Chronic Pelvic Pain
A Dilemma to Treat

- Dysmenorrhea
- Dyspareunia
- Bowel irregularities suggesting Irritable Bowel Syndrome
- Bowel spasms
- Dysuria
- Failed Medical Management
Doctor….Please help Me!

- Normal sonogram
- Normal CT scan
- Normal MRI
- Negative GI and GU work up
- Negative laparoscopy
Pelvic Pain Phenomenon

- 70+% of women with Chronic Pelvic Pain will have surgical evidence of endometriosis

- 5.5 million women per year affected

- Over 1 million procedures per year for known or suspected disease

- 30% of women with disease are infertile
  - One of the top 3 causes for infertility
Over the last 20 years the only advancements in TREATMENT were pharmaceuticals. Pharmaceuticals have side effects and only treat symptoms, they do not diagnose. Patients are tired of the “phantom pain” they want a confirmed diagnosis.
**Medical therapy options**

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Relieves Pain</th>
<th>Shrinks existing lesions</th>
<th>Controls lesion growth</th>
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<td>NSAIDs, such as ibuprofen</td>
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<td>Oral Contraceptives</td>
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<td>Progesterone pills or injections</td>
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<td>Gonadotropin agonist drugs, such as Lupron</td>
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Only prescribed if pregnancy is not desired
Surgical therapy
(Laparoscopy is gold standard of diagnosis and treatment)

- Women who have severe pain and desire to become pregnant
  - Endometriosis resection

- Women who have severe pain and no desire to become pregnant
  - Hysterectomy, with or without endometriosis resection

**BUT**, Even with current surgical treatment, 40-80% of women experience recurrent pain symptoms within 2 years\(^5\)
How to improve clinical outcomes?

The key to improved clinical outcomes is reducing recurrence…
How to reduce recurrence rates?

Identification of all lesions

Resection of all lesions

Decreased recurrence rates

Improved clinical outcomes

… and the key to reducing recurrence is improving surgical efficacy

If you see more, you can treat more!
If you can’t see it, you can’t treat it.

2D HD

3D HD / 10X Mag
VIDEOS
Case Findings:
# of implants seen with 2-D: NOTHING visible
# of implants seen with DaVinci: 2+4+8=14
> 2 lesions in the posterior culdesac
> 4 lesions near right ovary
> 8 lesions tucked in and above right ovary

Post Case Surgeon Quote:
"When I think back to the number of laparoscopies that I have performed during my residency and early in my practice on women suffering from pelvic pain, I am now wondering how much I have missed. We used to do these cases on women who we thought were crazy and we confirmed that they were indeed crazy by finding NOTHING during our cases. In the end maybe we were the crazy ones and MISSED the endometriosis because we couldn't see it with our 2-D system-- just like would have missed them today if not for DaVinci."
Concluding thoughts

- Pelvic pain may no longer be chronic.
- These patients will no longer be a dilemma to treat.
- The robotic approach will identify patients who were previously labeled as negative as treatable endometriosis patients.
- Pain patients with adhesions due to other conditions have more precise surgical management.
References

THANK YOU

QUESTIONS?