

Möglichkeiten der Minimal Invasiven Chirurgie

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Possibilità della chirurgia mini-invasiva nella ginecologica

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Reperto Ginecologia e Ostetricia Ospedale di Bolzano

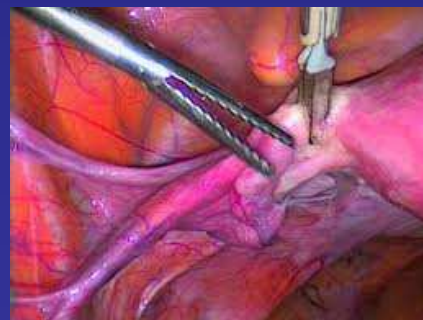
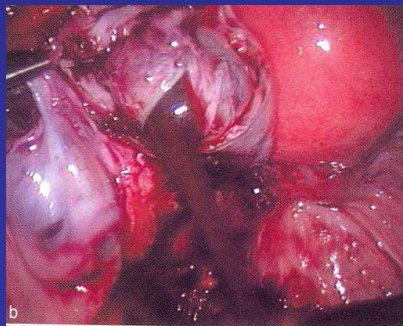
Aktuelle Fragestellung

- Was ist die Laparoskopische Chirurgie
- Welche Anwendungen gibt es in der Gynäkologie
- Zentrum für „Komplexe Minimal-Invasive Chirurgie“ Krankenhaus Bozen
- „Laparoskopisches Trainingszentrum Südtirol“

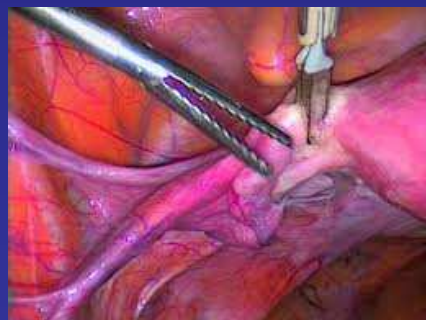
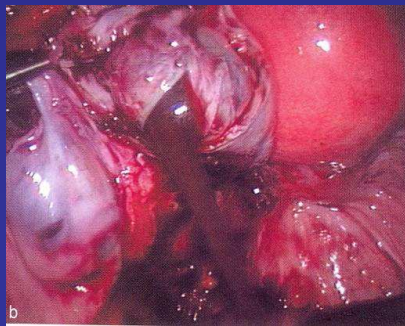
Tematiche attuali

- Cosa si intende per la chirurgia laparoscopica
- Quali sono le applicazioni nell'ambito della ginecologia
- “Centro di chirurgia mini-invasiva complessa” presso l'Ospedale di Bolzano
- “Centro di formazione per la chirurgia laparoscopica in Alto Adige”

- Gutartige Veränderungen bei der Gebärmutter, Eileitern, Eierstöcken
 - Zysten
 - Myome
 - Endometriose
 - Gebärmutterentfernung

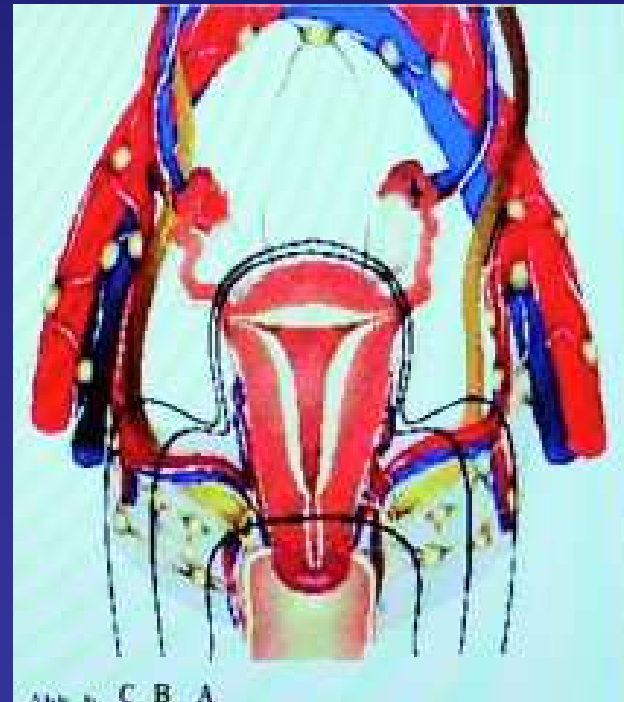


- Patologie benigne dell'utero, tube di faloppio e delle ovaia
 - cisti
 - miomi
 - endriometrosi
 - isterectomia



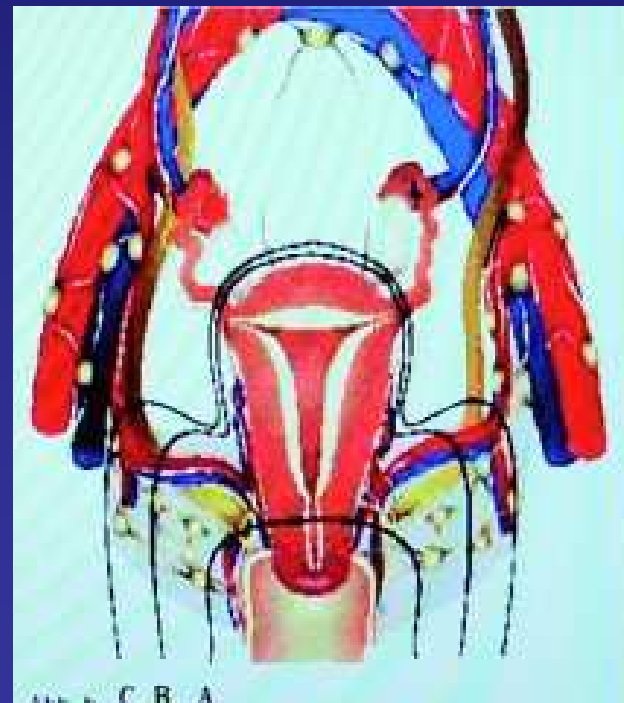
Bösartige Erkrankungen von

- Gebärmutterhöhle
- Gebärmutterhals
- Eileitern
- Eierstöcken



Patologie maligne

- cavità uterina
- cervice
- tube
- ovaie



Vorteile der Laparoskopischen

oder

Minimal Invasiven Chirurgie

„MIC“

I vantaggi della chirurgia laparoscopica

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Chirurgia mini-invasiva

Patientenbezogen

- Geringere Belastung der Patientinnen
 - Kleinere Schnitte
 - Geringeres Gewebstrauma im Bauchraum
 - Deutlich besseres kosmetische Ergebnis
 - Verminderung des psychischen Traumas der Patientinnen nach einem operativen Eingriffes
 - Weniger postoperative Schmerzen
 - Schnellere Erholung nach OP
 - Schnellere Wiederaufnahme der alltäglichen Tätigkeiten

Vantaggi per le pazienti

- Procedura meno invasiva per le pazienti
 - Incisioni piccole
 - Minore trauma tissutale
 - Risultati estetici migliori
 - Minor impatto psicologico nelle pazienti sottoposte a intervento chirurgico
 - Dolori postoperatori minori
 - Convalescenza più rapida dopo l'Intervento
 - Ripresa delle attività quotidiane in tempi più brevi



Sozial- Gesundheitspolitische Vorteile

- Schnellere Rekonvaleszenz
- Kürzere Spitalsaufenthalte
- Kürzere Abwesenheiten vom Arbeitsplatz
- Weniger Medikamentenverbrauch

*Bei gleichem Konsum an
personellen und strumentellen
Ressourcen*

I vantaggi a livello socio-sanitario

- Convalescenza più rapida
- Tempi di ricovero ospedaliero più brevi
- Minore assenza dalle attività lavorative
- Minore uso di farmaci

***Stesso consumo di risorse
strumentali e sanitari***

- Zentrum für komplexe gynäkologische Minimal Invasive Chirurgie, Bozen
- Südtiroler Trainingszentrum für Laparoskopische Chirurgie



Südtiroler Trainingszentrum für Laparoskopische Chirurgie

- Organisation von Kursen für die Laparoskopische Chirurgie an Pelvic Trainern
- Zusammenarbeit mit allen Krankenhäusern des Landes
- Teaching Surgery
- Organisation von Kongressen und Veranstaltungen



Centro di riferimento per la chirurgia laparoscopica in Alto Adige

- Organizzazione di corsi nel settore della chirurgia laparoscopica con il ricorso al Pelvic Trainer
- Collaborazione con tutte le strutture ospedaliere della Provincia
- Teaching Surgery
- Organizzazione di convegni e corsi scientifici



Vorteile durch das Zentrum für komplexe gynäkologische Minimal Invasive Chirurgie, Bozen

- Multiprofessionalität
- Durchführung komplexer Operationen, gutartiger und bösartiger Erkrankungen
- Ausbildung des internen und externen Personals
- Rationalisierung und Optimierung der Kosten
- Reduzierung der Überweisungen von Patientinnen außerhalb der Landesgrenzen
- Verwirklichung internationaler Qualitätsstandards
- Wissenschaftliche Publikationen
- Zusammenarbeit mit Patientinnen - Organisationen (Endometriose, Onkologie...) zur Verbesserung von Prävention und Aufklärung

Vantaggi del „Centro per la chirurgia ginecologica mini invasiva complessa“ Bolzano

- Professionalità multidisciplinare
- Esecuzione di interventi complessi per malattie benigne e maligne
- Addestramento del personale interno ed esterno
- Razionalizzazione ed ottimizzazione dei costi e delle risorse
- Riduzione di trasferimenti delle pazienti fuori provincia
- Realizzazione degli standards internazionali di qualità
- Pubblicazioni scientifiche
- Collaborazione con organizzazioni delle pazienti (p.e. nel campo dell'endriometrosi e dell'oncologia) per migliorare il sistema di prevenzione e di sensibilizzazione/informazione

Obstet Gynecol. 1996 Mar;87(3):321-7.

Chronic pelvic pain: prevalence, health-related quality of life, and economic correlates.

Mathias SD, Kuppermann M, Liberman RF, Lipschutz RC, Steege JF.

Technology Assessment Group, San Francisco, CA, USA.

Abstract

OBJECTIVE: To determine the prevalence of chronic pelvic pain in U.S. women aged 18-50 years, and to examine its association with health-related quality of life, work productivity, and health care utilization.

METHODS: In April and May 1994, the Gallup Organization telephoned 17,927 U.S. households to identify women aged 18-50 years who experienced chronic pelvic pain, ie, of at least 6 months' duration. Those who reported chronic pelvic pain were surveyed on severity, frequency, and diagnosis; quality of life; work loss and productivity; and health care utilization.

RESULTS: Among 5263 eligible women who agreed to participate, 773 (14.7%) reported chronic pelvic pain within the past 3 months. Those who reported chronic pelvic pain had significantly lower mean scores for general health than those who did not (70.5 versus 78.8, $P < .05$), and 61% of those with chronic pelvic pain reported that the etiology was unknown. Women diagnosed with endometriosis reported the most health distress, pain during or after intercourse, and interference with activities because of pain. Estimated direct medical costs for outpatient visits for chronic pelvic pain for the U.S. population of women aged 18-50 years are \$881.5 million per year. Among 548 employed respondents, 15% reported time lost from paid work and 45% reported reduced work productivity.

CONCLUSION: Frequently, the cause of chronic pain is undiagnosed, although it affects approximately one in seven U.S. women. Increased awareness of its cost and impact on quality of life should promote increased medical attention to this problem.

- The researchers found that there were substantial differences between those with endometriosis and controls. “Loss of work productivity among employed women with endometriosis averaged ten hours per week, versus seven hours per week with those who had other disorders,” said Dr. Nnoaham, “and this was primarily due to reduced productivity rather than absence from work. Non-work related activities, such as housework, exercising, studying, shopping and childcare were also significantly impaired by the painful symptoms of the condition.

“Through its symptoms, endometriosis impairs quality of life in all the areas covered by the Short Form (36) Health Survey (SF-36), a standard tool for measuring health-related quality of life, except for physical functioning and mental health. As symptoms become more severe, quality of life worsens,” said Dr. Nnoaham.

- The researchers also noted a diagnostic delay of seven years from when women first presented to their primary physicians with symptoms until they were diagnosed – clocking up an average of 6.7 consultations before referral to a specialist.