# Robotic Hysterectomy Patients: Older, Thinner

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CHICAGO – Surgeons tended to select women who were significantly older and thinner and who had a smaller uterine size for robotic total hysterectomy in a retrospective analysis of 380 women.

Women who underwent robotic total hysterectomy averaged 51 years of age, compared with 44 years among women who underwent laparoscopic total hysterectomy. They had a body mass index of 27.4 vs. 29.8 kg/m$^2$, and had a lower uterine weight at 144 g vs. 204 g (*P* value less than .001 for all outcomes), Dr. Liza Colimon and her colleagues reported in a poster at the meeting.

Charts were reviewed for information regarding pain levels and analgesic use among 162 women who underwent robotic total hysterectomy and 218 women who had laparoscopic total hysterectomy at three urban teaching hospitals in the Southeast in 2008-2009. All surgeries were performed by gynecologists or gynecologic oncologists for benign indications.

Women undergoing laparoscopic hysterectomy were significantly more likely to stay in the hospital longer than were those undergoing the robotic-assisted approach, said Dr. Colimon of the Florida Hospital in Orlando. Average length of stay was 1.2 days vs. 0.7 days, respectively.

Pain levels were similar in the two groups, but the incidence of patient-controlled analgesia was significantly higher in the laparoscopic group. This finding may be because the laparoscopic group had a longer hospital stay or surgeon preference, Dr. Colimon suggested. ■

**VITALS**

**Major Finding:** Women having robotic total hysterectomy were older (mean, 51 vs. 44 years), had a lower BMI (27.4 vs. 29.8), and had a lower uterine weight (144 vs. 204 g) than did women who had a laparoscopic total hysterectomy.

**Data Source:** Retrospective chart review of 380 women who underwent either robotic or laparoscopic total hysterectomy for benign indications.

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The impact of using azithromycin 1 g as first-line therapy for NGU is illustrated by the markedly contrasting prevalence of macrolide-resistant *M. genitalium* in Sweden and neighboring Denmark. In Sweden, where using 1 g of azithromycin to treat NGU is uncommon, Dr. Anagrius and coworkers found the prevalence of azithromycin resistance to be only 1.6% among 181 patients presenting with new confirmed *M. genitalium*.

In Denmark, where azithromycin 1 g is widely prescribed as first-line therapy, Dr. Anagrius' Danish collaborators found a 40% prevalence of macrolide resistance in 415 patients presenting with new confirmed *M. genitalium* urethritis.

Dr. Anagrius noted that discussion about screening for *M. genitalium* infection in asymptomatic individuals in high-prevalence settings is starting to occur among venereologists and public health officials. The problem is the lack of a commercial polymerase chain reaction assay, which must be a high developmental priority. In the meantime, Dr. Anagrius urged physicians to "think *M. genitalium*" in patients with repeated urinary tract infections, abnormal bleeding, lower abdominal pain, persistent discharge, epididymitis, prostatitis, and what is often labeled treatment-resistant candidiasis.

And since *M. genitalium* NGU and cervicitis are sexually transmitted infections, optimal care includes treatment of the patient's partner or partners, she stressed.

Dr. Anagrius disclosed having no financial conflicts. ■