# Texas Physician Breaks Ground In Robotic Cervical Surgery

Performing surgery on a pregnant patient is a delicate matter. Risks to both mother and baby must be carefully weighed in every decision a surgeon makes. Recently, at the University of Texas Medical Branch at Galveston, a surgeon performed a groundbreaking robotic laparoscopic procedure on a 35-year-old pregnant patient whose cervix was too short to sustain a pregnancy.

Dr. Sami Kilic, chief of minimally invasive gynecology and research at UTMB, is the first surgeon in the world reported to have used robotically assisted, ultrasound-guided laparoscopic surgery to successfully tighten a pregnant patient's incompetent cervix. The procedure is explained in a new paper now online in the Journal of Minimally Invasive Gynecology. When performed traditionally, abdominal cerclage surgery requires a large incision and a long period of recovery. Kilic's new procedure left the patient with only three tiny abdominal scars.

Stitches to the cervix during surgery must be precise; a suture placed a hair's breadth the wrong way can puncture either the amniotic sac or a major blood vessel in the mother. With the dual visualization screen of the da Vinci Si robotic surgical system, Kilic was able to view a real-time ultrasound image on one screen and the operative field via scope camera on another screen, side by side, at the same time he performed the surgery. This two-screen system offers unsurpassed visualization in a laparoscopic surgical situation.

The surgery lasted two hours, and the patient was discharged after a one-night stay in the hospital. An ultrasound performed two weeks later confirmed the cerclage had been placed properly. The patient proceeded to have an otherwise uncomplicated pregnancy, going into labor at 36 weeks. Other authors of the paper include UTMB Drs. Teresa M. Walsh, Mostafa A. Borahay and Karin A. Fox.

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