Poster 27: Validation of a Novel Scoring Rubric Utilizing the Holistic Experience-Attributes-Metrics Model to Screen Gynecologic Oncology Subspecialty Fellowship Applicants For Interview

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Topic

Ovarian

Objectives

Large ovarian masses can present a challenge to gynecologic surgeons. The goal in all cases is to remove the mass without exposing the peritoneal cavity to cyst contents, which could spread cancer or cause a chemical peritonitis. Achieving this goal typically requires either a large laparotomy, or an attempt at a controlled decompression of the mass via a smaller incision, but at the risk of leaking cyst contents into the peritoneal cavity. Our objective is to describe a technique that has been refined at our institution to consistently allow for controlled decompression of large ovarian cystic masses via a mini-laparotomy incision with robust protection against intraperitoneal leakage of cyst contents.

Methods

A 5-6cm vertical midline incision is made below the umbilicus, the peritoneal cavity is entered, and washings are collected. The ovarian cortex is dried thoroughly. Surgical glue is placed onto a well-exposed, dry, roughly 2x2cm area of the ovarian surface. Before the glue dries, a large Tegaderm is placed over the skin incision and is pressed onto the ovary over the glue. Pressure is held with a sponge stick to ensure the Tegaderm is inseparable from the ovary when the glue dries. The outer edges of the Tegaderm extend beyond the borders of the skin incision such that there is no extracorporeal communication to the peritoneal cavity. A Veress needle is attached to suction tubing and a large collection bin. With active suction, the Tegaderm and ovarian and cyst walls are pierced with the Veress needle. Typically, no leakage is encountered, and any small-volume leakage is contained by the Tegaderm barrier over the incision. Once the mass is sufficiently decompressed, the ovary is sutured closed in a water-tight fashion. Oophorectomy can then be performed via the mini laparotomy incision, or by whatever approach the surgeon prefers.

Results

This technique allows for drainage of an indefinite volume of cyst fluid at a rate of roughly 0.25L/min, with no instances of intraperitoneal leakage. The technique utilizes supplies that are readily available in any modern operating room.

Conclusions

Large ovarian masses can be safely and efficiently drained in such a way as to minimize surgical incision size without putting the patient at undue risk of cancer dissemination or chemical peritonitis.