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DR. MARIANI: My name is Dr. Mariani. I am a gynecologic surgeon, and I work at Mayo Clinic, Rochester, Minnesota. Today, I will briefly speak to you about the importance of minimally invasive surgery and sent sentinel nodes in the surgical treatment of endometrial cancer.

Mayo Clinic is a major referral center for endometrial cancer, and it is known worldwide for the treatment and research of this disease. Over the last 10 years at Mayo Clinic, the paradigm of endometrial cancer surgery has drastically shifted away from open surgery to a minimally invasive approach. And so today, more than 95% of endometrial cancer patients receive minimally invasive surgery at Mayo Clinic. This drastic change has been mainly facilitated by the advance of robotic surgery. This shift toward minimally invasive surgery as resulted in significantly less morbidity and a shorter hospital stay for patients with endometrial cancer.

Another other major change in the surgical treatment of endometrial cancer has been the use of sentinel nodes. As you know, the main root of metastasis in endometrial cancer is through the lymph nodes. Traditionally, lymph node metastases have been detected by performing systematic pelvic and parotid lymph adenectomy.

During the last five years, our approach to endometrial cancer has shifted to precision surgery with identification of sentinel nodes. A dye is injected into the uterine cervix, and intra-infrared technology allows visualization of the first few draining lymph nodes, which are then biopsied, reducing the need for full lymph adenectomy.

The sentinel node technique has facilitated a further improvement of the already excellent outcomes of robotic surgery in endometrial cancer. In fact, surgery has become faster and with even less perioperative morbidity. Our department is conducting extensive [INAUDIBLE] changing research about this topic.