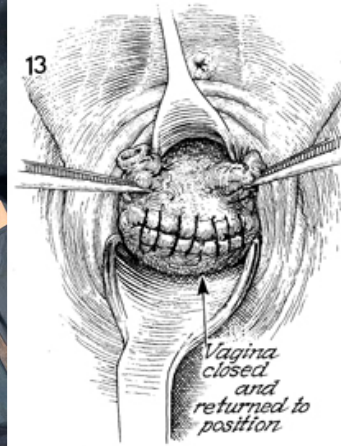
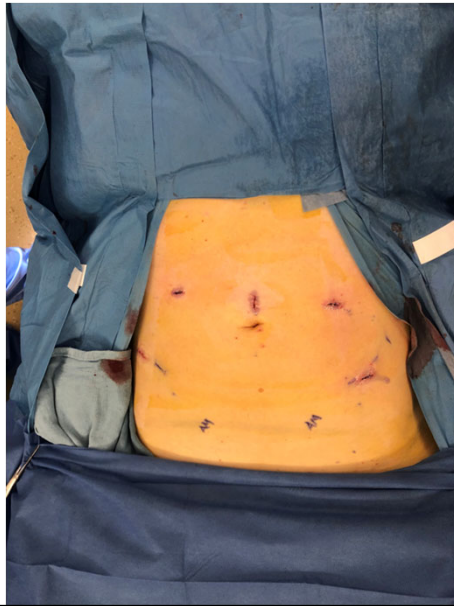


Endometrial Cancer – Case #1 - Robotic Surgery

**AFTER = 5 minimally
invasive incisions
(+ vaginal cuff incision)**



<http://www.atlasofpelvicsurgery.com/5Uterus/11Laparoscopy-AssistedVaginalHysterectomy/chap5sec11.html>

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Endometrial Cancer – Case #1 - Postop

65 yo 2 weeks postop s/p RA-TLH, BSO, PPaLND. D/C POD#0. Final pathology reveals Stage IB, grade 3 endometrioid adenocarcinoma of uterus. Recommendations for vaginal brachytherapy. Referred to radiation oncology for consultation at 6 week postop visit. Recovering well.

**Example of a
vaginal
brachytherapy
applicator**



<http://www.aboutcancer.com/endomet3.htm>

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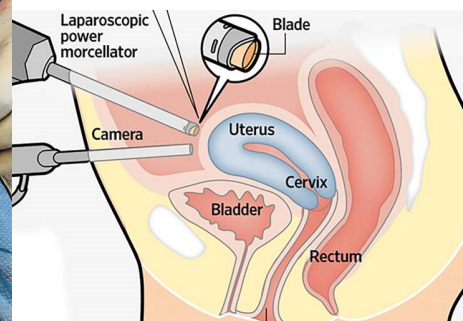
Endometrial Cancer – Surgical Approach

Amy Reed, Doctor Who Fought a Risky Medical Procedure, Dies at 44



Dr. Amy J. Reed and her husband, Dr. Hooman Noorhashmi, in 2014. Matthew Cavannah for The New York Times

<https://www.nytimes.com/2017/05/24/us/amy-reed-died-cancer-patient-who-fought-morcellation-procedure.html>



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Ovarian Cancer

Objective #3: Discuss preoperative, perioperative and postoperative care of women diagnosed with **ovarian cancer**.

2nd most common gynecologic malignancy in US

Most **lethal** gynecologic malignancy in US

Clinical presentation: variable; symptoms often due to advanced disease (ascites, pleural effusions, bowel involvement)

Risk factors: genetics/family history, increased # of ovulatory cycles

Diagnosis: surgery, biopsy of ascites/effusion or omentum

Treatment: combination of surgery and chemotherapy

Age: 63

Stage: > 75% are Stage 3 or 4 at diagnosis

Prognosis: 5 year OS ~ 50%

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Ovarian Cancer - Staging

STAGE I: Tumour confined to ovaries		STAGE III: Tumour involves 1 or both ovaries with cytologically or histologically confirmed spread to the peritoneum outside the pelvis and/or metastasis to the retroperitoneal lymph nodes	
IA	Tumour limited to 1 ovary, capsule intact, no tumour on surface, negative washings	IIIA: Positive retroperitoneal lymph nodes and/or microscopic metastasis beyond the pelvis)	
IB	Tumour involves both ovaries otherwise like IA	IIIA1 Positive retroperitoneal lymph nodes only	
IC: Tumour limited to 1 or both ovaries		IIIA1(i)	Metastasis \leq 10 mm
IC1	Surgical spill	IIIA1 (ii)	Metastasis > 10 mm
IC2	Capsule rupture before surgery or tumour on ovarian surface	IIIA2 Microscopic, extrapelvic (above the brim) peritoneal involvement \pm positive retroperitoneal lymph nodes	
IC3	Malignant cells in the ascites or peritoneal washings	IIIB Macroscopic, extrapelvic, peritoneal metastasis \leq 2 cm \pm positive retroperitoneal lymph nodes. Includes extension to capsule of liver/spleen	
STAGE II: Tumour involves 1 or both ovaries with pelvic extension (below the pelvic brim) or primary peritoneal cancer		IIIC Macroscopic, extrapelvic, peritoneal metastasis > 2 cm \pm positive retroperitoneal lymph nodes. Includes extension to capsule of liver/spleen	
IIA	Extension and/or implant on uterus and/or fallopian tubes	STAGE IV: Distant metastasis excluding peritoneal metastasis	
IIB	Extension to other pelvic intraperitoneal tissues	IVA	Pleural effusion with positive cytology
		IVB	Hepatic and/or splenic parenchymal metastasis, metastasis to extraabdominal organs (including inguinal lymph nodes and lymph nodes outside of the abdominal cavity)

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Ovarian Cancer – Case #1

57 yo G1P1 postmenopausal female noted abdominal distention/bloating, early satiety, unintentional weight loss for several months. Mass noted on examination at urgent care. CT scan noted a 30 x 17 x 25 cm pelvic mass likely arising from the right ovary. Ca-125 was noted to be elevated at 699 u/ml (normal range 0-35 u/ml). Her mother died of ovarian cancer at age 53 years old. Reported 2 sisters with breast cancer in their 30's.



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Cervical Cancer

Objective #4: Characterize preoperative, perioperative and postoperative care of women diagnosed with **cervical cancer**.

Most **common** gynecologic malignancy in **developing countries**
& leading cause of death of women from cancer in developing countries

Clinical presentation: abnormal vaginal bleeding/discharge, postcoital bleeding

Risk factors: sexual transmission (HPV), tobacco smoking

Diagnosis: cervical biopsy

Treatment: surgery (radical hysterectomy) or chemoradiation

Age: 50

Stage: variable

Prognosis: dependent upon stage

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