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Prevention of lymphatic complications after pelvic laparoscopic lymphadenectomy by microporous polysaccharide absorbable hemostat

Taranov VV¹, MV Gavrilov^{1,2}, IA Lapina^{1,2} and Yu E Dobrokhotova^{1,2}

¹Russian National Research Medical University, Russia

²Clinical Hospital №1 MEDSI, Russia

Introduction: One of the mandatory components of radical treatment of patients with endometrial cancer is the impact on regional lymph nodes. Nowadays, pelvic lymphadenectomy remains not only therapeutic, but also a diagnostic method in case of predicting the effectiveness of treatment. However, it is important to point out that there are a lot of complications which can occur after dissection of lymph nodes. Lymphorrhage and lymphocele are among the most common postoperative complications of pelvic lymphadenectomy, with a reported incidence of 1% to 50%. Except for the occurrence of undesirable symptoms it can increase the time of drainage standing, which contributes to the delay of further stages of combined treatment. The aim of the study was to evaluate the effectiveness of the intraoperative application of microporous polysaccharide absorbable hemostat taking into account the functional outcomes to improve the long-term results of surgical treatment.

Materials and methods: In order to solve the tasks, we analyzed the treatment of 12 patients with verified diagnosis of endometrial cancer. We divided the patients in 2 different groups. The first group included patients with polysaccharide absorbable hemostat application (6 patients). The second one (control group) included patients who were provided, according to traditional methods, without using polysaccharide

application (6 patients). All patients underwent ultrasound examination on postoperative days 7, 14, 28. Groups were comparable in age, risk profile, and lymph node numbers. Postoperative drain loss and development of early and late lymphocele were analyzed.

Results: Group 1 showed a lower drainage volume and in this group there wasn't any lymphocele development. But the control group (group 2) showed 4 occasions of lymphocele formation. Also two of them were symptomatic and were treated with percutaneous drainage (duration: 25 days in untreated patients versus 7 days in patients with absorbable hemostat using).

Conclusion: In this preliminary investigation, the intraoperative application of microporous polysaccharide absorbable hemostat on lymph node dissection areas significantly decreases total drain loss. In addition, it reduces frequency of lymphocele formation, which contributes to the timely implementation of further stages of multidisciplinary approach in endometrial cancer's treatment. A multicenter randomized clinical trial with a larger number of patients and longer follow-up is necessary to evaluate the overall outcomes of the combination of laparoscopic lymphadenectomy plus polysaccharide hemostat application.

Biography

VV Taranov has graduated from Russian National Research Medical University named by N.I. Pirogov with honors in 2018, and successfully entered the residency of Obstetrician and Gynecology, clinical researches, finding new approaches of treatment. He and his co-worker together try to follow principles of fast-track and hype-surgery in order to diagnose diseases and treat patients according to international standards of medical care. Their approach is strictly personalized and we try to develop our knowledge and change our experience with physicians from other countries.

vlastaranov@mail.ru

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