

Preface

Holistic Approach to Minimally Invasive Gynecologic Surgery



Ted Lee, MD



Nicole Donnellan, MD

Editors

When we were invited to be editors for this issue of *Obstetrics and Gynecology Clinics of North America* on minimally invasive gynecologic surgery, we decided to create content that can enhance the practice of generalists and specialists alike. While there are plenty of technical pearls offered by our team of experts throughout the following pages, the articles were thoughtfully compiled to provide the most up-to-date, holistic, patient-centered approach to minimally invasive gynecologic surgery, which we believe is the key to optimizing patient outcomes.

The success of a surgery starts long before the procedure itself. Understanding accurate diagnostic modalities that will assist in surgical planning and the informed consent process is paramount to optimizing surgical outcomes, as is evident in the articles on abdominal wall endometriosis and cerclage. Recognizing such conditions and having knowledge of minimally invasive options available play an important role in providing patient-centered care in minimally invasive gynecologic surgery. Once surgery is decided upon, working with anesthesia colleagues to develop enhanced recovery after surgery (“ERAS”) allows surgeons to focus on subtle details in perioperative planning that can dramatically alter the patient’s perception of the surgery and overall satisfaction of the episode of care.

Taking a holistic approach to patient care is especially crucial for many of our patients with pelvic pain. The role of hysterectomy, with appropriate patient selection and counseling, may be a surgical option, as discussed by Tu and colleagues. A highly skilled surgeon with impeccable techniques can perform hysterectomy or fertility-sparing surgery; however, it takes a village to ensure comprehensive evaluation and management of chronic pelvic pain. The team from Michigan addresses the importance of recognizing and managing coexisting overlapping pain conditions in the comprehensive care of pelvic pain.

Shared decision making is a key component of patient-centered health care. It is important for providers to be knowledgeable about the evolving technology and the multitude of treatment options to inform meaningful shared decision making. The articles on fibroids as well as the reviews on robotic surgery and office-based hysteroscopy provide exactly the type of information to assist providers and patients in making meaningful decisions in their own care. The article on practical approach to fertility considerations in endometriosis surgery epitomizes shared decision making, with well-delineated, evidence-based benefits and harms of common clinical scenarios.

Complications are an inevitable part of surgery, and we would be remiss to not include an article on the importance of early recognition and management of common complications following minimally invasive gynecologic surgery.

We truly appreciate the time and effort our panel of experts dedicated to this special issue. The content provided in the subsequent articles will serve as an invaluable resource for gynecologists to elevate the care of our patients for years to come.

Ted Lee, MD

Minimally Invasive Gynecologic Surgery
Department of OB/GYN/RS
University of Pittsburgh School of Medicine
Magee Womens Hospital of UPMC
Pittsburgh, PA 15213, USA

Nicole Donnellan, MD

OB/GYN/RS Residency
FMIGS
Department of OB/GYN/RS
University of Pittsburgh School of Medicine
Magee-Womens Hospital of UPMC
Pittsburgh, PA 15213, USA

E-mail addresses:

leextt@upmc.edu (T. Lee)
donnellann2@upmc.edu (N. Donnellan)