

Poster 12: Panniculectomy to Facilitate Minimally Invasive Hysterectomy is Effective for Severely Obese Patients Undergoing Gynecological Oncological Surgery

Roxanne AR. Manek, DO – Kaiser Permanente

Topic: Quality of Life/Palliative Care

Objectives

The prevalence of obesity (BMI ≥ 30) in US women approximates 40%. Severely obese women (BMI ≥ 40) have increased rates of perioperative morbidity and mortality. Minimally invasive surgical (MIS) options have improved perioperative outcomes but become limited for patients with severely elevated BMI, particularly ≥ 60 . Contrary to previously published conclusions, utilizing panniculectomy at the time of surgical staging can make laparoscopic surgery feasible in this patient population.

Methods

Retrospective review of patients undergoing concurrent panniculectomy and total laparoscopic hysterectomy (TLH). Twenty-one patients between 2009 – 2022 were identified through surgical logs. Data was collected regarding successful completion of laparoscopy as well as intraoperative and postoperative complications within 30 days of surgery.

Results

Average preoperative BMI was 53.3 (range 41 – 79). A laparoscopic procedure was scheduled in all 21 patients. Laparoscopy was successfully completed in 20/21 cases (95%). One case required conversion from laparoscopic hysterectomy to laparotomy. Mean blood loss was 238ml (range 100-500ml). The median weight of pannus resection was 6.6kg (range 4.2 -38.5kg). One patient required intraoperative blood transfusion due to operative losses as the pannus removed was >38kg. Median operative time was minutes 214 (range 169 – 322mins). 90% of patients were discharged by post operative day 2 (range day 1 – 5). Two-thirds of patients were discharged without need for home health services. No patients required readmission within 30 days following surgery and no patients required ICU admission. There were no events of venous thromboembolism, bowel obstruction or surgical site complications occurred.

Conclusions

Our pilot data demonstrates utilizing panniculectomy at the time of hysterectomy is successful in facilitating laparoscopic surgery for severely obese patients. No major complications were seen during admission or in the 30-day postoperative period, and the additional inpatient stay is minimal. The current data is the basis of ongoing research regarding long-term effects of combined panniculectomy and laparoscopic hysterectomy, with specific attention to hypertension, diabetes, weight management and patient quality of life.