

SURGICAL MANAGEMENT OF ENDOMETRIOSIS. OUR RESULTS.

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RESULTS **GENERAL CHARACTERISTICS** Mean operative time: 198 ± 8 min Mean age $37 \pm 4 y$ Medium length at hospital: 5 days **Previous surgery** 33% (1-49)Laparoscopic 92% surgery Laparoconversion 3% We had INTRAOPERATIVE **COMPLICATIONS** in 20 patients. 4% Bleeding, requiring blood **FINDINGS** transfusion **Endometriomas** 75% 2% Ureter, uterine or bowel **Deep endometriosis** 50% injury **Histological support** 94% We had POSTOPERATIVE **TYPE OF SURGERY** treat **COMPLICATIONS in 37 patients. Adhesiolysis** 85% 5% Fever 45% **Ovarian cystectomy** 2% Bleeding Adnexectomy 30% 1% Ileo **Bowel resection** 7% **1% Dehiscence of anastomosis Urologic resection** 1% 1% Fistula rectovaginal **Histerectomy +** 19% **RE-SURGERY 4%** adnexectomy

CONCLUSIONS

Surgery for endometriosis can lead to complications, especially when any type of rectal surgery is performed. Information about complications should be given to patients. It is mandatory a multidisciplinary approach, in order to achieve an acceptable complication rate.

INTRODUCTION

Endometriosis is a chronic illness that highly affects quality of life. The treatment is a challenge. Surgery is a step in the management of patients. The aim of the study is to evaluate our results in the treatment of endometriosis.

MATERIAL AND METHODS

We made a retrospective study of patients who underwent surgery to treat endometriosis from January 2015 to May 2021 at the Endometriosis Multidisciplinary Unit of a tertiary level care center (384 patients).