Reviving Transvaginal Colon Specimen Extraction: A Single Surgeon's Experience Enhanced by Newer MIS Techniques

Jennifer Blake, MD[1] and Rahila Essani[2], MD FACS FASCRS

1. Baylor Scott and White Health 2. Associate Professor of Surgery Texas A&M College of Medicine

Introduction

Colon surgery has been revolutionized by MIS techniques over past 20 years

Mini laparotomy can be avoided by using natural orifice specimen extraction, such as transvaginal or transrectal

Methods

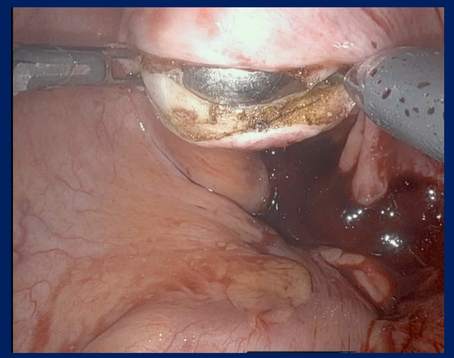
Retrospective review of robotic colon resections with intracorporeal anastomosis from 2017-2023

Every female consented for transvaginal extraction

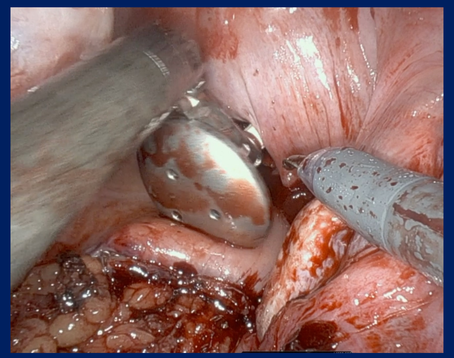
Malignant and benign cases

Vaginal prep

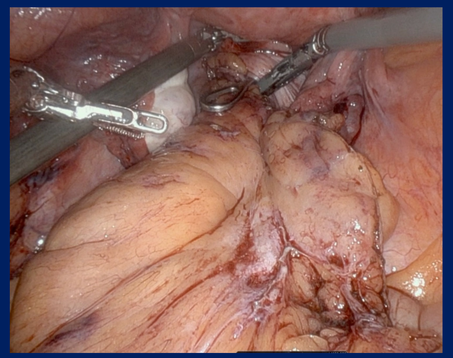
Wound protector utilized for malignant cases



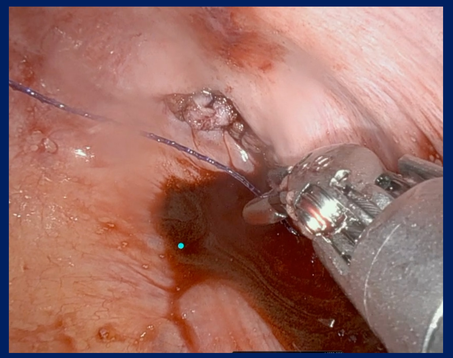
Creating Vaginotomy



Anvil Insertion



Specimen Extraction



Barbed Suture Closure

Results
33 patients
Age 22-86, average 59
BMI 21-48, average 28.5
22 benign, 11 malignant
14 cases with multiple organ resection
EBL 30 ml
LOS 2.2 days (26% same day)
Return of bowel function 1 day
Anastomosis: 25 stapled, 8 handsewn
No SSIs
1 anastomotic leak
No ileus
No fistulas
No vaginal wound complications

Conclusion:

Better pain control

Decreased number and smaller incisions

No major complications

Decreased length of stay

Improved cosmesis



#SAGES2024