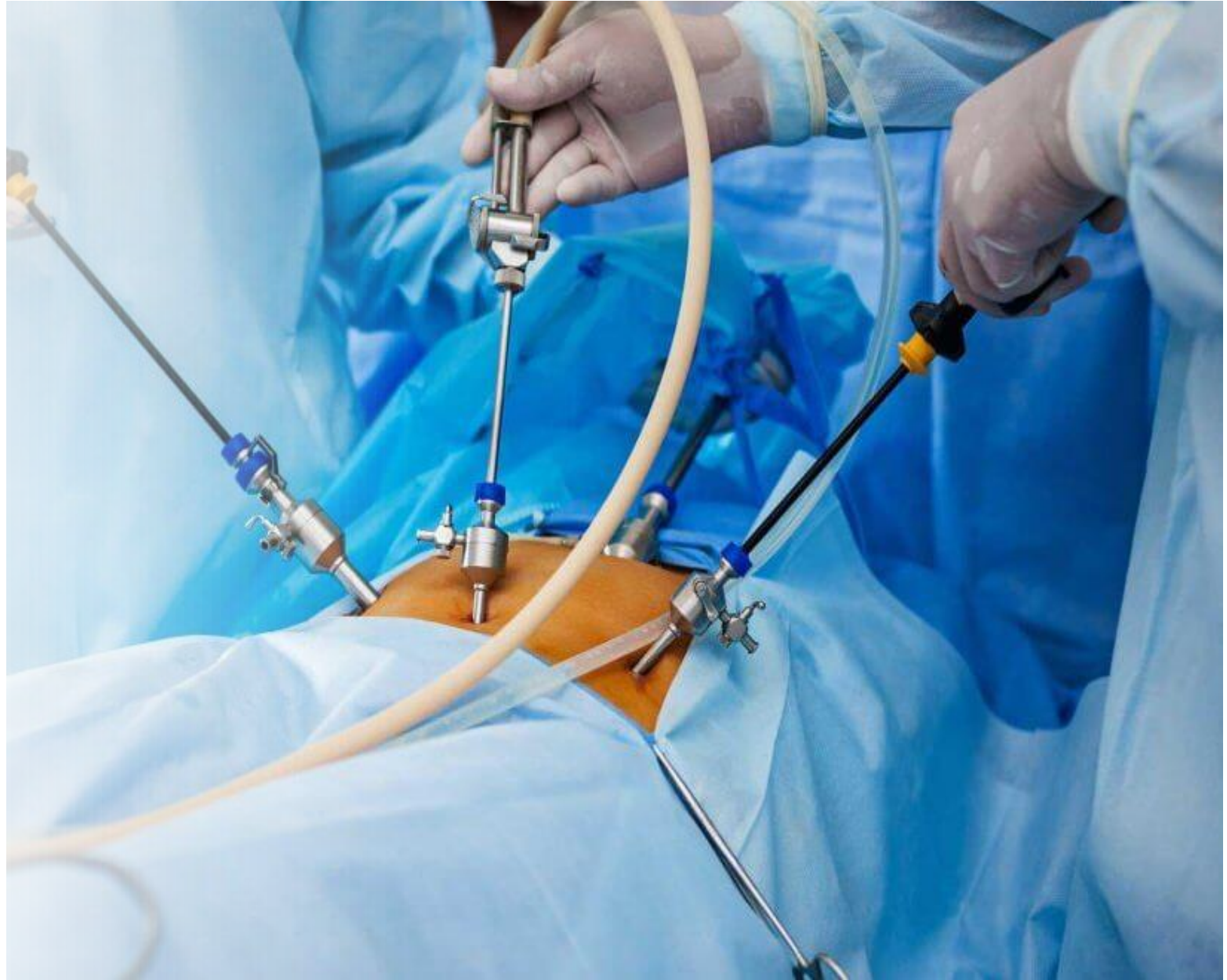


# LAPAROSCOPIC SURGERY FOR OVARIAN CYSTS IN NMCHC

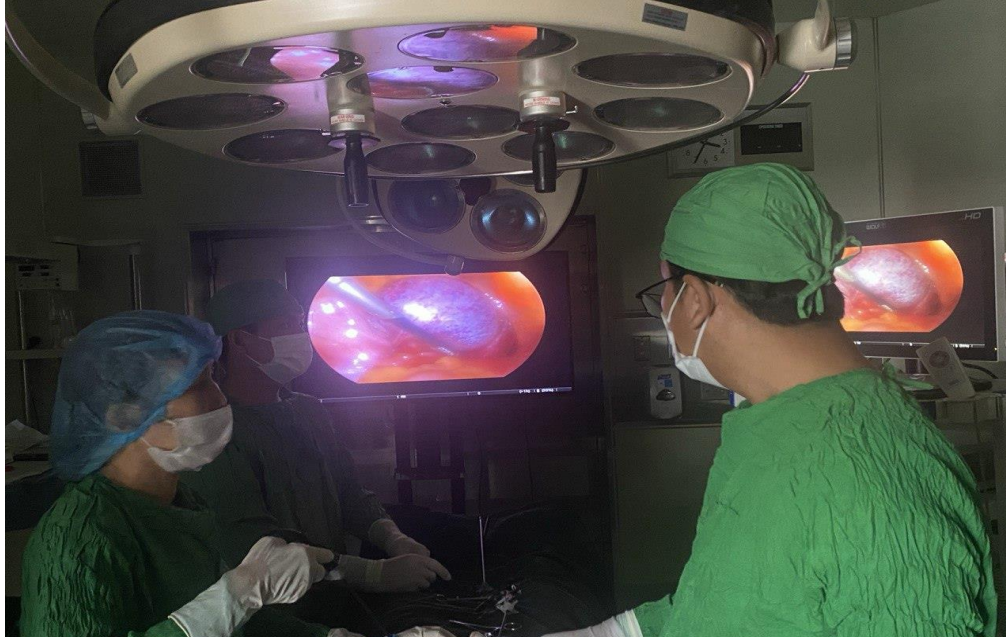
Prof. Nou Sokbona, Dr.Ros Saphath, Dr.Tep Samphas, Dr.Meak Neangkiri 2024

Presented by : Dr.Tep Samphas



# Objectives

- To review outcomes of minimal invasive surgery for ovarian cysts during 1 year in NMCHC.
- Reduce stay in hospital
- Reduce complication post operation



# I- Introduction

Ovarian cyst is a fluid-filled sac within the ovary.

## ➤ 2 Types of ovarian cysts:

### 1. Functional cysts :

- Follicular cyst
- Luteal cyst
- Theca luteal cyst

# I- Introduction “cont.”

## ➤ 2 Types of ovarian cysts:

### 2. Non-functional cysts

- Dermoid cysts
- Cystadenoma
- Endometriosis
- Polycystic ovary syndrome (PCOS)



# I- Introduction “cont.”

## ➤ **Diagnosis:**

### 1-Symptoms:

- Abdominal pain
- Uterine bleeding
- Fullness or bloating in the abdomen
- Nausea and vomiting
- Ease of urination
- Difficulty with bowel movement
- Dysmenorrhea
- Dyspareunia
- PCOS: acne, facial or body hair, obesity and infertility.

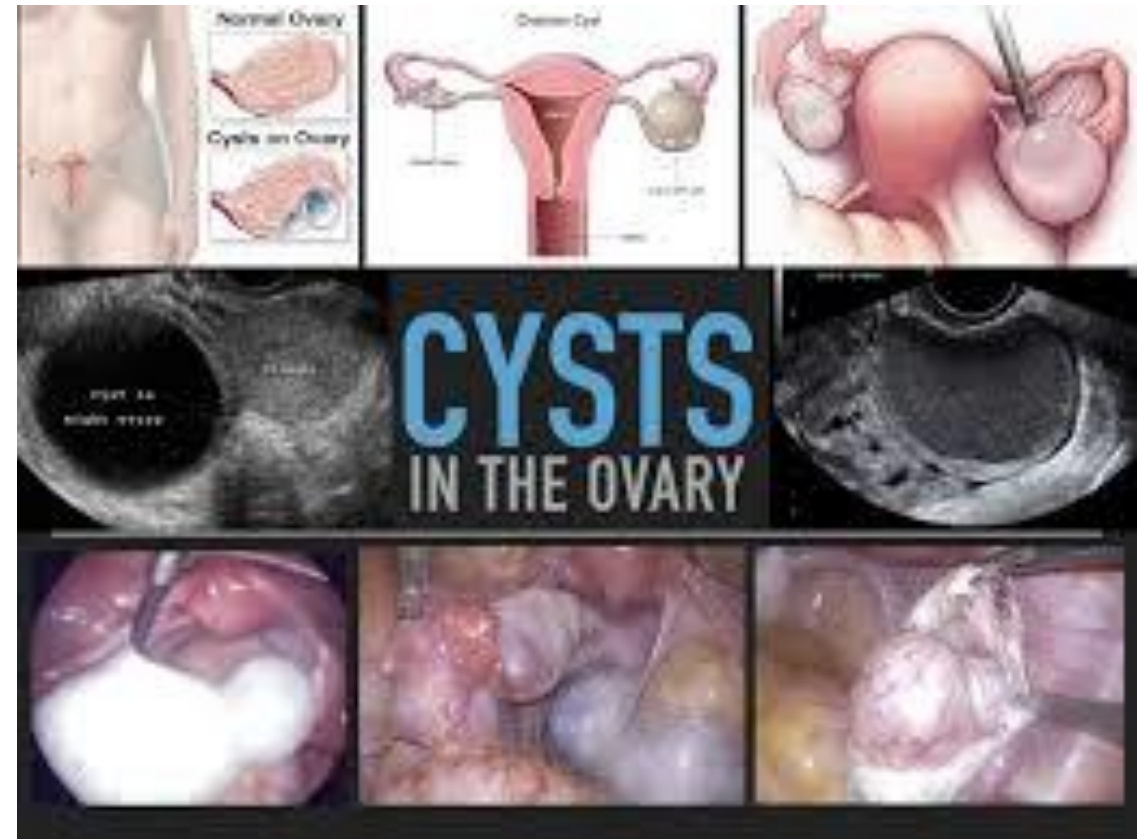


# I- Introduction “cont.”

## ➤ **Diagnosis:**

### 2-Imagery and laboratory test:

- Ultrasound
- Computed tomography scan (CT scan)
- Magnetic resonance imaging (MRI)
- Lab test: Cancer antigen 125 (CA125)



# I- Introduction cont'

## ➤ Management

There are several different treatment options available depends on patient's age, menstrual status, and the cyst size, and whether the cyst has characteristics suspicious of malignancy.

- Functional cyst : no need do surgical removal
- Nonfunctional cyst: need do surgical removal or medical management
- Surgical removal (laparotomy or laparoscopy)

## II- Methods

Study design:  
Retrospective cohort  
study.

Duration: Between  
January 01, 2023 to  
December 31, 2023.

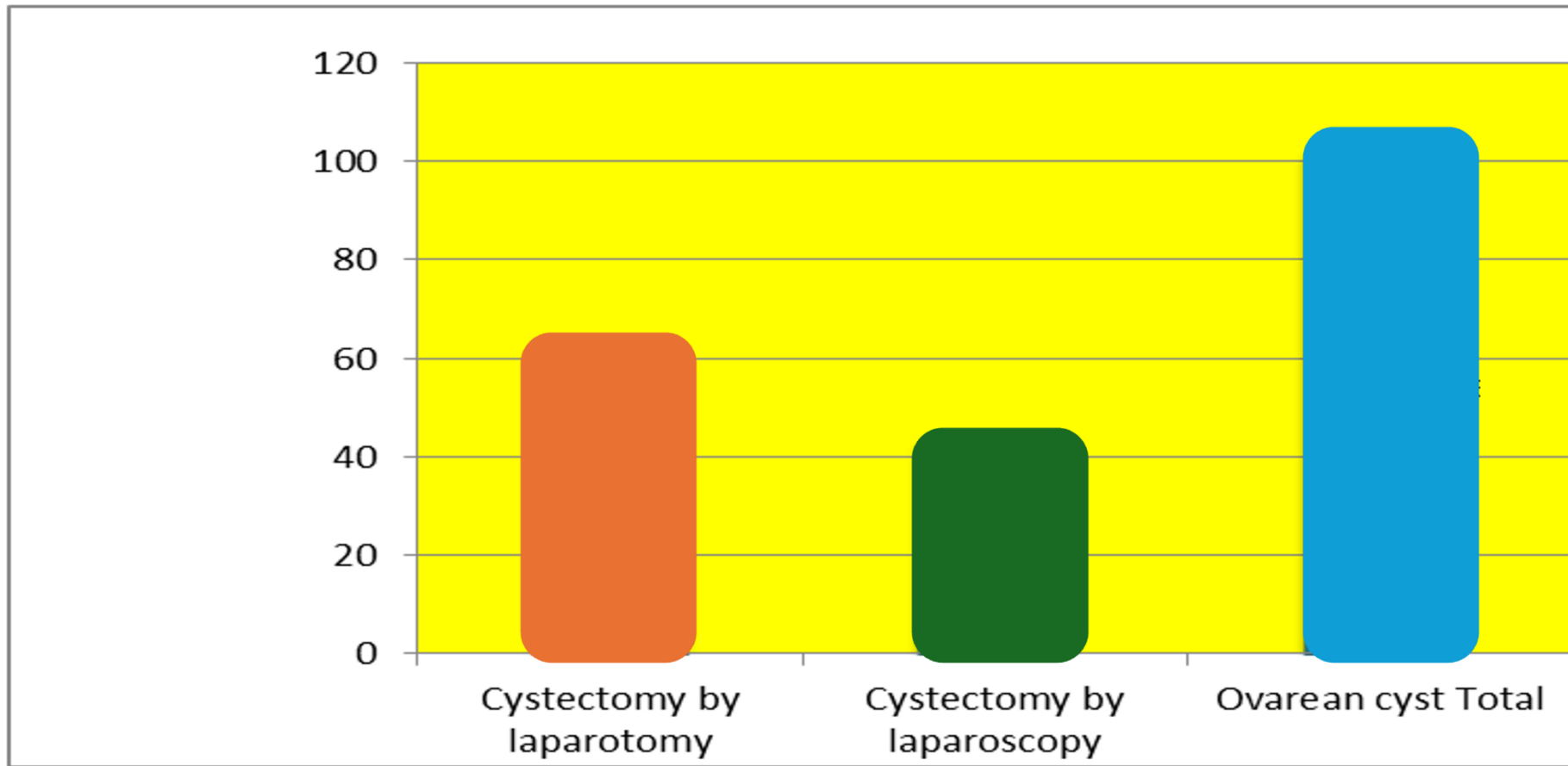
Participants: all  
patients undergone  
laparoscopic surgery.



## II- Methods

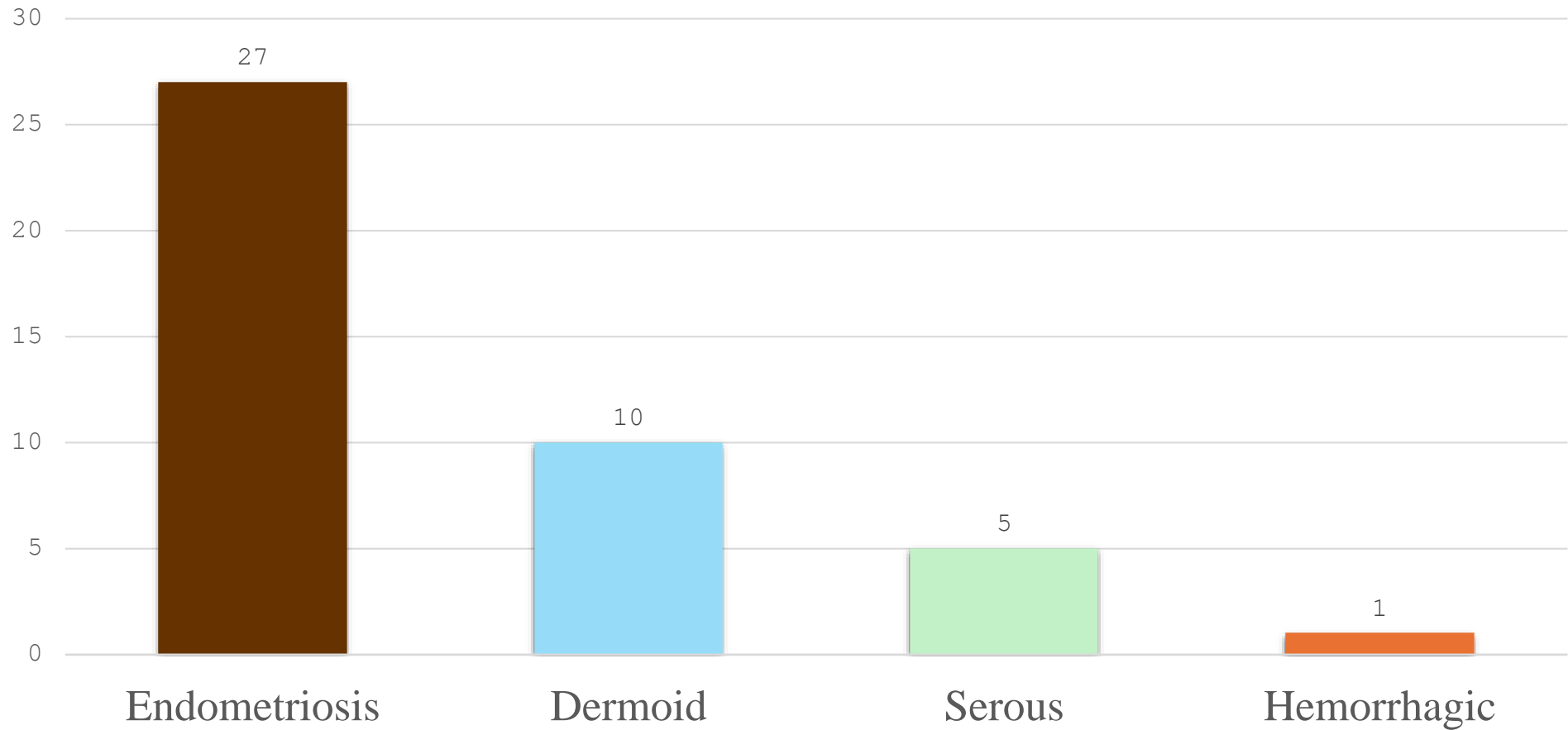
- Data collection
  - Patient medical records
  - Operative reports
  - Histopathological papers
- Variables: Age, cyst size, operative time, exteriorization of the cysts, blood loss, postoperative complication, hospital stay.

# III Result



# III- Results

- Types of cysts:



# III- Results

- Age (years):  $27.4 \pm 5.8$
- BMI ( $\text{kg/m}^2$ ):  $23.8 \pm 3.5$
- Cyst diameter (cm):  $6.6 \pm 2.1$
- Previous abdominal surgery: 4 cases
- Abdominal access: all closed access by Veress needle

## III- Results

- Operating Time (mean  $\pm$  SD): 92.32  $\pm$  24.36 (minutes)
- Exteriorization of the cysts: use all of Endobag methods
- Blood Loss (mean  $\pm$  SD): 31.67  $\pm$  10.81 (milliliters)
- Hospital Stay (mean  $\pm$  SD): 3.3  $\pm$  1.1 (days)
- Complication: none
- Recurrence Rates: No recurrence in one year



# IV- Discussion

**Table 1: Demographic characteristics**

Parameter, mean $\pm$ SD	NMCHC (n=43)	Fudan Hospital Shanghai, China 2013 (n=33)
Age (years)	27.4 $\pm$ 5.8	27.5 $\pm$ 2.2
BMI (kg/m <sup>2</sup> )	23.8 $\pm$ 3.5	22 $\pm$ 1.8
Cyst diameter (cm)	6.6 $\pm$ 2.1	8.4 $\pm$ 3.4

SD: standard deviation

# IV- Discussion

**Table 2: Pathological diagnosis**

Pathological diagnosis	NMCHC (n=43)	Fudan Hospital, Shanghai, China 2013 (n=33)
Dermoid cyst	10 (23.3%)	10 (30.3%)
Endometriosis cyst	27 (62.8%)	5 (15.2%)
Serous cystadenoma	5 (11.6%)	4 (12.1%)
Hemorrhagic cyst	1 (2.3%)	0
Cystomyxoma	0	8 (24.2%)
Borderline cystomyxoma	0	1 (3%)
Adenocarcinoma	0	1 (3%)
Other benign cyst	0	4 (12.1%)
<b>Total</b>	<b>43 (100%)</b>	<b>33 (100%)</b>

# IV- Discussion

**Table 3: Perioperative data of the patients**

Parameter, mean $\pm$ SD, n	NMCHC (n=43)	Shanghai, China 2013 (n=33)
Operating time (min)	92.32 $\pm$ 24.36	68 $\pm$ 16
Estimated blood loss (mL)	31.6 $\pm$ 10.8	43 $\pm$ 15
Rupture of the cyst (%)	32 (74.4%)	10 (30.3%)
Incision size (cm, mean $\pm$ SD)	0.7 $\pm$ 0.2	3.0 $\pm$ 0.2
Hospital stay (days)	3.3 $\pm$ 1.1	2.9 $\pm$ 0.5
Postoperative fever	4	1

# IV- Discussion

**Table 4: Perioperative data of the patients**

Parameter	NMCH (n=43)	Shanghai, China 2013 (n=33)
First trocar insertion	Closed	Opened
Trocar insertion (trocars)	3	4
Exteriorization of the cyst	All endobags	All endobags
Previous abdominal surgery (cases)	4	0
Conversion to laparotomy	0	0

# IV- Discussion

Table 4: Operative methods

Method	NMCHC (n=43)	Fudan Hospital, Shanghai, China 2013 (n=33)
Cystectomy	43 (100%)	31 (93.9%)
Adnexectomy	0	1 (3.0%)
Oophorectomy	0	1 (3.0%)
Total	43 (100%)	33 (100%)



# V- Conclusion

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Laparoscopic for ovarian cysts is safe and effectiveness.



Future prospective studies could provide more insight into long-term outcomes and further refine surgical techniques.



We will perform laparoscopic hysterectomy in NMCH when we have all materiel to do .

# VI- Recommendations

Preoperative assessment: comprehensive evaluation to minimize intraoperative risks.

Surgical expertise: continued training and adherence to best practices.

Follow-up: regular for early detection of ovarian cyst recurrences and need continue treatment for endometriosis.

The management of patients with the ovarian cyst is multidisciplinary



# Thank you!

Presented by: Dr.Tep Samphas

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