

Editorial



Additional benefit of minimally invasive surgery to improve functional outcomes after radical hysterectomy

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► See the article “Minimally invasive surgery improves short-term outcomes of nerve-sparing radical hysterectomy in patients with cervical cancer: a propensity-matched analysis with open abdominal surgery” in volume 30, e27.

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The pelvic floor dysfunction including voiding difficulty and colorectal dysfunction is well-known, inevitable complications of radical hysterectomy (RH). This is due to surgical injury to autonomic nerves which innervate the bladder and rectum, and is associated with decreased quality of life after surgery. The survival outcomes after RH for early cervical cancer is very excellent. So, the treatment outcomes of RH should be evaluated not only in oncologic outcomes but also in quality of life of patients. Nowadays, quality of life outcome is regarded as important as survival outcome especially in highly curable disease like early cervical cancer. To improve the functional outcomes after RH, nerve-sparing (NS) procedure has been developed [1] and evaluated in several studies [2,3]. However, only few study outcomes are available and the results of NS RH is inconsistent across the studies [2,3]. NS RH has been performed via open surgery because of the difficulty of the procedure. But, some advanced laparoscopic oncologic surgeons have performed minimally invasive (MIS) NS RH [4]. The outcomes of MIS NS RH compared with open NS RH has always been puzzling.

Bogani et al. [5] reported the outcomes of MIS NS RH compared with open NS RH in this issue. The immediate surgical outcomes of MIS NS RH were better compared with open NS RH like many previous studies comparing MIS and open surgery in gynecologic cancers [6-8]. MIS has better surgical outcomes with respect to estimated blood loss, transfusion requirement, and postoperative hospital stay compared with open surgery in gynecologic cancer treatment [6-8]. Operating time is inconsistent across the studies. Usually, operating time was longer for MIS. But, with the accumulation of experiences over hundreds of MIS cases, the operating time became similar with or even shorter than open surgery [6,7]. Importantly, this study showed one additional benefit of MIS RH upholding open RH which has never been reported in the literature [5]. This is an improved functional outcomes originated from the innate merits of MIS including better visualization and magnified views which enables more meticulous surgical procedure to nervous system. Decreased blood loss and clearer operative field of it also made the surgical procedure better. Because this study was a small, retrospective, matched comparison, this result should be confirmed by future randomized controlled trial [5]. To achieve the best outcomes using MIS, moreover, the surgeon should be skillful at the advanced laparoscopic surgical procedures.

REFERENCES

1. Fujii S, Takakura K, Matsumura N, Higuchi T, Yura S, Mandai M, et al. Anatomic identification and functional outcomes of the nerve sparing Okabayashi radical hysterectomy. *Gynecol Oncol* 2007;107:4-13.
[PUBMED](#) | [CROSSREF](#)
2. Basaran D, Dusek L, Majek O, Cibula D. Oncological outcomes of nerve-sparing radical hysterectomy for cervical cancer: a systematic review. *Ann Surg Oncol* 2015;22:3033-40.
[PUBMED](#) | [CROSSREF](#)
3. Kim HS, Kim K, Ryoo SB, Seo JH, Kim SY, Park JW, et al.. Conventional versus nerve-sparing radical surgery for cervical cancer: a meta-analysis. *J Gynecol Oncol* 2015;26:100-10.
[PUBMED](#) | [CROSSREF](#)
4. Wu J, Ye T, Lv J, He Z, Zhu J. Laparoscopic nerve-sparing radical hysterectomy vs laparoscopic radical hysterectomy in cervical cancer: a systematic review and meta-analysis of clinical efficacy and bladder dysfunction. *J Minim Invasive Gynecol*. Forthcoming 2018.
[PUBMED](#) | [CROSSREF](#)
5. Bogani G, Rossetti D, Ditto A, Martinelli F, Chiappa V, Leone C, et al. Minimally invasive surgery improves short-term outcomes of nerve-sparing radical hysterectomy in patients with cervical cancer: a propensity-matched analysis with open abdominal surgery. *J Gynecol Oncol* 2019;30:e27.
[CROSSREF](#)
6. Nam JH, Park JY, Kim DY, Kim JH, Kim YM, Kim YT. Laparoscopic versus open radical hysterectomy in early-stage cervical cancer: long-term survival outcomes in a matched cohort study. *Ann Oncol* 2012;23:903-11.
[PUBMED](#) | [CROSSREF](#)
7. Park JY, Kim DY, Suh DS, Kim JH, Kim YM, Kim YT, et al. Comparison of laparoscopy and laparotomy in surgical staging of early-stage ovarian and fallopian tubal cancer. *Ann Surg Oncol* 2008;15:2012-9.
[PUBMED](#) | [CROSSREF](#)
8. Walker JL, Piedmonte MR, Spirtos NM, Eisenkop SM, Schlaerth JB, Mannel RS, et al. Laparoscopy compared with laparotomy for comprehensive surgical staging of uterine cancer: Gynecologic Oncology Group Study LAP2. *J Clin Oncol* 2009;27:5331-6.
[PUBMED](#) | [CROSSREF](#)