Pacific Journal of Advanced Obstetrics & Gynecology

https://scienceget.org/index.php/pjaog

pISSN: 3068-322X | eISSN: 3068-0336 Vol. 1, No. 1, 2022

EDITORIAL | OPEN ACCESS





The Rise of Minimally Invasive Gynecologic Surgery: Revolution or Refinement?

Victoria L. Handa*

* Department of Gynecology and Obstetrics at Johns Hopkins School of Medicine, United States

*Correspondence:

Dr. Victoria L. Handa

How to cite this article:

Handa VL. The Rise of Minimally Invasive Gynecologic Surgery: Revolution or Refinement. Pac J Adv Obstet Gynecol. 2022;1(1):1–3

Article History:

Received: August 17, 2022 Accepted: November 11, 2022 Published: December 31, 2022

Peer Review Process:

The Journal abides by a double-blind peer review process such that the journal does not disclose the identity of the reviewer(s) to the author(s) and does not disclose the identity of the author(s) to the reviewer(s).

In the ever-evolving field of medicine, the rise of minimally invasive surgeries has brought about significant transformations, especially in specialties like gynecology. Minimally invasive gynecologic surgery (MIGS) refers to a collection of surgical techniques designed to reduce the invasiveness of traditional gynecological procedures. The question arises: is this shift a revolution in medical practice or merely a refinement of existing techniques? To answer this, we must examine the background, technological advancements, benefits, challenges, and the broader implications for patients, healthcare professionals, and the medical field as a whole.

Keywords: Minimally invasive gynecologic surgery (MIGS), Gynecologic Surgery, Healthcare Professionals.

Copyright © 2022 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited. A publication of American Science Press LLC, USA, (https://scienceget.org).

Historically, gynecologic surgeries such as hysterectomy, myomectomy, and tubal ligation required large incisions, extensive recovery times, and significant discomfort for patients. These procedures were often associated with high risks of infection, scarring, and longer hospital stays [1]. Over the years, as surgical techniques advanced, traditional surgeries began to evolve, paving the way for the development of minimally invasive options. Minimally invasive surgery emerged in the late 20th century with the advent of laparoscopic surgery. This technique, which involves small incisions, specialized instruments, and cameras, allowed surgeons to operate within the body without the need for large open wounds. The rapid adoption of laparoscopy in general surgery led to its introduction in gynecology, where it promised reduced recovery times, smaller scars, and less

postoperative pain [2]. The rise of minimally invasive gynecologic surgery has been heavily influenced by technological advancements. The development of highdefinition cameras, robotic assistance, and advanced imaging systems has made complex gynecologic procedures safer, more precise, and more efficient [3]. Robotic-assisted surgery, in particular, has garnered significant attention in the field. Robots like the da Vinci Surgical System allow for enhanced dexterity, precision, and visualization, facilitating highly complex surgeries with smaller incisions. Surgeons can manipulate instruments with more control and precision, leading to better outcomes and fewer complications. In addition to robotic systems, innovations in energy devices such as laser systems, bipolar and monopolar diathermy, and electrosurgical units have significantly improved tissue

handling. These tools allow for faster dissection, coagulation, and sealing of blood vessels during surgery, thus reducing bleeding and enhancing the overall safety of minimally invasive procedures. Furthermore, advancements in endoscopic instruments and suturing technology have minimized the need for extensive incisions and traditional suturing methods, offering patients less trauma and faster recovery [4].

The most immediate and tangible benefits of MIGS are observed from the patient's perspective. These benefits include reduced recovery times, smaller incisions, less postoperative pain, and a quicker return to daily activities. For many patients, this translates to shorter hospital stays, reduced dependence on pain medication, and a faster return to work or normal life [5]. Perhaps one of the most compelling advantages of minimally invasive gynecologic surgery is the improved aesthetic outcome. Traditional surgeries often leave large, visible scars, which can be a significant concern for women, especially when the surgery is performed on parts of the body that are traditionally considered intimate, such as the abdomen or pelvis. MIGS procedures, particularly those that use laparoscopy or robotic assistance, leave small scars that are less noticeable and more discreet, improving patient satisfaction and reducing psychological distress [6]. MIGS also allows for more precise surgical interventions, which can reduce the likelihood of complications such as excessive blood loss, damage to surrounding tissues, or postoperative infections. For example, in laparoscopic hysterectomy, the surgeon can view the uterus and surrounding tissues in high definition, using a tiny camera inserted into the body. This enhanced visualization reduces the chances of inadvertent damage to organs or blood vessels. In addition, the reduced trauma to the body means that patients typically experience complications, including lower rates of hernia formation, infections, and blood clots [7].

While the benefits of MIGS are apparent, the question remains whether this advancement represents a true revolution in gynecology or simply a refinement of existing techniques. To answer this, we must explore the broader implications of MIGS, particularly in terms of its accessibility, the training required for its implementation, and its long-term impact on patient outcomes. From a technical perspective, minimally invasive surgery represents a natural progression from traditional open surgery. The core principles of surgery—adequate exposure, tissue handling, and hemostasis—are

unchanged. However, MIGS refines how these principles are applied. Through the use of smaller incisions, advanced tools, and better visualization, MIGS enhances the precision and efficiency of surgeries without changing the fundamental surgical goals. In this sense, it is more of a refinement than a revolution. The goal of improving patient outcomes, reducing recovery time, and enhancing safety has always been a part of surgical practice, and MIGS simply allows for these goals to be achieved with greater precision [8]. Moreover, the focus of MIGS on patient comfort, recovery, and aesthetic outcomes aligns with broader trends in modern healthcare, where patientcentered care is becoming a primary focus. The ability to offer patients less invasive procedures with fewer risks and faster recovery times is undoubtedly a step forward in medical practice. However, this does not necessarily represent a revolutionary shift in how gynecologic surgeries are performed, but rather an improvement upon existing practices [9]. A major challenge to the widespread adoption of MIGS is the need for specialized training. Surgeons must acquire new skills, not only in terms of using advanced tools and technologies but also in adapting to new approaches to surgical anatomy and techniques. Training in MIGS requires time, practice, and proficiency in laparoscopic and robotic surgery, which can be resource-intensive. As a result, access to MIGS may be limited in certain regions, particularly where specialized training and equipment are unavailable [10]. Furthermore, not all gynecologic surgeons are trained in MIGS, and there remains a gap in the availability of resources to ensure that all patients have access to these advanced procedures. For example, while MIGS has been widely adopted in high-income countries, its adoption in lowerresource settings may be slower due to cost, equipment availability, and the need for specialized surgical training [4].

While MIGS offers many advantages, it is essential to consider the long-term outcomes of these procedures. For example, laparoscopic and robotic-assisted surgeries, though less invasive, still carry certain risks. In some cases, the benefits of MIGS may be offset by complications such as the need for conversion to open surgery, difficulty in performing complex procedures, or injuries related to the use of advanced technology. Some studies have also suggested that certain MIGS procedures, particularly those involving robotic assistance, may have longer operation times, potentially increasing the risk of complications such as anesthesia-related issues or

infections [11]. Moreover, the learning curve associated with MIGS techniques must be taken into account. As with any surgical procedure, the more experience a surgeon has with a particular technique, the better the outcomes are likely to be. However, as MIGS techniques continue to evolve and improve, the question remains whether the benefits for patients justify the steep learning curve and resource requirements [11]. Looking forward, the future of minimally invasive gynecologic surgery seems promising. As technology continues to improve and surgeons become more proficient in advanced techniques, MIGS is likely to become the standard of care for many gynecologic procedures. The rise of artificial intelligence, augmented reality, and machine learning could further enhance the precision and safety of MIGS procedures, providing surgeons with real-time data and feedback during surgery [1]. The continued refinement of MIGS techniques will also likely lead to the development of new procedures that were once considered too complex or high-risk to perform using minimally invasive methods. For instance, the introduction of more advanced robotic systems may make it possible to perform highly intricate surgeries with greater precision and reduced recovery Additionally, the use of telemedicine and virtual consultations could further enhance access to MIGS for patients in underserved or remote areas.

REFERENCES

- 1. La Verde M, Riemma G, Tropea A, Biondi A, Cianci S. Ultra-minimally invasive surgery in gynecological patients: A review of the literature. Updates in surgery. 2022 Jun;74(3):843-55.
- Lerner VT, May G, Iglesia CB. Vaginal natural orifice transluminal endoscopic surgery revolution: the next frontier in gynecologic minimally invasive surgery. JSLS: Journal of the Society of Laparoscopic & Robotic Surgeons. 2022 Jan;27(1):e2022-00082.
- 3. Nobbenhuis MA, Gul N, Barton-Smith P, O'Sullivan O, Moss E, Ind TE, Royal College of Obstetricians and Gynaecologists. Robotic surgery in gynaecology: scientific impact paper No. 71 (July 2022). BJOG: An International Journal of Obstetrics & Gynaecology. 2022 Jan;130(1):e1-8.
- 4. Johansson B, Eriksson E, Berglund N, Lindgren I. Robotic surgery: review on minimally invasive techniques. Fusion of Multidisciplinary Research, An International Journal. 2021 Jul 14;2(2):201-10.

- Peters A, Siripong N, Wang L, Donnellan NM. Enhanced recovery after surgery outcomes in minimally invasive nonhysterectomy gynecologic procedures. American journal of obstetrics and gynecology. 2020 Aug 1;223(2):234-e1.
- Eskandar K. Advancements in Gynecology: A Comprehensive Review of Emerging Research and Innovations. J Med Clin Nurs Stud. 2020;2(1):1-2.
- 7. Settnes A, Topsoee MF, Moeller C, Dueholm M, Kopp TI, Norrbom C, Rasmussen SC, Froeslev PA, Joergensen A, Dreisler E, Gimbel H. Reduced complications following implementation of laparoscopic hysterectomy: a Danish population-based cohort study of minimally invasive benign gynecologic surgery between 2004 and 2018. Journal of minimally invasive gynecology. 2020 Sep 1;27(6):1344-53.
- 8. Reddy K, Gharde P, Tayade H, Patil M, Reddy LS, Surya D, srivani Reddy L. Advancements in robotic surgery: a comprehensive overview of current utilizations and upcoming frontiers. Cureus. 2021 Dec 12;15(12).
- Borahay MA, Wethington SL, Wang KC, Christianson MS, Martin S, Lawson SM, Esguerra C, Lippitt MH, Wu H, Handa VL, Satin AJ. Patient-centered, gynecology-specific prioritization of nonurgent surgeries during the COVID-19 pandemic: proposal of a novel scoring system. Journal of minimally invasive gynecology. 2020 Sep 1;27(6):1429-33.
- Costagliola C, Sbordone M, Gandolfi S, Cesari L, Furneri G, Fea AM. Minimally invasive surgery in mild-to-moderate glaucoma patients in Italy: is it time to change?. Clinical Ophthalmology. 2020 Sep 14:2639-55.
- 11. Behbehani S, Suarez-Salvador E, Buras M, Magtibay P, Magrina J. Mortality rates in benign laparoscopic and robotic gynecologic surgery: a systematic review and meta-analysis. Journal of Minimally Invasive Gynecology. 2020 Mar 1;27(3):603-12.