

## Gynecologic Cancers 2017: Robot assisted surgical staging for endometrial carcinoma- Sabhyata Gupta-Medanta -The Medicity

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To work utilizing the Robotic framework, your specialist makes minuscule cuts in your body and embeds scaled down instruments and a top notch three-dimensional camera, and at times skin entry points are not required by any means. At that point, from a close by reassurance, your specialist controls those instruments to play out the activity. Think about the Robotic framework like a computer game. At the point when you play a computer game, you move a control button, and the machine makes an interpretation of your developments into continuous, imitating your moves correctly on the screen. During a Robotic-helped technique, your specialist utilizes ace controls to control the instruments, and the instruments make an interpretation of your specialist's developments into exact developments inside your body. Your specialist is in charge the entire time; the careful framework reacts to the course he gives.

Early presentation of endometrial carcinoma permits effective management with excellent clinical outcome. The addition of hysteroscopy to dilatation and curettage (D&C) within the evaluation of postmenopausal bleeding adds little to the detection of malignancy. Imaging studies like computerized tomography, resonance imaging, and positron emission tomography could also be of use in determining the presence of extrauterine disease in patients medically unfit for surgical staging. However, these studies aren't sufficiently sensitive to exchange surgical staging and have little role in routine preoperative evaluation. Clinical staging alone is clearly inadequate, as 23% of preoperative clinical stage I/II patients are upstaged with comprehensive surgical staging. Preoperative tumor grade from D&C or office biopsy could even be inaccurate and cause an underestimate of tumor progression if used to determine which patients should be surgically staged. Clinical estimation of depth of invasion, with or without frozen section, is inaccurate and will cause underestimation of disease status when surgical staging isn't performed.

Worldwide proof exhibits the wellbeing and plausibility of the mechanical methodology for gynaecologic oncology medical procedure and lower change rate to laparotomy. Automated medical procedure is the most recent advancement in negligible intrusive medical procedure in gynecology. With numerous mechanical points of interest, it permits the specialist better vision, self-governance, careful finesse, accuracy and control of the careful field. For

organizing of endometrial malignant growth robot-helped medical procedure might be the best, least obtrusive treatment choice. Through minuscule entry points we can work with more prominent exactness and control, better careful dismemberment, especially for lymph hubs. It empowers us to perform careful arranging in very big boned patient and limit the torment and hazard related with enormous cuts while improving the probability of a quick recuperation and brilliant clinical results. Different focal points of the automated methodology incorporate threedimensional imaging, decreased blood misfortune, and abbreviated emergency clinic remain and recuperation time. In my introduction I will portray our experience and result of robot helped careful arranging for 36 instances of endometrial carcinoma. There was simplicity of activity in view of better perception and scope of movement of automated instruments and there were no per-employable or post-usable confusions. Change rate was zero. Be that as it may, greater expense of medical procedure keeps on restricting a more extensive utilization. We accept that robot helped careful organizing for malignant growth endometrium is a doable and a decent choice that ought to be utilized at whatever point accessible. In any case, further planned examinations and late follow-up results are expected to completely survey the estimation of this new innovation.

### **Biography:**

Sabhyata Gupta is a Gynecologist with 27 years of post MD experience. She is the Director and Head of Gynecology and Gynecologic Oncology at a Tertiary End Premier Hospital Medanta The Medicity, Gurugram, India. She is the first Gynecologist from India to do Robotic Surgery for benign and malignant gynecological disorders. She has contributed to various text books, national and international journals, delivered lectures and presented personal work at various national/international conferences. She has started the department in three start up hospitals in India. Her field of interests include: Teaching robotic surgery, Laparoscopic surgery and Gynecologic Oncology. She is Vice President, Fertility Preservation Society of India for the period 2014–2018.

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