

The Laparoscopic Nerve Sparing Ultralateral Resection (LaNSURe) Technique for Parametrial Endometriosis: A Retrospective Review of a Novel Approach to Excisional Surgery



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INTRODUCTION

- Endometriosis is a common disease characterized by the presence of ectopic endometrial glands and stroma.
- It affects up to 42% of patients with chronic pelvic pain.
- Parametrial endometriosis (PE) is a specific presentation of deeply infiltrating endometriosis that infiltrates the parametria laterally towards the pelvic sidewall.
- It has not been a traditional target in excisional surgery, and the presence of persistent disease may be a cause of continued pelvic pain following surgical treatment.

OBJECTIVES

1. Characterize the clinical presentation of patients with PE.
2. Assess the outcomes of the LaNSURe treatment strategy.

METHODS

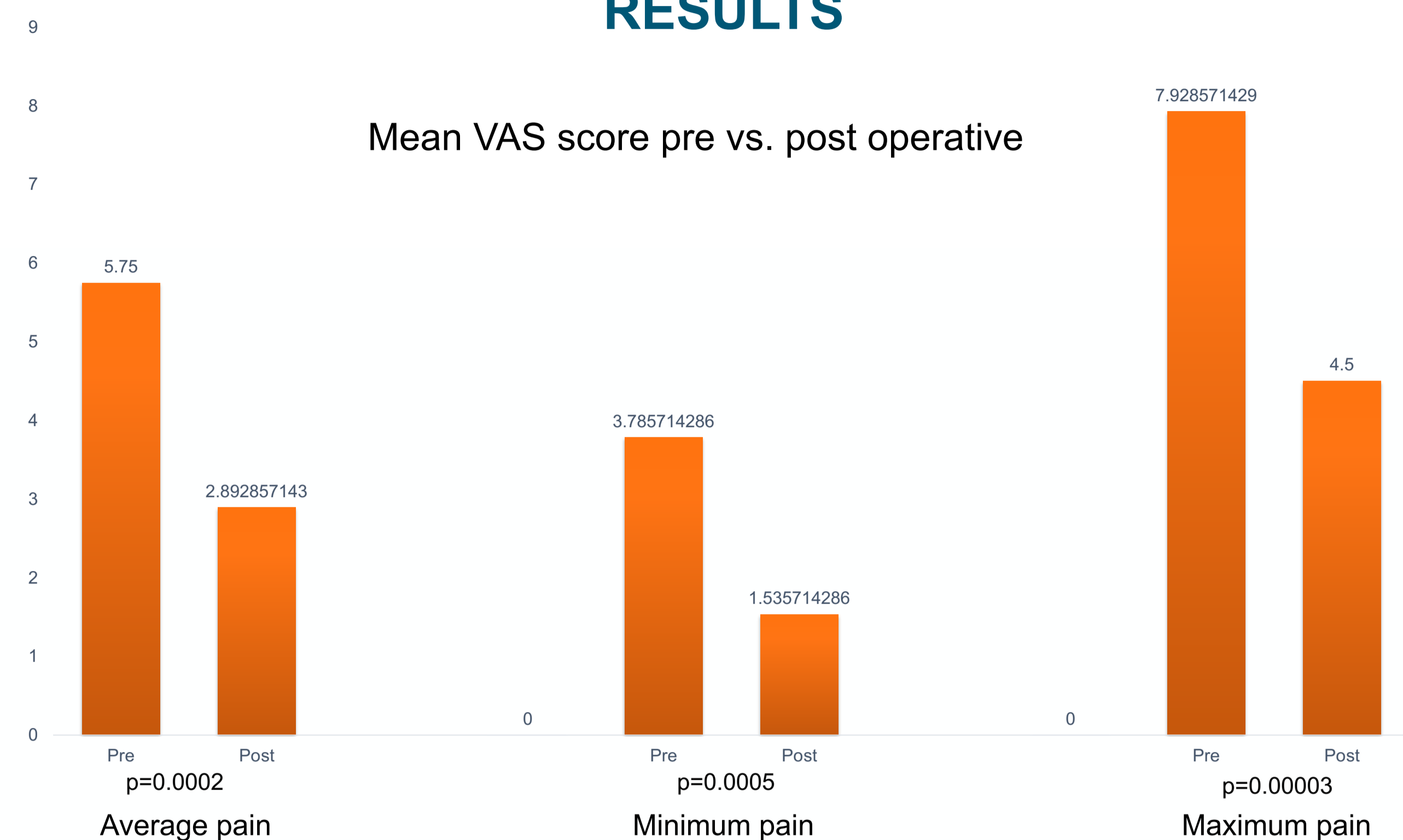
- Retrospective cohort study.
- Premenopausal patients who underwent unilateral or bilateral parametrectomy for treatment of their endometriosis.
- Confirmed PE on laparoscopy and surgical pathology.
- Pain scores assessed pre-operatively using the Visual Analogue Scale (VAS), McGill Pain Questionnaire (MPQ), and the Pain Catastrophizing Scale (PCS).
- Patients scored again at 6 weeks and 3, 6, and 12 months post-operatively.

BASELINE CHARACTERISTICS

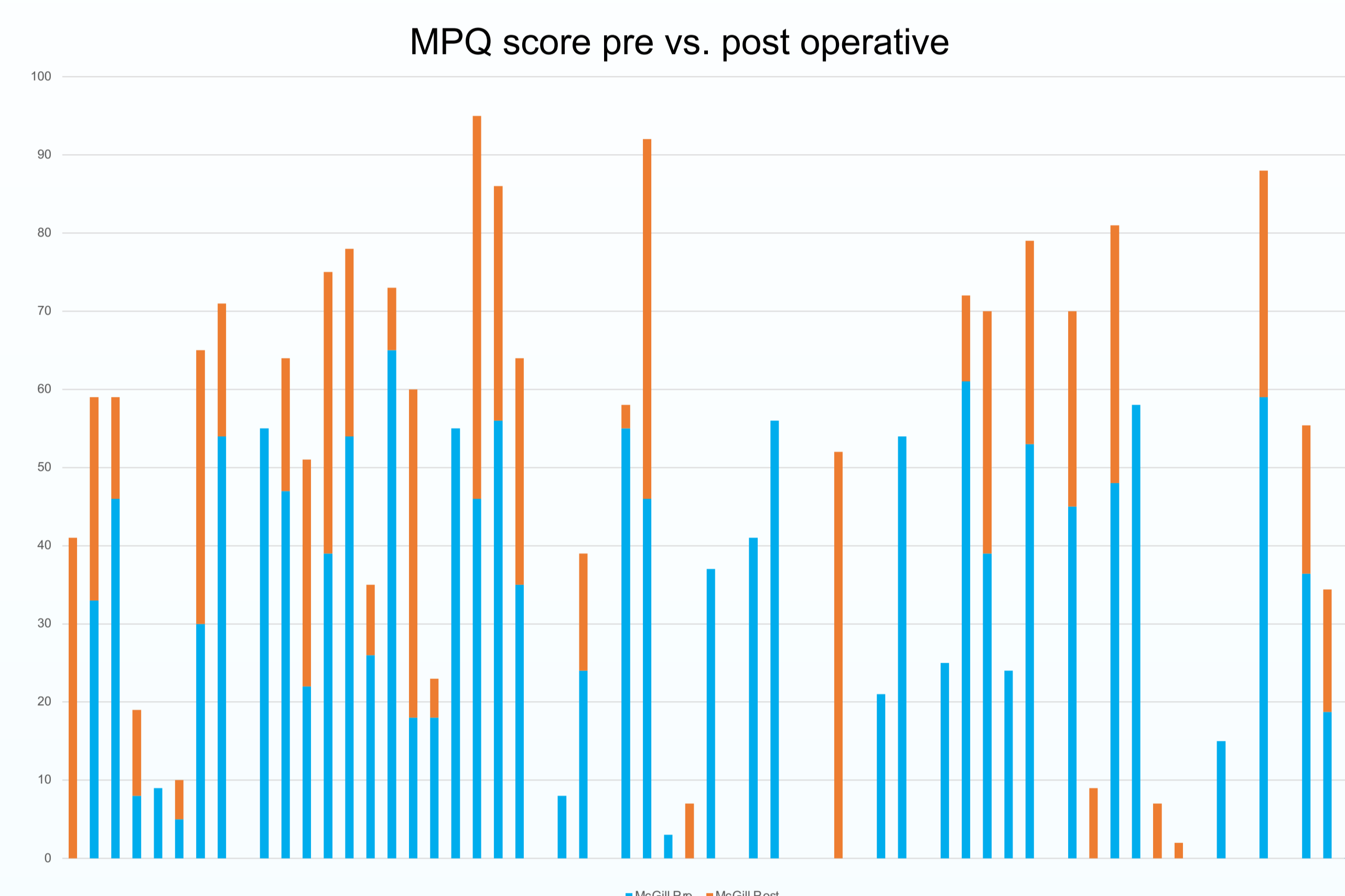
Data is given as mean \pm SD or n (%).

Parameter	n=54
Age	37.8 \pm 7.1
Gravidy	1.04 \pm 1.3
Parity	0.55 \pm 0.83
Smoking	
Yes	47 (87.0)
No	7 (13.0)
Previous surgery	
Yes	41 (75.9)
No	13 (24.1)
Number of previous surgeries	1.6 \pm 1.4
Opioid use for pain control	
Yes	22 (40.7)
No	32 (59.3)
Non-opioid medications	
None	8 (14.8)
NSAIDs	25 (46.3)
Suppositories	5 (9.3)
Neuropathic agents	9 (16.7)
Cannabinoids	9 (16.7)
Antidepressants	10 (18.5)
Hormonal medications	15 (27.8)
Type of pain	
Pelvic pain	54 (100)
Dyspareunia	44 (81.5)
Dyschezia	39 (72.2)
Groin pain	33 (61.1)
Sciatic pain	30 (55.6)
Buttock pain	27 (50.0)
Dysuria	24 (44.4)
Sacral pain	23 (42.6)
Lateral hip pain	18 (33.3)
Pudendal neuralgia	15 (27.8)
Urethral pain	3 (5.6)
Urinary/bowel symptoms	
Urinary urgency	32 (59.3)
Tenesmus	26 (48.1)
Urinary frequency	15 (27.8)
Bladder infections	7 (13.0)
Urinary retention	1 (1.9)

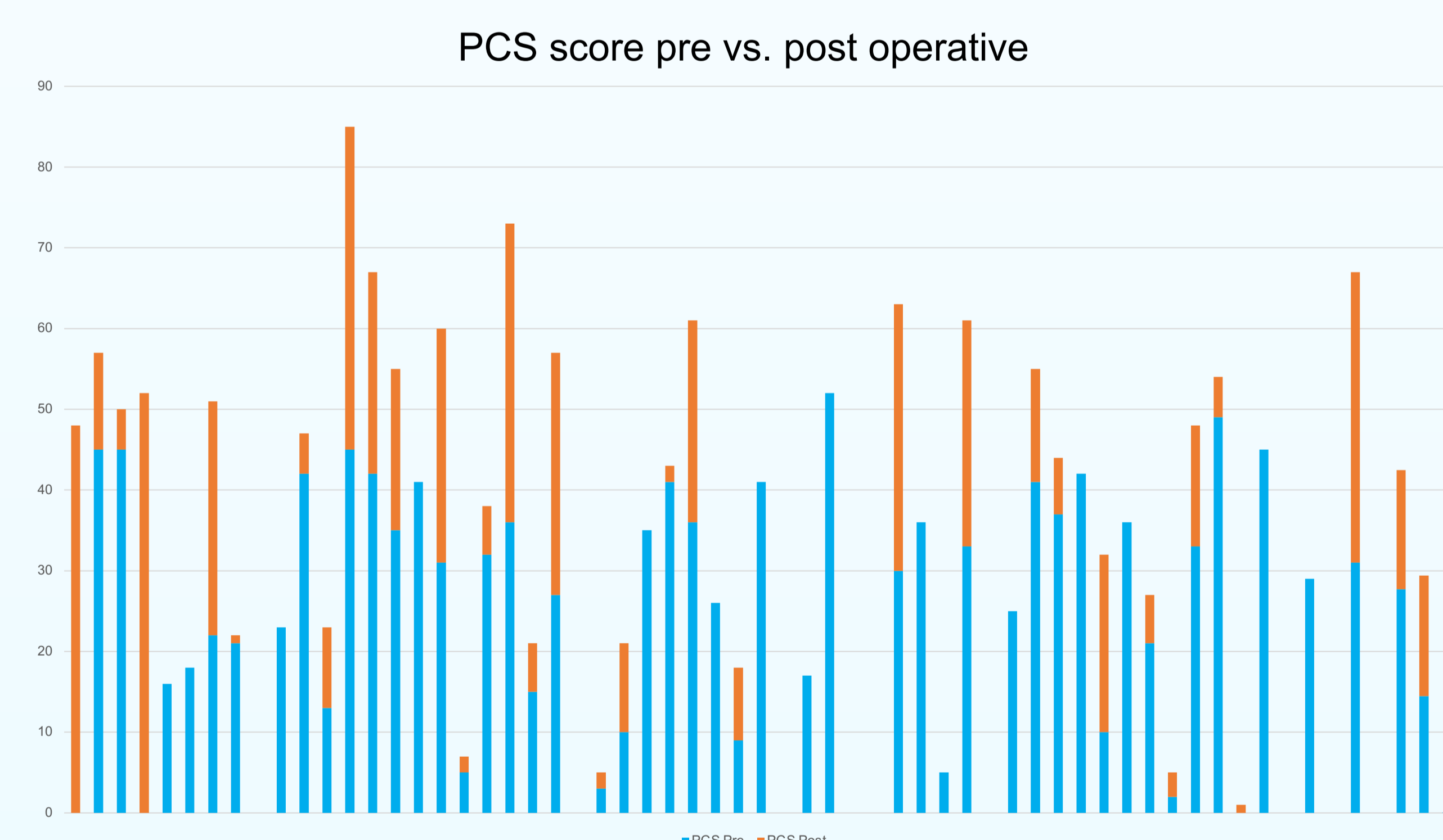
RESULTS



Mean VAS score decreased from 5.6 \pm 2.02 to 2.9 \pm 2.3
p = 0.0002



Mean MPQ score decreased from 36.4 \pm 18.7 to 19.0 \pm 15.7
p = 0.02



Mean PCS score decreased from 27.7 \pm 14.5 to 14.4 \pm 14.9
p = 0.005

CONCLUSIONS

The LaNSURe technique is effective at improving overall pain and quality of life while preserving nerve function in the pelvic floor. In cases of persistent pelvic pain following traditional excisional surgery for endometriosis, parametrial involvement should be considered.

REFERENCES



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