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► To cite this version:

Lobna Ouldamer, Pierre-Adrien Bolze, Geoffroy Canlorbe, Xavier Carcopino, Cyrille Huchon, et al.. A call for caution with Vaginally assisted Natural Orifice Transluminal Endoscopic Surgery (v-NOTES) use in gynecological cancers: Francogyn research group communication. *Journal of Gynecology Obstetrics and Human Reproduction*, 2022, 51 (5), pp.102364. 10.1016/j.jogoh.2022.102364. hal-03632493

HAL Id: hal-03632493

<https://hal.science/hal-03632493>

Submitted on 12 Apr 2022

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A call for caution with Vaginally assisted Natural Orifice Transluminal Endoscopic Surgery (v-NOTES) use in gynecological cancers: Francogyn research group communication

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Vaginally assisted natural orifice transluminal endoscopic surgery (v-NOTES) is an emerging field in gynecological surgery. This technique has been rapidly implemented in our departments with the major attraction, in addition to the novelty, of the concept of scarless surgery leading to better cosmetic results than laparoscopy or laparotomy (identical results to those of the pure vaginal route). However, under the attraction of novelty and the push of the industry, this innovation is developing -in particular in gynecological pelvic oncology- faster than our ability to prove its benefit and safety.

With the use of the v-NOTES, the surgeon accesses the peritoneal cavity through the vagina and performs diagnostic or therapeutic procedures.

The publications of the initial experiences have generated a huge wave of enthusiasm in our community. The combination of conventional vaginal and endoscopic surgery is becoming popular. Gynecologists who have been using the vaginal route for many years are readily adopting this technique.

Since the publication of the LACC trial (1, 2) demonstrating that the minimally invasive approach increases the risk of recurrence and death compared to open surgery in the treatment of cervical cancer, this has led to the adoption of this technique by the learned societies. This has led scientific societies to contraindicate the laparoscopic approach to cervical cancer surgery, including the use of v-NOTES.

Furthermore, the incidence of obesity-associated endometrial cancer (EC) is increasing worldwide and treatment of these cases represents a significant challenge for gynecologic oncology surgeons. The primary treatment option for EC is surgery, which consists of hysterectomy and salpingo-oophorectomy with or without lymphadenectomy. Minimally invasive surgery is recommended. In obese and non-obese patients diagnosed with EC, the advantages of laparoscopic surgery over open surgery are a lower rate of complications, shorter hospital stay, better cosmetic results, faster recovery, less postoperative pain, lower risks of surgical site infection and wound dehiscence.

However, it is also known that 1) obese patients are less tolerant of techniques such as the Trendelenburg position that increase pressure on the respiratory system. 2) In obese patients, manipulation of instruments and trocars becomes more difficult due to the thickening of the abdominal wall and results in a longer duration of anesthesia.

The use of v-NOTES is presented as a surgical de-escalation and the solution that will help overcome these difficulties as an alternative to conventional laparoscopy. However, it is known that the place of robotic surgery in this context is no longer to be demonstrated and, for the realization of a hysterectomy with v-NOTES, the insufflation placed in front of the uterine cervix (which could disseminate the tumor directly from the cervix to the peritoneal cavity), manipulation of the uterine cervix, and the major limitation to the exploration of the abdomino-pelvic cavity (absence of correct visualization of the peritoneal cavity), lead us to propose several recommendations in pelvic gynecological oncology:

- It is essential to inform patients of the absence of safety results in gynecological oncology (article L.1111-2 of the French public health code).
- The use of this technique must be reserved for pelvic gynecological oncology to
 - Evaluation of the technique in the context of a prospective trial/study (including assessment of the risk of tumour dissemination)
- Absolute contraindication to the laparoscopic route (laparoscopy/robotic surgery) and to laparotomy, the use of v-NOTES having the advantage over a purely vaginal route of performing adnexectomy more safely.

Références

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