



Dr. Arnold P. Advincula's VIDEO CHANNEL

Laparoscopic bilateral salpingo-oophorectomy via minilaparotomy assistance for the massively enlarged adnexal mass

Rosa Cui, MD; Ariel K. Dubin, MD; and Arnold P. Advincula, MD

arge adnexal masses traditionally are removed surgically via ■ laparotomy through a midline vertical incision to achieve adequate exposure and to avoid spillage of cyst contents. However, large laparotomies carry significant morbidity compared with minimally invasive techniques. Minilaparotomy is a minimally invasive approach that is associated with shorter operat-

ing times and lower estimated blood loss compared with laparoscopy in gynecologic surgery.1 The procedure also provides adequate exposure and can be used for carefully selected patients with a large adnexal mass.^{2,3} Preoperative assessment for the risk of malignancy typically includes an evaluation of risk factors, physical examination, imaging, and tumor markers.4

In this video, we illustrate a minimally invasive technique for the removal of a massively enlarged adnexal mass through laparoscopic bilateral salpingo-oophorectomy with minilaparotomy assistance. We conclude that this procedure is a safe and feasible option for women



Dr. Dubin is Fellow, Minimally Invasive Gynecologic Surgery, Columbia University Irving Medical Center.

Dr. Advincula is Levine Family Professor of Women's Health; Vice-Chair, Department of Obstetrics & Gynecology; Chief of Gynecology, Sloane Hospital for Women; and Medical Director, Mary & Michael Jaharis Simulation Center, Columbia University Irving Medical Center, New York-Presbyterian Hospital. He serves on the OBG MANAGEMENT Board of **Editors**

Dr. Advincula reports serving as a consultant to ConMed, CooperSurgical, Intuitive Surgical, and Titan Medical and receiving royalties from CooperSurgical. The other authors report no financial relationships relevant to this article.





To view the video Visit Arnold Advincula's Surgical Techniques Video Channel in the Multimedia Library at mdedge.com/obgyn or use the QR code



with a large benign adnexal mass, such as the highlighted patient whose final pathology resulted in a mucinous cystadenoma. Careful patient selection and preoperative assessment of malignancy risk is critical.^{5,6}

We hope that you find this innovative approach useful in your clinical practice.

>> DR. ARNOLD P. ADVINCULA AND COLLEAGUES

References

- 1. Kumar A, Pearl M. Mini-laparotomy versus laparoscopy for gynecologic conditions. J Minim Invasive Gynecol. 2014;21:109-114.
- Pelosi MA. A novel minilaparotomy approach for large ovarian cysts. OBG Manag. 2004;16(2):17-30.
- Rhode JM, Advincula AP, Reynolds RK, et al. A minimally invasive technique for management of the large adnexal mass. J Minim Invasive Gynecol. 2006;13:476-
- 4. American College of Obstetricians and Gynecologists' Committee on Practice Bulletins-Gynecology. Practice Bulletin No. 174: evaluation and management of adnexal masses. Obstet Gynecol. 2016;128:e210-e226.
- 5. Roman LD, Muderspach LI, Stein SM, et al. Pelvic examination, tumor marker level, and gray-scale and Doppler sonography in the prediction of pelvic cancer. Obstet Gynecol. 1997;89:493-500.
- Dodge JE, Covens AL, Lacchetti C, et al; Gynecology Cancer Disease Site Group. Preoperative identification of a suspicious adnexal mass: a systematic review and meta-analysis. Gynecol Oncol. 2012:126:157-166.