Robotically Assisted Laparoscopic Hysterectomy

Medical Background

AJ, a woman in her middle thirties with three young children and her tubes tied after three C sections, had seen a significant decline in her quality of life due to painful and prolonged menstrual periods. Marked by a heavy flow, the concerning periods started two years ago and diminished her quality of life by keeping her away from work and under the influence of strong painkillers. After enduring the side effects of iron supplements to treat her ongoing anemia, she was diagnosed with large uterine fibroids by two OB/GYNs.

Following various unsuccessful treatments, AJ learned that she needed a hysterectomy but refused to have a blood transfusion and could not afford to commit to the hospital stay and the 6-8 week recovery period. When AJ presented at Atlanta Minimally Invasive Gynecological Surgery Center she was found to have a uterus that was “24 weeks” in size, roughly the size of a football, and weighed about 5 pounds as opposed to the standard uterus weight of 1-2 ounces.

Patient Results and Benefits of Minimally Invasive Robotically Assisted Laparoscopic Hysterectomy

Using a minimally invasive Robotically Assisted Laparoscopic Hysterectomy we were able to remove her uterus through 4 tiny incisions, each ¼ to ½ of an inch. There were no complications, no blood loss, and AJ was able to go home the same day and return to her normal life in just 2 weeks.

About Dr. Nathan Mordel

A graduate of Hadassah Hebrew University Medical School in Jerusalem, Israel, Dr. Mordel completed a residency in Gynecology and Obstetrics and a fellowship in advanced pelvic surgery at Emory University Hospital in Atlanta. Having practiced in the state of Georgia since 1998, Dr. Mordel specializes in advanced Robotic, Laparoscopic and Pelvic surgery, including surgeries for fibroids, endometriosis, heavy and/or painful menstrual periods, pelvic organ prolapse and urinary incontinence. He has performed more than 1500 Robotic and Laparoscopic Hysterecomies and Myomectomies with no bowel or ureteral injuries, 1000 Tension Free Vaginal Tape Placement procedures, and more than 500 Robotic and Laparoscopic Sacrocolpexy and Sacrocolpocervicopexy procedures.

About AMIGS Surgery

Founded in 2002, Atlanta Minimally Invasive Gynecological Surgery Center (AMIGS) provides patients with a clinic where compassionate, human interaction runs in tandem with the forefront of medical technology. Prospective patients will be pleased to learn that by using the da Vinci Surgical System, Dr. Mordel is able to make the hysterectomy an outpatient procedure. Additionally, a Robotically Assisted Laparoscopic Hysterectomy greatly reduces recovery time from 6-8 weeks to as little as 2-3 weeks with minimal scarring.

What is Robotically Assisted Laparoscopic Hysterectomy?

Robotically Assisted Laparoscopic Hysterectomy (RALH) is quickly emerging as the new standard in hysterectomy surgery with about 50% of hysterectomies performed currently using this technique. RALH increases the precision of the doctor's abilities while decreasing the strain on the patient through the innovative use of the da Vinci Surgical System, a minimally invasive robotic instrument. By giving the surgeon enhanced ergonomics and a three dimensional view of the surgical field, the da Vinci Surgical System provides the surgeon with a dramatically expanded perspective in which to employ superior control over instruments that naturally mimic the minute movements of the hand.

AMIGS Surgery performs between 100 and 150 RALH procedures each year with 50% as challenging as the case described in this study. Out of the 20-30 doctors performing Robotically Assisted Laparoscopic Hysterectomies in the Atlanta area, Dr. Mordel is the only surgeon capable of operating on the largest uteri, which are the most challenging cases.

DaVinci Robotic Surgery Benefits

- Minimally invasive robotic surgery
- Minimal scarring
- Bloodless procedures
- Faster recovery times
- Outpatient surgery
- Ergonomically designed to improve surgical mobility
- Low risk of wound infection