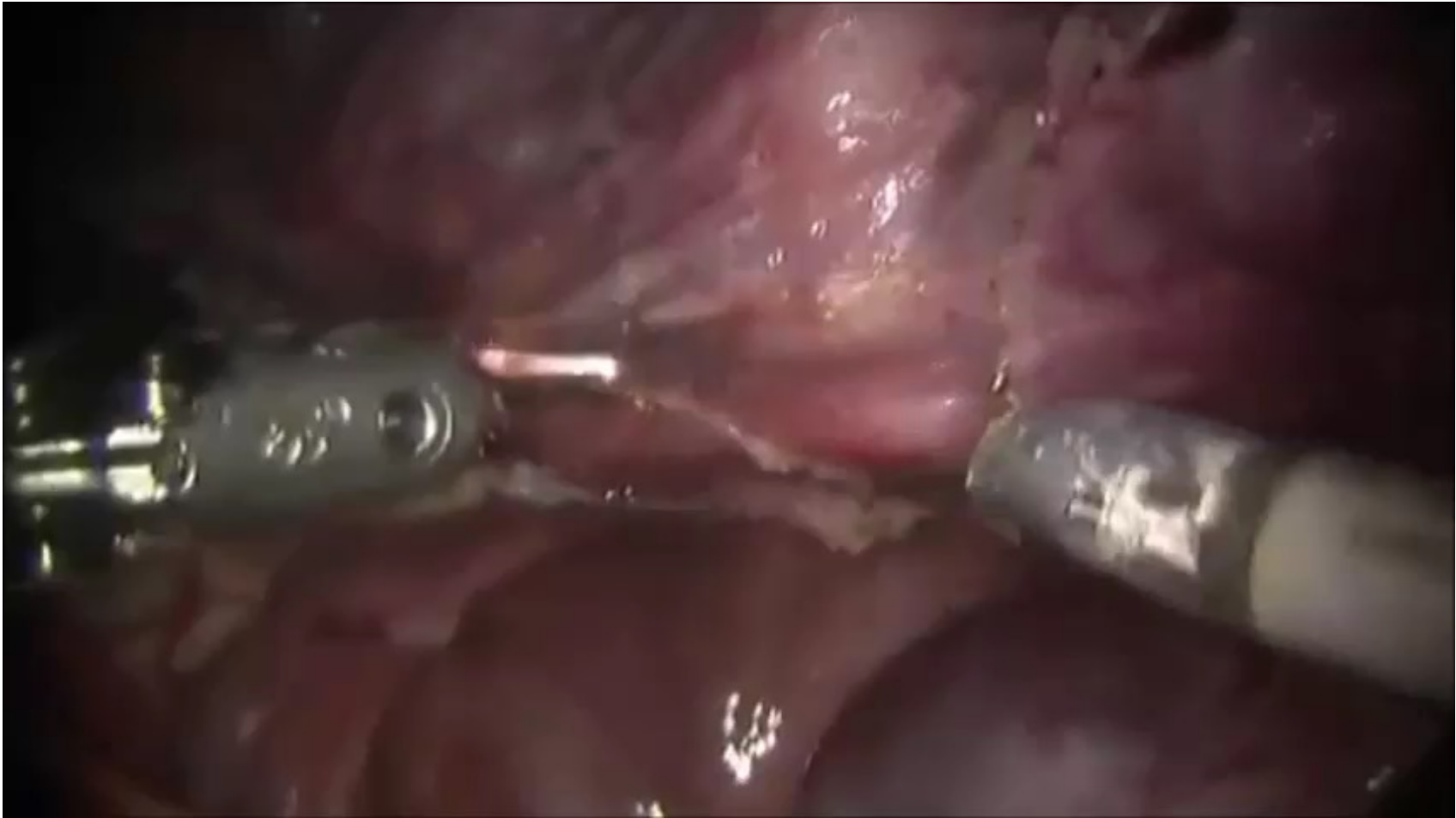
Right Hand Instrument Exchange: 43



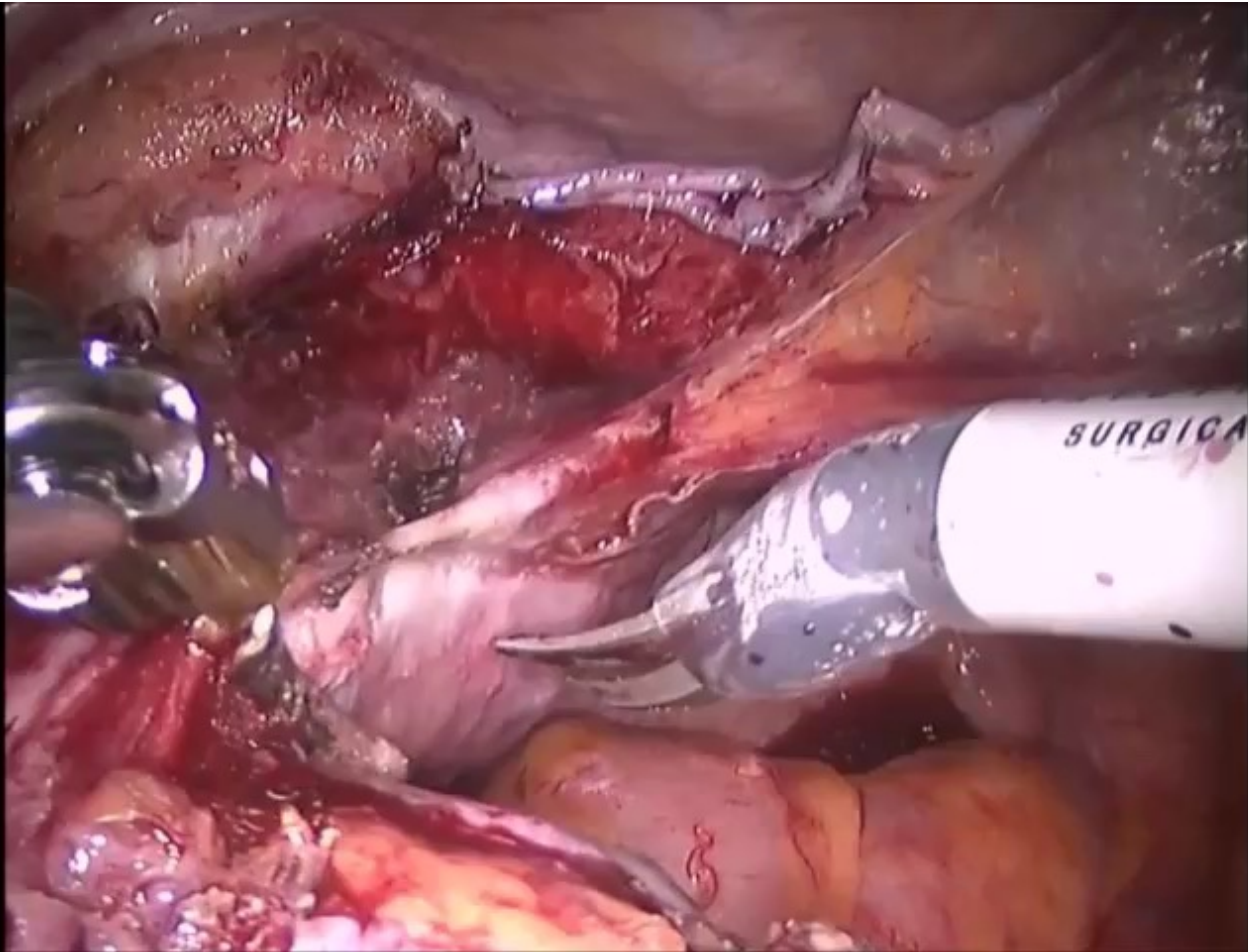
PN 876467

Gerald Feuer, MD  
da Vinci® Hysterectomy





2

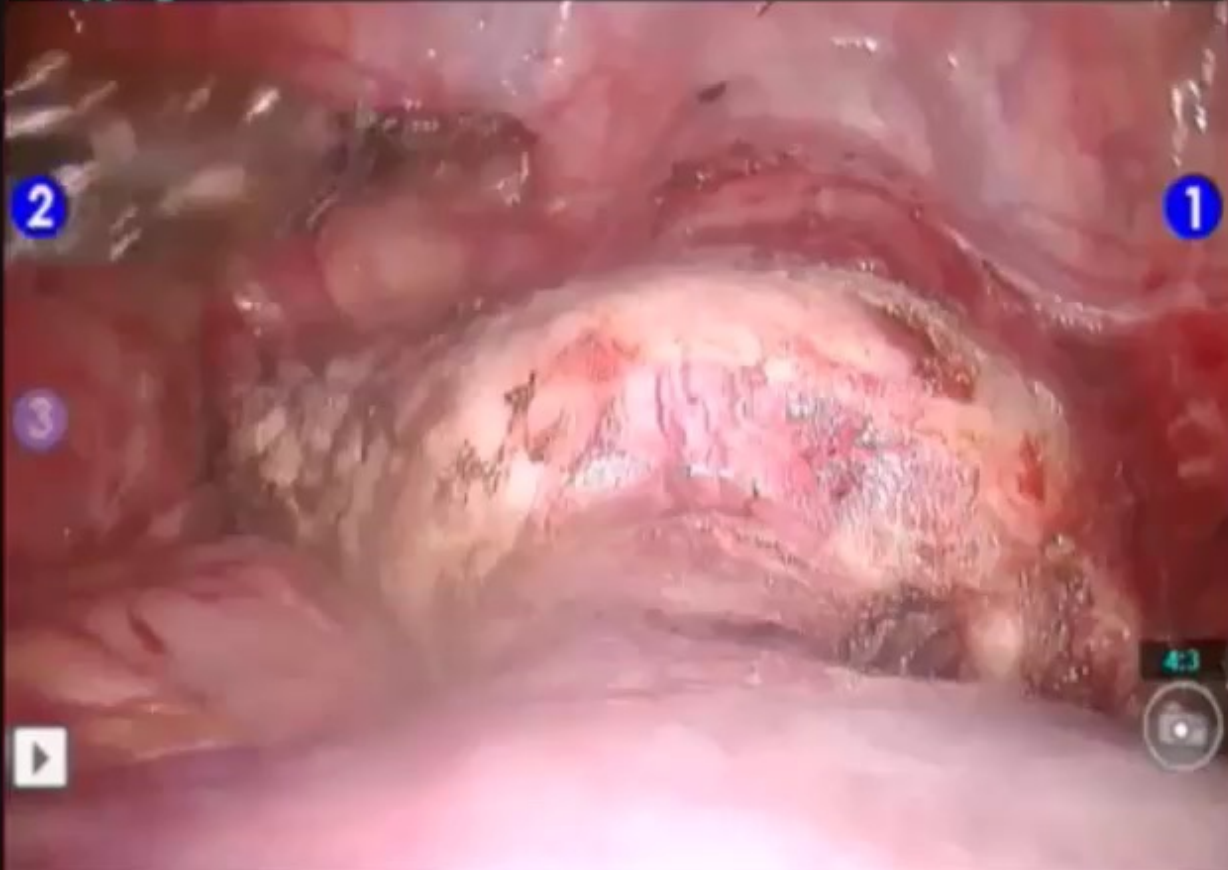


1

4:3



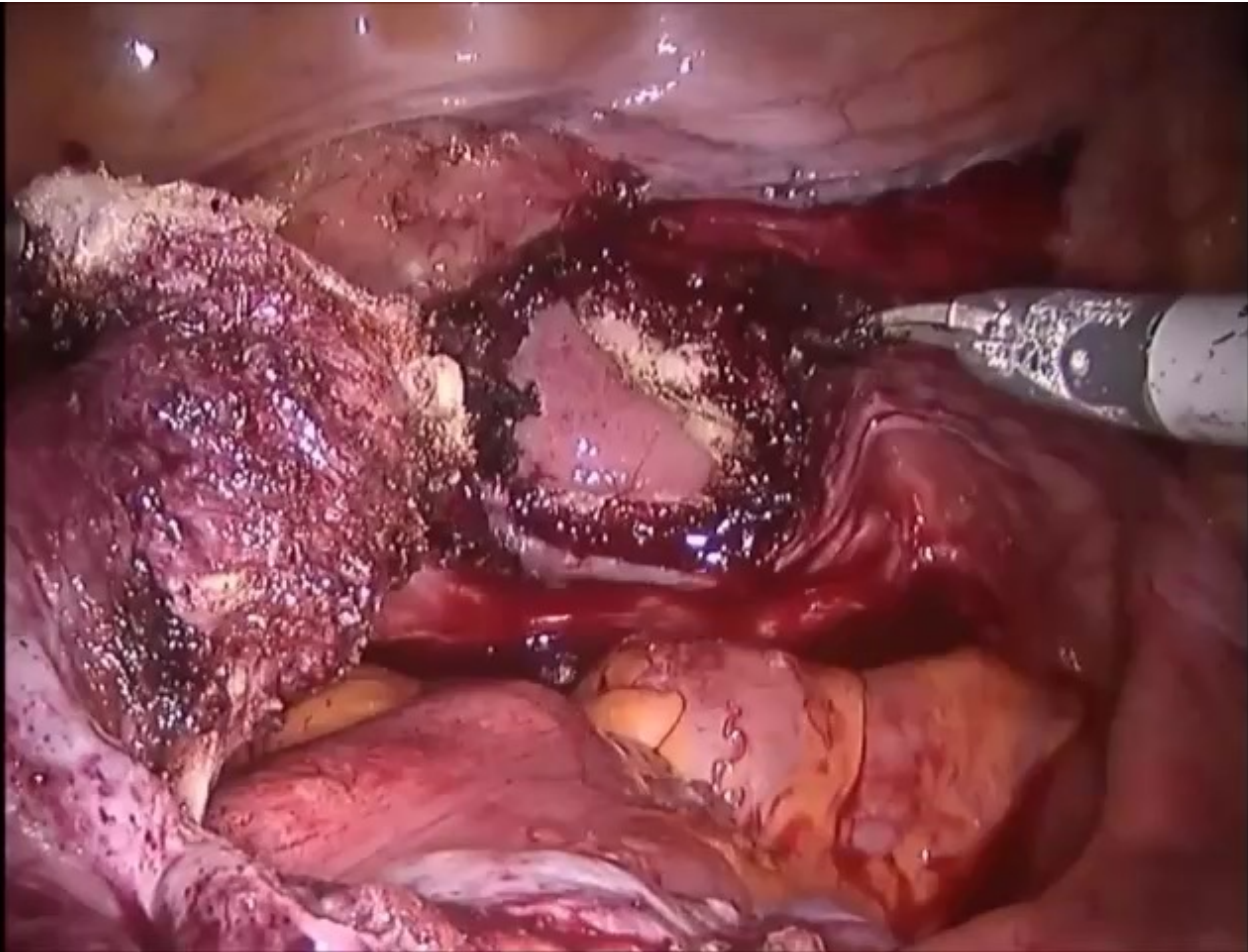
## Swapping







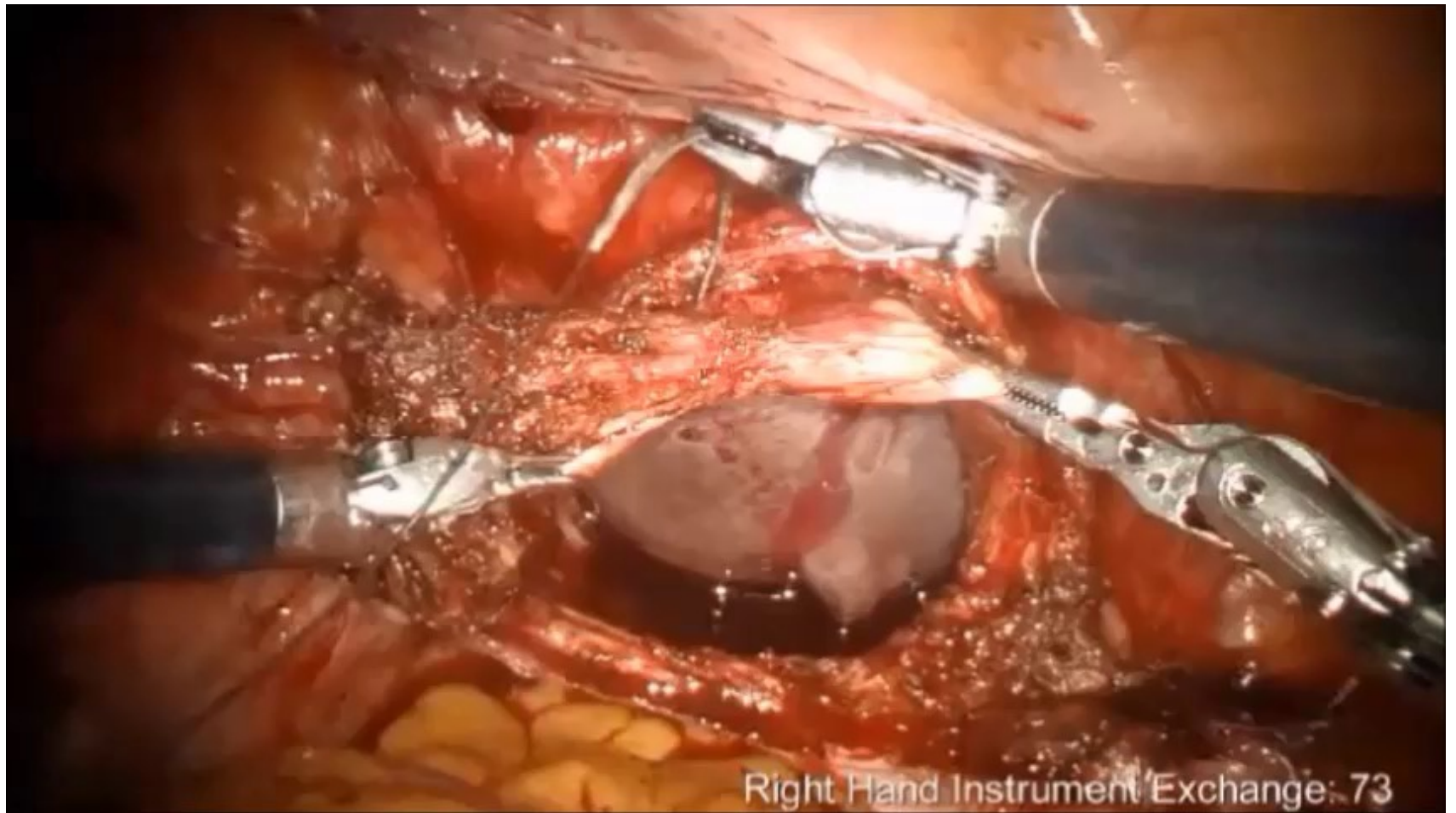
2



1

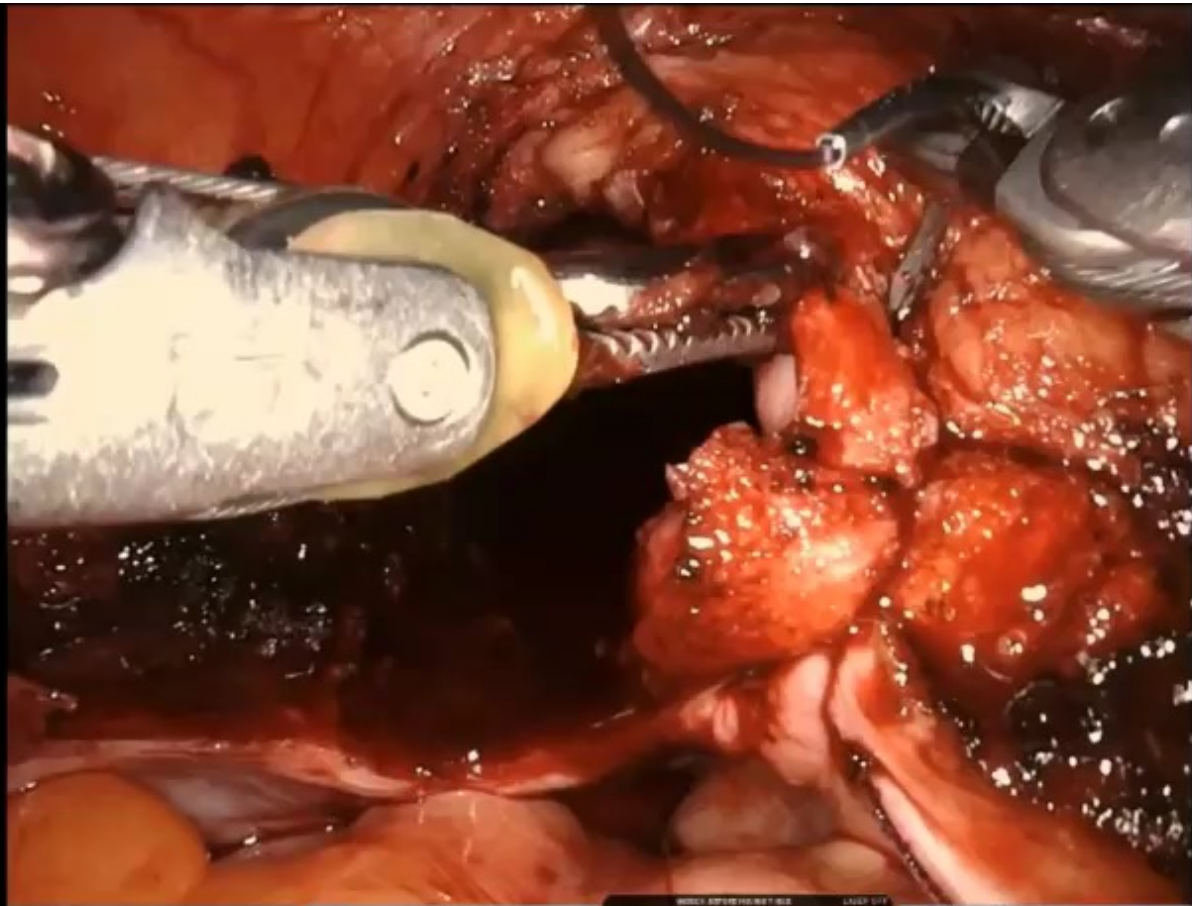
4:3





Right Hand Instrument Exchange: 73





1

2 PENETRATED BIPOLAR FORCEPS

BIPOLAR

3

WORKS BEST WITH HO-90-801-010

LAGED OFF

4

MEGA SUTURE CUT NEEDLE DRIVER

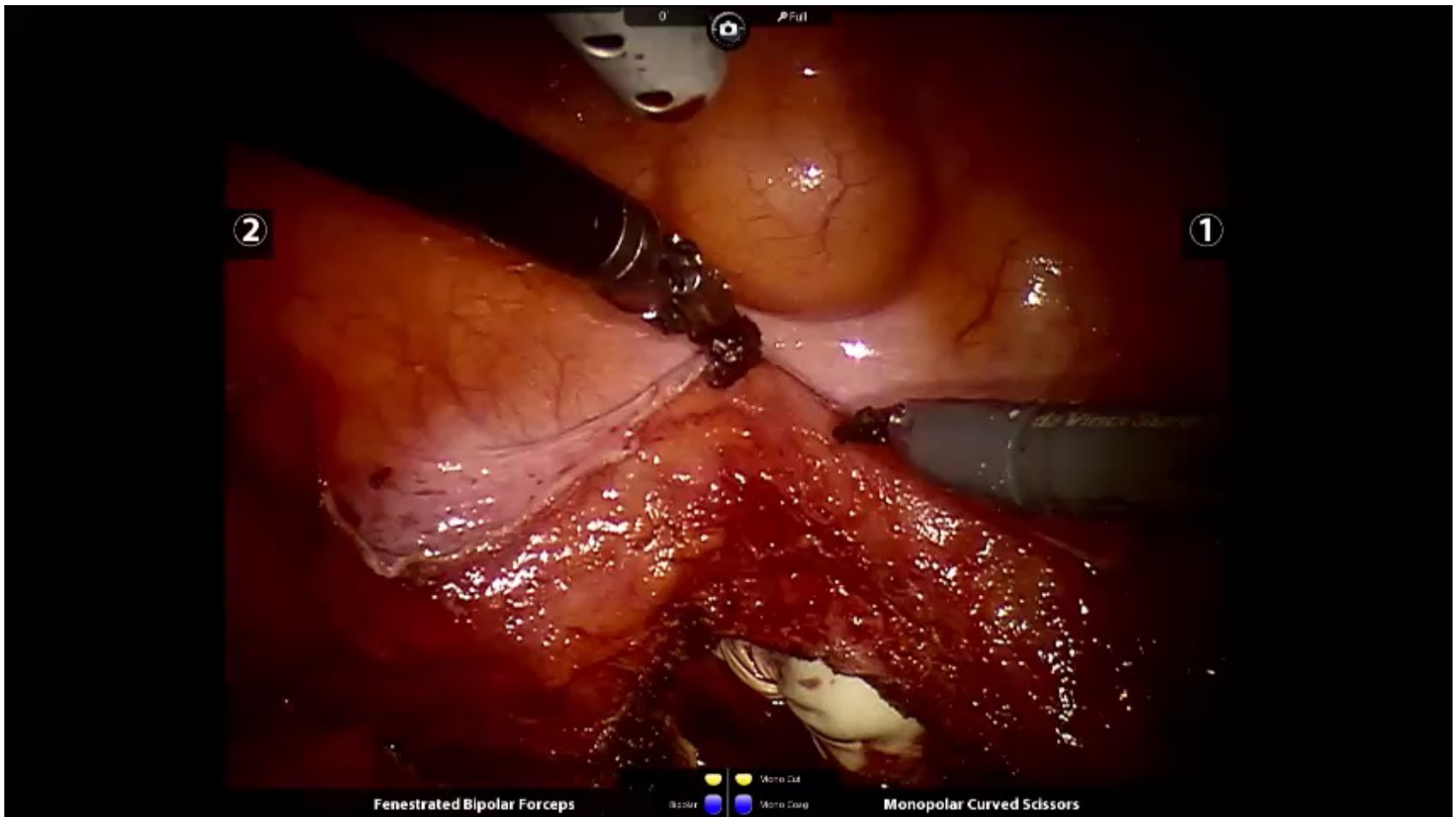
Dikkat!



Dikkat !



# Dikkat!







**Dikkatiniz için teşekkürler...**

**Prof. Dr. Müfit C. YENEN**  
**Yakın Doğu Üniversitesi Hastanesi**  
**Kadın Hastalıkları ve Doğum AD.**  
**[mcyenen@gmail.com](mailto:mcyenen@gmail.com)**