

**Disciplina MED5720**  
**Tópicos Avançados em Cirurgia Ginecológica Minimamente Invasiva**

**Área de Concentração:** 17165

**Criação:** 05/06/2019

**Ativação:** 07/08/2019

**Nr. de Créditos:** 6

**Carga Horária:**

<b>Teórica</b> <b>(por semana)</b>	<b>Prática</b> <b>(por semana)</b>	<b>Estudos</b> <b>(por semana)</b>	<b>Duração</b>	<b>Total</b>
1	1	4	15 semanas	90 horas

**Docentes Responsáveis:**

Helmer Herren

Julio Cesar Rosa e Silva

Oméro Benedicto Poli Nétto

**Objetivos:**

1) Promover a análise crítica da literatura científica encorajando a aprendizagem por pares; 2) Discutir as atualidades nos mecanismos etiológicos das massas anexiais benignas, dor pélvica crônica, endometriose, pólipos endometriais, leiomioma uterino e demais afecções ginecológicas tratadas por cirurgia minimamente invasiva; 3) Destacar aspectos moleculares genéticos e epigenéticos das doenças; 4) Discutir, baseado nas bases etiopatogênicas, as implicações clínicas para o diagnóstico e tratamento.

**Justificativa:**

A cirurgia minimamente invasiva em Ginecologia é amplamente utilizada no mundo, sendo utilizada em procedimentos tais como: histerectomia, miomectomia, massas anexiais, reanastomose tubária, tratamento cirúrgico da endometriose pélvica, defeito do compartimento apical (prolapso de cúpula vaginal), assim como doenças ginecológicas malignas (câncer de endométrio e colo uterino). Sabe-se que esta via cirúrgica permite uma ótima visibilização de campo, uma ergonomia para que o cirurgião tenha flexibilidade no manejo cirúrgico e uma precisão cirúrgica na dissecação, corte e sutura de estruturas. Esses atributos são encontrados, na prática, em laparoscopistas experientes e, nesse sentido, o estudo destas técnicas com suas limitações, aplicações e intercorrências facilitariam a difusão do conhecimento e do aprendizado do cirurgião.

**Conteúdo:**

Conteúdos teóricos a serem discutidos: 1) Cirurgia minimamente invasiva: conceito, limitações e aplicabilidade; 2) Polipo endometrial e histeroscopia; 3) Leiomioma uterino e suas implicações clínicas e cirúrgicas; 4) Massas anexiais benignas: aplicação de critérios de classificação e conduta; 5) Dor pélvica crônica e endometriose: tratamento cirúrgico adequado; 6) Cirurgia Robótica aplicada a ginecologia; 7) Novas técnicas e instrumentais em Ginecologia minimamente invasiva; 8) Eletrocirurgia: qual a melhor fonte de energia.

**Forma de Avaliação:**

Presença Participação da dinâmica em sala Questionário para feedback da disciplina

### **Observação:**

O MATERIAL DE LEITURA SERÁ CONSTANTEMENTE ATUALIZADO UMA VEZ QUE O OBJETIVO DA DISCIPLINA É DISCUTIR ATUALIDADES NAS DOENÇAS ESTUDADAS.

### **Bibliografia:**

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of Gd-DTPA contrast-enhanced dynamic MRI and serum determination of LDH and its isozymes in the differential diagnosis of leiomyosarcoma from degenerated leiomyoma of the uterus. *Int J Gynecol Cancer* 2002; 12 (04) 354-361 29 Alkatout I, Mettler L, Günther V. , et al. Safety and economical innovations regarding surgical treatment of fibroids. *Minim Invasive Ther Allied Technol* 2016; 25 (06) 301-313 30 Keltz MD, Greene AD, Morrissey MB, Vega M, Moshier E. Sonohysterographic predictors of successful hysteroscopic myomectomies. *JSL* 2015; 19 (01) 00105 31 American Association of Gynecologic Laparoscopists (AAGL): Advancing Minimally Invasive Gynecology Worldwide. AAGL practice report: practice guidelines for the diagnosis and management of submucous leiomyomas. *J Minim Invasive Gynecol* 2012; 19 (02) 152-171 32 Chittawar PB, Kamath MS. Review of nonsurgical/minimally invasive treatments and open myomectomy for uterine fibroids. *Curr Opin Obstet Gynecol* 2015; 27 (06) 391-397 33 Camanni M, Bonino L, Delpiano EM, Ferrero B, Migliaretti G, Deltetto F. Hysteroscopic management of large symptomatic submucous uterine myomas. *J Minim Invasive Gynecol* 2010; 17 (01) 59-65 34 Donnez J, Jadoul P. What are the implications of myomas on fertility? A need for a debate?. *Hum Reprod* 2002; 17 (06) 1424-1430 35 Mazzon I, Favilli A, Grasso M. , et al. Predicting success of single step hysteroscopic myomectomy: a single centre large cohort study of single myomas. *Int J Surg* 2015; 22: 10-14 36 Di Spiezio Sardo A, Mazzon I, Bramante S. , et al. Hysteroscopic myomectomy: a comprehensive review of surgical techniques. *Hum Reprod Update* 2008; 14 (02) 101-119 37 Yang JH, Lin BL. Changes in myometrial thickness during hysteroscopic resection of deeply invasive submucous myomas. *J Am Assoc Gynecol Laparosc* 2001; 8 (04) 501-505 38 Polyzos NP, Zavos A, Valachis A. , et al. Misoprostol prior to hysteroscopy in premenopausal and post-menopausal women. A systematic review and meta-analysis. *Hum Reprod Update* 2012; 18 (04) 393-404 39 Selk A, Kroft J. Misoprostol in operative hysteroscopy: a systematic review and meta-analysis. *Obstet Gynecol* 2011; 118 (04) 941-949 40 Gkrozou F, Koliopoulos G, Vrekoussis T. , et al. A systematic review and meta-analysis of randomized studies comparing misoprostol versus placebo for cervical ripening prior to hysteroscopy. *Eur J Obstet Gynecol Reprod Biol* 2011; 158 (01) 17-23 41 Song T, Kim MK, Kim ML, Jung YW, Yoon BS, Seong SJ. Effectiveness of different routes of misoprostol administration before operative hysteroscopy: a randomized, controlled trial. *Fertil Steril* 2014; 102 (02) 519-524 42 Cooper NA, Smith P, Khan KS, Clark TJ. Does cervical preparation before outpatient hysteroscopy reduce women's pain experience? A systematic review. *BJOG* 2011; 118 (11) 1292-1301 43 Darwish AM, Ahmad AM, Mohammad AM. Cervical priming prior to operative hysteroscopy: a randomized comparison of laminaria versus misoprostol. *Hum Reprod* 2004; 19 (10) 2391-2394 44 Lin YH, Hwang JL, Seow KM, Huang LW, Chen HJ, Hsieh BC. Laminaria tent vs misoprostol for cervical priming before hysteroscopy: Randomized study. *J Minim Invasive Gynecol* 2009; 16 (06) 708-712 45 Oppegaard KS, Lieng M, Berg A, Istre O, Qvigstad E, Nesheim BI. A combination of misoprostol and estradiol for preoperative cervical ripening in postmenopausal women: a randomised controlled trial. *BJOG* 2010; 117 (01) 53-61 46 Lethaby A, Vollenhoven B, Sowter M. Pre-operative GnRH analogue therapy before hysterectomy or myomectomy for uterine fibroids. *Cochrane Database Syst Rev* 2001; (02) CD000547 47 Kamath MS, Kalampokas EE, Kalampokas TE. Use of GnRH analogues pre-operatively for hysteroscopic resection of submucous fibroids: a systematic review and meta-analysis. *Eur J Obstet Gynecol Reprod Biol* 2014; 177: 11-18 48 Donnez J, Tatarchuk TF, Bouchard P. , et al; PEARL I Study Group. Ulipristal acetate versus placebo for fibroid treatment before surgery. *N Engl J Med* 2012; 366 (05) 409-420 49 Bizzarri N, Ghirardi V, Remorgida V, Venturini PL, Ferrero S. Three-month treatment with triptorelin, letrozole and ulipristal acetate before hysteroscopic resection of uterine myomas: prospective comparative pilot study. *Eur J Obstet Gynecol Reprod Biol* 2015; 192: 22-26 50 Ferrero S, Racca A, Tafi E, Alessandri F, Venturini PL, Leone Roberti Maggiore U. Ulipristal acetate before high complexity hysteroscopic myomectomy: a retrospective comparative study. *J Minim Invasive Gynecol* 2016; 23 (03) 390-395