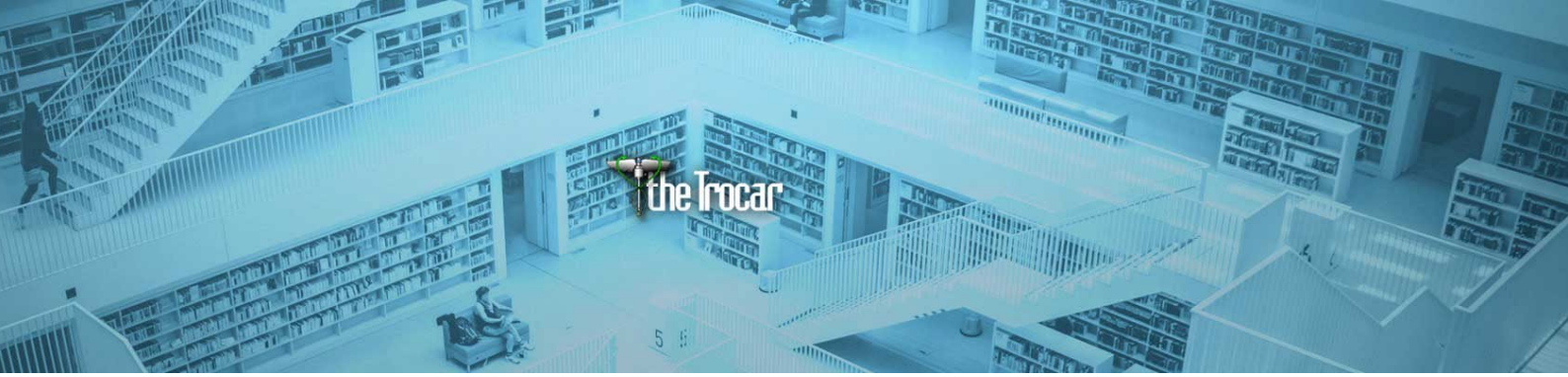

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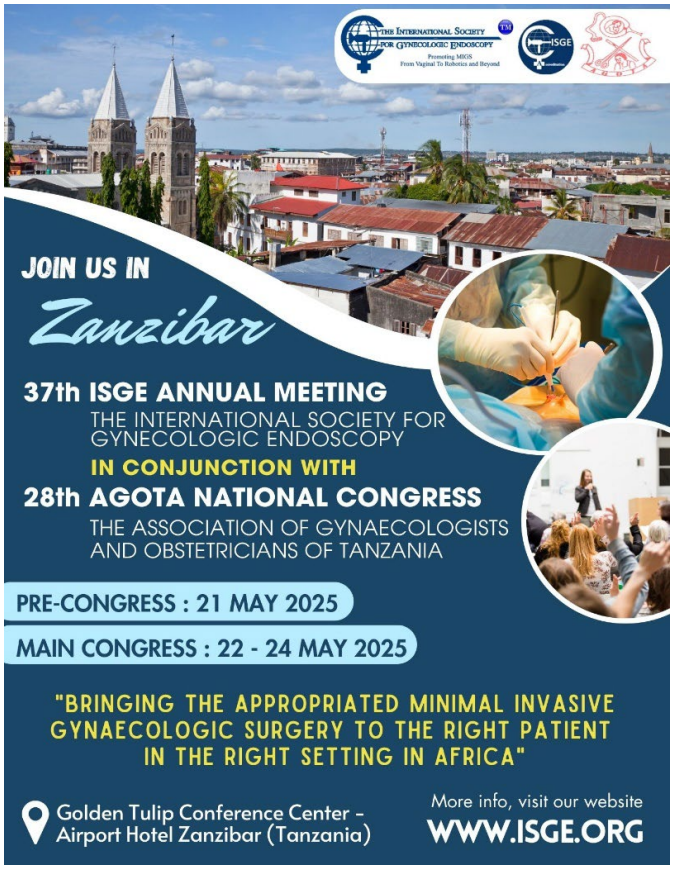

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Dear friends,

our annual meeting will take place 21 to 24 May 2025 in Zanzibar. We are looking forward to many contributions of interesting work for our free communications. In this issue we allow the authors to pre-publish their abstracts.

Read the 13 selected interesting contributions and have a look at the congress programme. Perhaps you can still decide to take part in our congress at short notice.

https://www.isge.org/2024/07/37th-isge-annual-meeting-in-conjunction-with-28th-agota-national-congress/

Kind regards

Chief Editor

Güner Noé

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Abstract 01: DOI: 10.36205/trocar6.2025abs01

A Prospective Study on the Efficacy and Safety of Non-Surgical Management for Intrauterine Retained Products of Conception

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[2]Department of Gynecology, The First Affiliated Hospital of Guangxi Medical University, Nanning, Guangxi, China

Objective:

To evaluate the safety and efficacy of non-surgical management in patients with intrauterine retained products of conception (RPOC).

Methods:

This prospective cohort study enrolled patients diagnosed with intrauterine RPOC at the Department of Gynecology, The Third Xiangya Hospital of Central South University, from January 2023 to December 2024. Outcomes included spontaneous expulsion rate, surgical conversion rate, and incidence of major complications (hemorrhage or infection). Patients were followed up to assess outcomes over time intervals from diagnosis to either resolution or surgical intervention.

Results:

Among 278 patients managed non-surgically, 184 (66.19%) achieved spontaneous expulsion. Surgical intervention was performed in 69 patients (24.82%), with 64 opting by personal preference and 5 due to hemorrhagic complications. At the time of reporting, 25 patients (8.99%) remained under surveillance. Temporal trends showed most spontaneous expulsions and surgical conversions occurred between 31- and 90-days post-diagnosis. Major hemorrhage occurred in 8 patients (2.88%) and was successfully

managed pharmacologically; 5 required surgery and 3 achieved spontaneous expulsion. No cases required uterine artery embolization or hysterectomy. Transient elevations in C-reactive protein were observed in 4 patients (1.44%) without clinical signs of infection.

Conclusion:

Non-surgical management of intrauterine RPOC is a safe and effective alternative to surgical intervention, with low rates of major bleeding and infection. This approach may offer advantages in preserving endometrial integrity and fertility, meriting further investigation in larger, long-term studies.

Abstract 02: **DOI:** 10.36205/trocar6.2025abs02

Application of Laparoscopic Internal Iliac Artery Temporary Occlusion in Type III Cesarean Scar Pregnancy

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Objective:
To evaluate the efficacy and safety of laparoscopic internal iliac artery temporary occlusion (IIATO) in the management of type III cesarean scar pregnancy.

Methods:
A retrospective analysis was conducted on 190 patients diagnosed with cesarean scar pregnancy at our institution between November 2019 and November 2024. Among them, 61 patients had type III cesarean scar pregnancies. These were divided into two groups: 41 patients underwent laparoscopic internal iliac artery temporary occlusion (IIATO group), while 20 received bilateral uterine artery embolization (UAE group). In the IIATO group, the bilateral internal iliac arteries were temporarily occluded using No.10 silk sutures under laparoscopy. Scar pregnancy tissue was excised and the uterine scar was repaired, followed by hysteroscopic aspiration. Occlusion sutures were removed at the conclusion of surgery. In the UAE group, patients first underwent embolization followed by laparoscopic scar repair and hysteroscopic evaluation within 24 hours.

Outcomes assessed included intraoperative blood loss, postoperative complications, hospital stay, and the need for secondary intervention.

Results:
All 61 procedures were successfully completed. Mean intraoperative blood loss was significantly lower in the IIATO group compared to the UAE group (57.5 ± 29.18 mL vs. 61.36 ± 26.14 mL, $P < 0.05$). The average hospital stay was slightly longer in the IIATO group (4.74 ± 0.22 days) compared to the UAE group (3.97 ± 0.27 days). No cases of massive bleeding or secondary surgery occurred in either group.

Conclusion:
Laparoscopic internal iliac artery temporary occlusion is a safe and effective technique for managing type III cesarean scar pregnancy. It is associated with minimal blood loss, low complication rates, and offers the added benefit of preserving fertility.

Abstract 03: **DOI:** 10.36205/trocar6.2025abs03

3

Comparative Analysis of the Impact of Open Surgery and Laparoscopic Surgery on Survival Prognosis in Low- and High-Risk Endometrial Cancer Patients

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Objective:
To compare the impact of open surgery and laparoscopic surgery on survival outcomes in patients with low- and high-risk endometrial cancer, and to analyze clinical and pathological factors influencing prognosis.

Methods:
A retrospective study was conducted including 444 low-risk endometrial cancer patients treated at the Affiliated Tumor Hospital of Nantong University between December 2010 and December 2020, and 209 high-risk patients treated across three centers of the Affiliated Hospital of Nantong University during the same period. Surgical approaches—open surgery and laparoscopy—were compared based on short-term outcomes (surgical duration, intraoperative blood loss, lymph node yield, drainage duration, hospital stay) and long-term outcomes (3-, 5-, and 10-year disease-free survival [DFS], overall survival [OS], and recurrence rates). Prognostic factors were evaluated via univariate analysis.

Results:
In the low-risk cohort, significant differences were observed between the two surgical groups in operative time, lymph node yield (total, pelvic, and para-aortic), blood loss, drainage time, and hospital stay ($P < 0.05$). However, there were no significant differences in 3-, 5-, or 10-year DFS, OS, or recurrence rates ($P > 0.05$). In the high-risk cohort, open surgery was associated with significantly improved 3-, 5-, and 10-year DFS and 3-year OS compared to laparoscopy ($P < 0.05$), although 5- and 10-year OS did not differ significantly ($P > 0.05$). Recurrence rates at all three time points were significantly lower in the open surgery group ($P < 0.05$). In high-risk patients, DFS was significantly influenced by FIGO stage, D-dimer levels, platelet count, and platelet-to-lymphocyte ratio (PLR). OS was affected by age, FIGO stage, depth of myometrial invasion, postoperative hospital stay, tumor recurrence, and PLR (all $P < 0.05$). In low-risk patients, DFS was influenced by age, hypertension, FIGO stage, vascular invasion, and myometrial invasion, while OS was associated with age, menopausal status, hypertension, diabetes, myometrial invasion, and recurrence.

Conclusion:
Laparoscopic surgery offers benefits such as reduced intraoperative blood loss, faster recovery, and

shorter hospital stays. In low-risk endometrial cancer, long-term survival outcomes are comparable between laparoscopic and open surgery. However, in high-risk cases, open surgery is associated with improved DFS and early OS. Prognosis is influenced by a range of clinical and pathological variables that vary by risk group.

Abstract 04: **DOI:** 10.36205/trocar6.2025abs04

4

Comparison of United Imaging and Da Vinci Robot-Assisted Laparoscopy with Sentinel Lymph Node Tracing in Endometrial Cancer Surgery

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Objective:
To compare the clinical outcomes of robot-assisted laparoscopy using the United Imaging domestic system versus the fourth-generation Da Vinci system, both combined with sentinel lymph node (SLN) tracing, in the surgical management of endometrial cancer.

Methods:
A retrospective analysis was conducted on 34 patients with endometrial cancer who underwent robot-assisted laparoscopic comprehensive staging surgery with preoperative near-infrared fluorescence imaging for SLN detection at Zhongnan Hospital of Wuhan University between September 2023 and February 2025. Patients were divided into two groups: 17 patients underwent surgery with the United Imaging system (Group 1), and 17 with the Da Vinci system (Group 2). Surgical parameters, SLN detection rates and distribution, perioperative outcomes, complications, prognosis, and treatment costs were compared.

Results:
There were no significant differences between the two groups in terms of age, BMI, histological type, tumor grade, or staging ($P > 0.05$). Surgical duration, blood loss, hemoglobin changes, hospital stay, and catheter removal time were also similar ($P > 0.05$). The mean number of lymph nodes removed was 11.0 ± 4.6 in Group 1 and 8.8 ± 5.3 in Group 2 ($P > 0.05$). Both groups demonstrated a 0% false-negative rate and a 100% negative predictive value for SLN detection, with SLNs most frequently visualized in the left pelvic region. No major complications were reported in either group. Notably, hospitalization costs were significantly lower in the United Imaging group compared to the Da Vinci group ($P < 0.05$).

Conclusion:
Robot-assisted laparoscopy with SLN tracing for endometrial cancer is safe and effective using either the United Imaging or Da Vinci system. Surgical and perioperative outcomes were comparable, with the United Imaging system offering a cost advantage. Further large-scale studies are warranted to confirm these findings and evaluate long-term outcomes.

Abstract 05: **DOI:** 10.36205/trocar6.2025abs05

2F1-Mediated Transcriptional Activation of CCNB1 Promotes Endometrial Cancer Progression

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Objective:
This study aimed to (1) investigate the expression and clinical relevance of the CCNB1 gene in endometrial cancer (EC) through bioinformatics and experimental analyses, and (2) explore the transcriptional regulation of CCNB1 by E2F1 to elucidate their mechanistic interaction in EC pathogenesis.

Methods:
Using data from The Cancer Genome Atlas (TCGA) and clinical specimens from the Nantong University cohort, CCNB1 expression was assessed in endometrial cancer tissues. In vitro and in vivo functional analyses included cell culture, gene knockdown and overexpression, immunohistochemistry, RT-qPCR, Western blotting, EdU assay, colony formation, Transwell migration/invasion, luciferase reporter assays, chromatin immunoprecipitation (ChIP), and a xenograft tumor model. Statistical analysis was performed using GraphPad Prism v9.0. Group comparisons were conducted using one-way ANOVA or Student's *t*-test, with $p < 0.05$ considered statistically significant.

Results:
CCNB1 was significantly overexpressed in EC tissues and cell lines, with high expression levels correlating with poor prognosis. Functional studies revealed that CCNB1 promotes EC cell proliferation, migration, and invasion. Knockdown of CCNB1 in vitro reduced these malignant behaviors, and in vivo experiments confirmed that CCNB1 silencing inhibited tumor growth in a xenograft model. Mechanistically, E2F1 was identified as a direct transcriptional activator of CCNB1. ChIP and luciferase assays demonstrated E2F1 binding to the CCNB1 promoter. Overexpression of E2F1 restored proliferative and invasive capacities in CCNB1-silenced cells, confirming its regulatory role.

Conclusion:
CCNB1 functions as a proto-oncogene in endometrial cancer and contributes to tumor progression. Its expression is transcriptionally regulated by E2F1. These findings highlight the E2F1–CCNB1 axis as a potential biomarker and therapeutic target in endometrial cancer.

Abstract 06: **DOI:** 10.36205/trocar6.2025abs06

Effectiveness and Safety of the SR-ENS-600 Endoscopic Surgical System in Benign and Malignant Gynecologic Diseases: A Prospective Multicenter Clinical Trial

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Objective:
To evaluate the clinical performance, safety, and feasibility of the SHURUI SR-ENS-600 robotic endoscopic single-site (LESS) surgical system in the management of benign and malignant gynecologic diseases.

Methods:
In this prospective, single-arm, multicenter clinical trial, 63 patients diagnosed with ovarian cysts, uterine fibroids, cervical epithelial neoplasms, or endometrial carcinoma underwent robotic LESS using the SR-ENS-600 system. The trial was conducted at six academic centers across China from January 17 to May 26, 2023. Clinical parameters including operative time, estimated blood loss, hospitalization duration, recovery milestones (e.g., anal exhaust time), incision healing grade, scar satisfaction, and surgeon satisfaction were recorded. Patients were followed for 30 ± 4 days. The primary endpoint was surgical success; secondary outcomes included perioperative safety and satisfaction metrics.

Results:
The average operative time was 157.03 ± 75.24 minutes, with an average estimated blood loss of 63.86 ± 98.33 mL. Mean anal exhaust time and hospital stay were 30.99 ± 14.25 hours and 3.63 ± 1.59 days, respectively. No intraoperative conversions, major complications, or readmissions were reported. Cosmetic outcomes and patient satisfaction were high, with positive postoperative rehabilitation scores recorded at discharge and follow-up. Surgeon feedback also reflected favorable ergonomics and ease of system use.

Conclusion:
The SR-ENS-600 robotic endoscopic surgical system is a safe and technically feasible approach for single-site gynecologic surgery. It offers advantages in cosmetic outcomes, patient recovery, and surgeon ergonomics. Further comparative studies with conventional LESS are recommended to validate these findings and explore broader applications.

Abstract 07: **DOI:** 10.36205/trocar6.2025abs07

EHF Knockdown Inhibits the Proliferation, Invasion, and Tumorigenesis of Endometrial Cancer Cells

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Objective:
To investigate the prognostic and diagnostic potential of EHF (ETS homologous factor) in endometrial cancer (EC), and to assess its functional role in EC pathogenesis and progression.

Methods:
Bioinformatic analyses were conducted using public cancer datasets, including The Cancer Genome Atlas

(TCGA) and the Kaplan–Meier (KM) database. These analyses explored EHF's expression patterns, prognostic relevance, and associations with clinical and pathological features. Functional enrichment and immune infiltration analyses were performed to elucidate biological pathways and immune cell correlations. In vitro, lentiviral-mediated knockdown of EHF was applied in the human EC cell line HEC-1B. Cellular assays evaluated proliferation, migration, invasion, and cell cycle effects.

Results:
EHF expression was significantly elevated in EC tissues and cell lines and was associated with advanced tumor stage, aggressive histologic subtype, and poor patient prognosis. Bioinformatics analyses revealed enrichment of EHF in pathways related to the cell cycle, G1/S-specific transcription, metabolic activity, and the IL-17 signaling pathway. High EHF expression correlated inversely with the infiltration of several immune cell types, including dendritic cells, neutrophils, NK cells, and $CD4^+$ T helper type 1 cells. Functional assays demonstrated that EHF knockdown significantly inhibited EC cell proliferation, migration, and invasion in vitro.

Conclusion:
EHF contributes to endometrial cancer progression and may serve as a valuable prognostic and diagnostic biomarker. Its overexpression is associated with poor prognosis and reduced immune infiltration. Targeting EHF may offer a novel therapeutic approach for endometrial cancer management.

Abstract 08: **DOI:** 10.36205/trocar6.2025abs08

Establishing Nurse-Led Hysteroscopy in Aotearoa New Zealand: A Promising Model for Improving Access to Gynecologic Care

Author:
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Objective:
To present the successful integration of nurse hysteroscopists into gynecologic practice in Aotearoa New Zealand, drawing on the established model from the United Kingdom to improve service delivery and patient outcomes.

Methods:
A pilot programme was initiated in 2018, enabling a Nurse Practitioner to receive advanced training in hysteroscopy. This initiative was supported by the New Zealand Nursing Council and guided by standards developed by the New Zealand Nurses Organisation, aligned with the Royal College of Obstetricians & Gynaecologists' guidelines. Uterine cancer is the most prevalent gynecologic malignancy in New Zealand, with approximately 627 new diagnoses annually (2015–2020). Obesity, a significant risk factor, contributes to 60% of endometrial cancer cases. Māori and Pacific women are disproportionately affected, with higher incidence and mortality rates. In light of increasing global rates of endometrial cancer, there is an urgent need to expand access to diagnostic services such as hysteroscopy.

Results:
Nurse-led hysteroscopy in the UK has shown high patient satisfaction and low complication rates (Crowley et al., 2022). Building on this model, three nurse hysteroscopists are now practicing in New Zealand, with several more in training. The integration of this role aims to reduce waiting times and address inequities in access to care.

Conclusion:
Nurse-led hysteroscopy is now successfully established in New Zealand. This model, adapted from the UK, offers a viable and sustainable solution to workforce challenges in gynecology, enhancing timely access to care and potentially improving outcomes for women across diverse populations.

Abstract 09: **DOI:** 10.36205/trocar6.2025abs09

Exploring Patient–Midwife Communication Needs in Hysteroscopy under Local Anesthesia: A Pilot Study

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Objective:
To evaluate the communication needs of patients undergoing hysteroscopy under local anesthesia, with particular focus on the midwife's role in reducing procedural anxiety and enhancing the patient experience.

Methods:
A pilot survey was conducted using a paper-based questionnaire developed from a literature review. The tool included both pre- and post-procedure sections, assessing patient expectations and experiences related to communication with midwives during their hospital stay. Seventy-five questionnaires were distributed to patients undergoing hysteroscopy under local anesthesia; 68 were completed and analyzed.

Results:
The average age of participants was 42 years (range: 23–74). Half of the respondents held a higher education degree, and 59% were married. The majority reported feeling respected (99%) and heard by staff. Most patients (56/68) indicated they received comprehensive answers to their questions. Key elements valued during the procedure included eye contact and clear, empathetic explanations (87%). The primary reason for undergoing the procedure was a recommendation from their gynecologist (76%). Notably, 96% of participants stated they would choose to undergo the same procedure at this center again.

Conclusion:
Patients undergoing hysteroscopy under local anesthesia strongly value respectful, clear, and person-

centered communication from midwives. These findings highlight the critical role of midwifery communication in patient satisfaction and support the incorporation of structured communication training into gynecological care protocols.

Abstract 10: DOI: 10.36205/trocar6.2025abs10

Factors Affecting Pregnancy Outcomes Following Laparoscopic Cystectomy for Ovarian Endometrioma

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Objective:
To evaluate the impact of laparoscopic cystectomy on fertility outcomes in patients with ovarian endometrioma and to assess the role of transumbilical laparoendoscopic single-site surgery (TU-LESS) compared to conventional laparoscopy.

Methods:
This retrospective study included 393 patients who underwent laparoscopic excision of ovarian endometriomas at The Third Affiliated Hospital of Guangzhou Medical University between December 2016 and December 2019. Of these, 178 expressed a desire to conceive at the time of surgery. After excluding 6 patients lost to follow-up, 172 were included in the final analysis. Long-term follow-up assessed pregnancy and live birth outcomes. Univariate and multivariate logistic regression analyses were performed to identify factors associated with successful pregnancy.

Results:
Among the 172 patients attempting conception postoperatively, the median follow-up period was 54.5 months (range: 6–89). A total of 142 patients achieved at least one pregnancy (success rate: 82.6%), and 138 had at least one live birth (live birth rate: 80.2%). There were 38 cases of adverse pregnancy outcomes (22.1%), with 4 patients experiencing multiple complications. Univariate analysis found no significant association between pregnancy success and surgical approach (TU-LESS vs. conventional laparoscopy), type or duration of infertility, presence of adenomyosis, ASRM score, ovarian suturing, use of monopolar or bipolar instruments, or conception method ($P > 0.05$). Factors such as age, baseline FSH, preoperative AMH, and EFI score showed potential associations ($P < 0.05$), but multivariate analysis did not confirm these as statistically significant predictors ($P > 0.05$).

Conclusion:
Age, baseline FSH, AMH, and EFI score may influence fertility outcomes after laparoscopic cystectomy for ovarian endometrioma, though no independent predictors were confirmed in multivariate analysis. The

TU-LESS approach demonstrated comparable pregnancy and live birth rates to traditional laparoscopy, supporting its clinical value as a minimally invasive option.

Abstract 11: DOI: 10.36205/trocar6.2025abs11

Laparoscopic Hysterectomy for a Solitary Giant Cervical Myoma: Surgical Approach and Case Outcome

Author:
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Objective:
To present a case of laparoscopic hysterectomy for a solitary giant cervical myoma, detailing the diagnostic process, surgical strategy, intraoperative techniques, and postoperative outcome.

Methods:
A 45-year-old multiparous woman presented with lower abdominal discomfort, urinary pressure symptoms, and menorrhagia. She had a history of two cesarean deliveries. Initial ultrasound suggested a large solid left adnexal mass, possibly an ovarian neoplasm; however, pelvic MRI reclassified the lesion as a predominantly solid uterine mass measuring 12.7 × 12.6 × 18 cm, suggestive of a cervical myoma.

Diagnostic laparoscopy confirmed a giant cervical myoma with a small uterus atop the mass. Five laparoscopic ports were placed. Surgical steps included uterine manipulation using a myoma screw, laparoscopic ligation of the uterine arteries, vasopressin instillation (40 IU in 400 mL saline), enucleation of the myoma, colpotomy, and hysterectomy. The uterus was retrieved vaginally, and the myoma was morcellated piecemeal using electronic morcellation.

Results:
The procedure was completed laparoscopically without major complications. Total operative time was 330 minutes, with an estimated blood loss of 400 mL. The combined weight of the uterus and myoma was 1170 g. Histopathology confirmed a benign leiomyoma. Hemoglobin decreased from 9.2 g/dL preoperatively to 8.3 g/dL postoperatively. A 500 mL autologous blood transfusion was administered post-surgery. The patient recovered uneventfully and was discharged on postoperative day three. At six-week follow-up, she reported complete symptom resolution.

Conclusion:
MRI is the most effective modality for preoperative evaluation of giant cervical myomas. Laparoscopic hysterectomy is a viable and safe approach in carefully selected patients who have completed childbearing. Key to success are retroperitoneal ureteral dissection, pharmacologic and surgical devascularization, and meticulous surgical planning. Advanced laparoscopic expertise is essential to reduce complications and optimize outcomes.

Abstract 12: DOI: 10.36205/trocar6.2025abs12

Laparoscopic Plus Vaginal Repair of Chronic Non-Puerperal Uterine Inversion

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Objective:
To describe a combined laparoscopic and vaginal surgical approach for the management of chronic non-puerperal uterine inversion, highlighting key procedural steps and outcomes.

Methods:
A 35-year-old woman presented with symptoms of heavy menstrual bleeding and dysmenorrhea. Clinical evaluation led to the diagnosis of chronic uterine inversion. Initial management included vaginal resection of a prolapsed submucous myoma using electrocautery, followed by suturing of the myoma bed. Attempted manual vaginal repositioning of the uterus was unsuccessful, prompting a decision to proceed with laparoscopic correction via Haultain's technique.

Results:
Laparoscopic Haultain's procedure involved a 3 cm vertical midline incision over the constriction ring. Following incision, the uterus was repositioned using upward pressure from the vaginal side and traction on the round ligaments. The uterine incision was closed using continuous, non-interlocking barbed sutures. The patient had an uneventful postoperative recovery and was discharged with counseling on future fertility planning.

Conclusion:
Chronic uterine inversion, though rare, should be considered in the differential diagnosis of women presenting with a vaginally protruding mass. A high index of clinical suspicion is crucial for timely diagnosis. The combined laparoscopic and vaginal approach offers a safe and effective treatment option for surgical correction in appropriately selected cases.

Abstract 13: DOI: 10.36205/trocar6.2025abs13

Significance of a Dry Simulation Laboratory for Enhancing Laparoscopic Suturing Skills

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Introduction:
Laparoscopic suturing is a critical skill in minimally invasive surgery. However, acquiring these skills solely through observation in the operating room presents significant challenges. Early integration of suturing training into surgical curricula, particularly through simulation, may enhance learning outcomes and practical proficiency.

Methods:
This prospective cross-sectional observational study was conducted at Muhimbili University of Health and Allied Sciences following ethical approval. Volunteer residents from the surgical, urology, and gynecology departments participated after providing informed consent. Using a standardized checklist, the research team evaluated the accuracy and quality of surgeon's knot construction during supervised dry-lab training. Data were analyzed using SPSS version 26 to determine mean scores and performance times.

Results:
Eight residents underwent knot-tying training over four alternate days. Each day, participants completed one assessed knot using a standardized 29-point checklist. The class total score on Day 1 was 116 out of a possible 232 (48.70%), which improved to 189 (81.33%) by Day 4. Individual scores ranged from 8 to 17 on Day 1 (27.59%–58.62%) and improved to 20 to 27 (68.96%–93.10%) by Day 4. Validity increased from 50% to 91.33% across the training period. Time required for knot construction decreased by 50%, from a total of 6,560 seconds on Day 1 to 3,312 seconds on Day 4, demonstrating enhanced speed and efficiency with practice.

Conclusion:
Supervised simulation-based training significantly improves laparoscopic suturing accuracy, validity, and efficiency. These findings support the integration of dry-lab skill development into surgical training programmes. Further studies are needed to determine the optimal duration and structure for such training to achieve competency.

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