

MANEJO DE GRANDES MIOMAS UTERINOS: QUAIS TRATAR POR RESSECÇÃO LAPAROSCÓPICA X LAPAROTÔMICA?

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IV JORNADA SUL-BRASILEIRA
DE MASTOLOGIA





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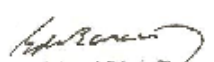
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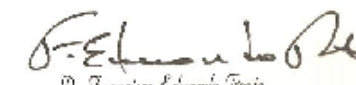
CERTIFICADO DE ATUAÇÃO NA ÁREA DE ENDOSCOPIA GINECOLÓGICA

São Paulo, 12 de dezembro de 2007


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INTRODUÇÃO

[February 2017](#) Volume 107, Issue 2, Pages 334–335

**Fertility
and Sterility.**



Rewriting the script: time to rethink the indications for myoma surgery

In conclusion, we must be open to new therapeutic avenues in a rapidly changing world. The message is clear: it is time to rethink and redefine the true indications for myomectomy in infertile women.

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Olivier Donnez, M.D., Ph.D.^b

Marie-Madeleine Dolmans, M.D., Ph.D.^{c,d}

INTRODUÇÃO

- Quais miomas tratar?
- Paciente sintomática x Paciente assintomática
- SUA x DPC

The NEW ENGLAND JOURNAL of MEDICINE

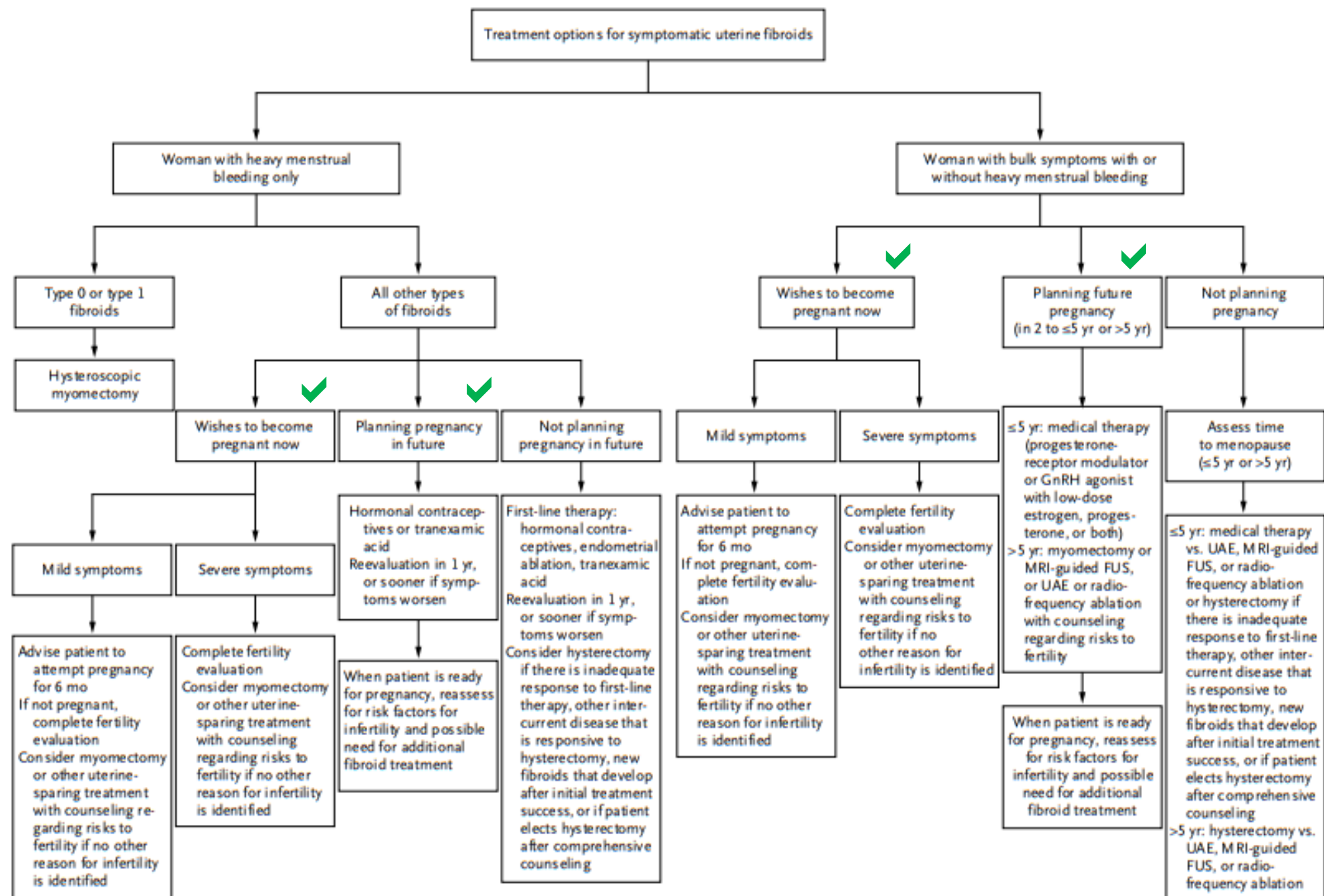
CLINICAL PRACTICE

Caren G. Solomon, M.D., M.P.H., *Editor*

Uterine Fibroids

Elizabeth A. Stewart, M.D.

N Engl J Med 2015;372:1646-55.
DOI: 10.1056/NEJMcp1411029





FECHADA OU ABERTA ???

TRATANDO O MIOMA UTERINO...

Review

Surgical treatment of fibroids in heavy menstrual bleeding

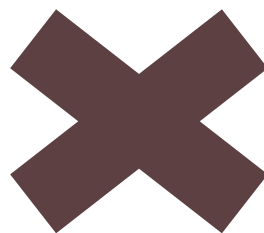
Ertan Saridogan

Open myomectomy

Myomectomy at laparotomy or 'open myomectomy' has been the traditional form of conservative surgery for large uterine fibroids causing HMB and indeed was the only conservative surgical option for the treatment of fibroids until the development of laparoscopic and hysteroscopic techniques. Even today, it is a frequently performed operation in the presence of fibroids which are not suitable for endoscopic approaches. When expertise for LM is available, open myomectomy is usually reserved for women who have multiple or extremely large fibroids.

Women's
Health

Womens Health (2016) 12(1), 53–62



Executive summary

- Removal of fibroids is beneficial in treatment of heavy menstrual bleeding for women.
- Hysteroscopic resection of fibroids is a minimally invasive, safe and effective treatment for submucosal fibroids.
- Laparoscopic myomectomy is the preferred choice in selected cases when abdominal removal of fibroids is required.
- Open myomectomy is a well established and effective treatment for heavy menstrual bleeding secondary to fibroids, when laparoscopic myomectomy is not possible or available.

Laparoscopic myomectomy

Since its first description in 1977, LM has now become a popular alternative to open or abdominal myomectomy and is performed by a large number of clinicians worldwide. It however remains a challenging procedure and requires advanced laparoscopic surgery skills.

While there is still some scepticism over its place in clinical use amongst certain quarters, there are a significant number of publications, including randomized controlled trials comparing LM to open myomectomy, which demonstrate feasibility, safety and superiority of LM [32,33]. These studies show that LM is associated with reduced blood loss, a lower drop in hemoglobin, less postoperative pain, shorter hospital stay and recovery period and a lower risk of complications [33]. Although the likelihood of missing small fibroids may be higher due to the lack of tactile sensation during laparoscopy, this does not seem to be of any clinical consequence [34]. Thus, it appears that the laparoscopic approach to myomectomy is a better choice than the open approach in appropriately selected patients.

TRATANDO O MIOMA UTERINO...

November 2003, Vol. 10, No. 4 The Journal of the American Association of Gynecologic Laparoscopists

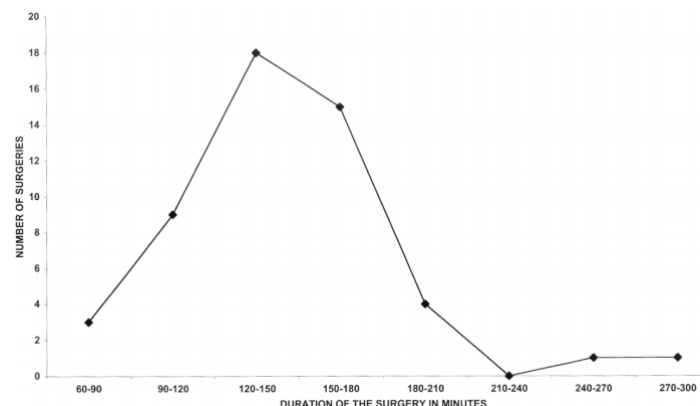
Laparoscopic Excision of Very Large Myomas

Rakesh Sinha, M.D., Aparna Hegde, M.D., Neeta Warty, M.D., and Nandita Patil, M.D.

(J Am Assoc Gynecol Laparosc 10(4):461-468, 2003)

Conclusion. Myomectomy by laparoscopy is a safe alternative to laparotomy for very large myomas.

- 2003
- 51 pacientes
- Ao menos um mioma maior que 9 cm



TRATANDO O MIOMA UTERINO...



Journal of Minimally Invasive Gynecology (2008) 15, 292–300

THE JOURNAL OF
MINIMALLY INVASIVE
GYNECOLOGY

Laparoscopic Myomectomy: Do Size, Number, and Location of the Myomas Form Limiting Factors for Laparoscopic Myomectomy?

Rakesh Sinha, MD, Aparna Hegde, MD, DNB*, Chaitali Mahajan, MD, Nandita Dubey, MD, and Meenakshi Sundaram, MD, DNB

From the Bombay Endoscopy Academy and Center for Minimally Invasive Laser Surgery Research PVT LTD, Khar, Mumbai, India (all authors).

- 2008
- 505 pacientes saudáveis não grávidas
- Sem critérios de exclusão ligados a tamanho, número ou localização dos miomas

Conclusion: Laparoscopic myomectomy can be performed by experienced surgeons regardless of the size, number, or location of the myomas.

TRATANDO O MIOMA UTERINO...

The role of laparoscopic myomectomy in the management of uterine fibroids

Mohammad Sami Walid and Richard L. Heaton

Heart of Georgia Women's Center, Warner Robins,
Georgia, USA

Current Opinion in Obstetrics and Gynecology
2011, 23:273–277

Key points

- Myomectomy in the hands of an advanced minimally invasive surgeon can be performed laparoscopically for most fibroids unless fertility is jeopardized, as in cases of cornual fibroids.
- A variant of laparoscopic myomectomy, laparoscopically assisted myomectomy, may be used in case a wider access to the fibroid uterus is needed.
- Robotic-assisted and single-port laparoscopic myomectomy are new high-tech modalities that require further cost-benefit investigation.

Conclusion

Laparoscopic myomectomy cases are mostly doable, but may become difficult if bleeding problems occur. Extended operative times may be required for morcellation and extensive laparoscopic suturing. Gynecologists need to improve their laparoscopic skills, as minimal invasive surgery is becoming the *sine qua non* of a modern surgeon.

TRATANDO O MIOMA UTERINO...

- 2013
- 415 mulheres
- Estudo retrospectivo...

Original Article

Obstet Gynecol Sci 2013;56(6):375-381
<http://dx.doi.org/10.5468/ogs.2013.56.6.375>
pISSN 2287-8572 · eISSN 2287-8580

Obstetrics &
Gynecology
Science

Obstetric outcomes after uterine myomectomy: Laparoscopic versus laparotomic approach

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Department of Obstetrics and Gynecology, ¹Seoul National University Hospital, Seoul; ²Seoul National University Bundang Hospital, Seongnam; ³Seoul National University College of Medicine, Seoul, Korea

Conclusion

Uterine rupture or dehiscence after laparoscopic myomectomy occurred in 3.7% (2/54) which lead to unfavorable outcome. Appropriate selection of patients and secure suture techniques appears to be important for laparotomic myomectomy in reproductive-aged women.

TRATANDO O MIOMA UTERINO...

Arch Gynecol Obstet
DOI 10.1007/s00404-014-3289-2

GENERAL GYNECOLOGY

	Mean value \pm SD
Myomas' size (cm)	7.6 \pm 2.7
Estimated blood loss (ml)	184.1 \pm 233.5
Operative time (min)	77.2 \pm 33
Length of hospital stay (days)	2.5 \pm 1.1
Resumption of personal activities (days)	17.9 \pm 9.5

Limits and complications of laparoscopic myomectomy: which are the best predictors? A large cohort single-center experience

Carlo Saccardi · Salvatore Gizzo · Marco Noventa ·
Emanuele Ancona · Angela Borghero ·
Pietro Salvatore Litta

- 2014
- 444 mulheres
- Miomas sintomáticos únicos > 4 cm

Conclusion Myomas size and type represent the best predictors of surgical difficulties and possible intrapostoperative complications. Intramural myomas >8 cm and subserosal ones >12 cm should be considered as a challenging procedure. LM remains the gold standard approach because of very low perioperative complication rate and faster return to normal activity.

Risk of power morcellators **spreading cancer**
INCREASED in **2014** from:



FDA

VS



ROUND ONE
FIGHT!

TRATANDO O MIOMA UTERINO...

LUÍZ GUSTAVO OLIVEIRA BRITO¹

JÚLIO CÉSAR ROSA E SILVA¹

ANTÔNIO ALBERTO NOGUEIRA¹

Reflexões sobre o impacto causado pelo alerta do *Food and Drug Administration* (FDA) americano sobre o morcelamento eletromecânico uterino e/ou de miomas

Reflections about the impact caused by the Food and Drug Administration (FDA) warning against uterine and/or fibroid power morcellation

Editorial

Rev Bras Ginecol Obstet. 2015; 37(7):299-301

Por enquanto, se não houver condições seguras de se realizar o procedimento, se o morcelamento não puder ser realizado em ambiente seguro (ex. utilização de bolsas), a minilaparotomia e/ou a extração vaginal para o espécime são as opções de escolha para a paciente.

TRATANDO O MIOMA UTERINO...

Gynecol Surg (2015) 12:3–15
DOI 10.1007/s10397-015-0878-4

REVIEW ARTICLE

Options on fibroid morcellation: a literature review

Hans Brölmann • Vasilios Tanos • Grigoris Grimbizis •
Thomas Ind • Kevin Philips • Thierry van den Bosch •
Samir Sawalhe • Lukas van den Haak •
Frank-Willem Jansen • Johanna Pijnenborg •
Florin-Andrei Taran • Sara Brucker • Arnaud Wattiez •
Rudi Campo • Peter O'Donovan • Rudy Leon de Wilde •
On behalf of the European Society of Gynaecological
Endoscopy (ESGE) steering committee on fibroid
morcellation

Table 6 Statements on the complication of morcellation 'seeding' (upstaging uterine sarcoma)

Statements	Grade
The quality of research regarding upstaging of uterine sarcoma by open morcellation is rather poor	D
Electromechanical power morcellation of an unsuspected uterine sarcoma may cause intraperitoneal dissemination ('seeding')	C
Intraperitoneal dissemination ('seeding') may be associated with lower survival rates	C
'En bloc' resection of a uterine sarcoma may be associated with better survival than other tissue retrieval methods going with tumour injury	D

Table 8 Statements and options on preventing parasitic fibroids after morcellation

Statements and options	Grade
The small risk of parasitic fibroid with laparoscopic morcellation (<1 %) should be discussed with the patient and balanced against alternative treatment options	Good practice point
Avoid spread of cells and tissue fragments in the abdominal cavity by stabilising the specimen and prevent fast rotation	Good practice point
When morcellation is used, efforts should be made to prevent tissue loss during morcellation and to remove all tissue fragments after morcellation:	Good practice point
Place the patient in reverse Trendelenburg position after morcellation and irrigate the abdomen and pelvis extensively	
After irrigation of the peritoneal cavity the abdomen and pelvis should be inspected to identify any remaining tissue fragments	
The potential increased risk of parasitic fibroids after sex steroid exposure (endogenous/exogenous) after laparoscopic morcellation should be considered before hormonal replacement therapy is prescribed	D

Table 7 Options to prevent direct morcellation injuries

Options	Grade
For safe entry, enlarge the skin and fascia incision to the diameter of the morcellator to reduce the abdominal wall resistance	Good practice point
Make sure that the morcellator's blade remain locked inside the protecting tube during the morcellator insertion into the abdomen	Good practice point
Keep the tip of the morcellator shaft in midline of the lower abdomen while introducing the device into the abdominal cavity and during morcellation	Good practice point
Morcellate only under continuous vision by applying the lateral peeling technique. Prevent penetrating the mass and losing the tip out of sight	Good practice point
Morcellation close to the intestine or to blood vessels increase risk of injury to these structures	Good practice point

Table 9 Statements on technical innovation

Statements	Grade
Research on technical innovation in tissue retrieval from the abdominal cavity mainly focusses on in-bag ('contained') morcellation	D
In-bag morcellation may prevent morcellation complications such as direct morcellation injuries, parasitic fibroids and upstaging eventual malignancies	Good practice point
Potential reported risks of in-bag morcellation is spillage of tumour cells from the bag	C
In urology in-bag morcellation after laparoscopic removal of early stage and low grade renal cell carcinoma is reported to be safe and effective	C
Vaginal in-bag morcellation has also been described and needs further study	D
Development of bags is needed as well as registration of cases to further establish the potential value of on in-bag morcellation in gynaecologic surgery	Good practice point

TRATANDO O MIOMA UTERINO...

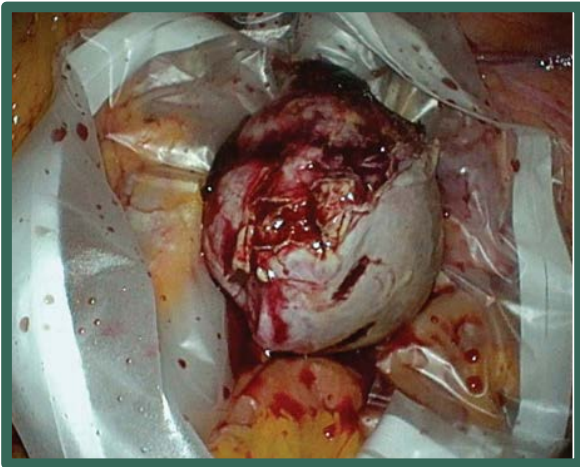
(Obstet Gynecol 2014;124:491-7)

DOI: 10.1097/AOG.0000000000000421

Original Research

Contained Power Morcellation Within an Insufflated Isolation Bag

Sarah L. Cohen, MD, MPH, Jon I. Einarsson, MD, PhD, Karen C. Wang, MD, Douglas Brown, MD, David Boruta, MD, Stacey A. Scheib, MD, Amanda N. Fader, MD, and Tony Shibley, MD



- 2014
- 73 pacientes submetidas à técnica

CONCLUSION: Morcellation within an insufflated isolation bag is a feasible technique. Methods for morcellating uterine tissue in a contained manner may provide an option to minimize the risks of open power morcellation while preserving the benefits of minimally invasive surgery.

LEVEL OF EVIDENCE: II

TAKE HOME MESSAGE

- Via preferencial para miomectomia abdominal: LAPAROSCÓPICA
- Treinamento adequado...
- Experiência...
- “Bom senso”...
- Cuidados com complicações...



OBRIGADO!

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