

Case 1:

HPI: Patient is a 64-year-old female with a recent diagnosis of uterine cancer on endometrial biopsy. Decision was made to perform Robotic Assisted Laparoscopic Hysterectomy with possible lymph node sampling.

Setting: You are early into the surgery. The patient is prepped and draped on the OR table in steep trendelenburg position, the patient side cart is docked. She has a Foley catheter, nasogastric tube, endotracheal tube, and uterine manipulator in place. In the operating suite there is a CRNA at the head of the table, circulating nurse, surgical assist at bedside, and scrub nurse. The surgery has been unremarkable until entry into the retroperitoneal space results in inadvertent laceration of the iliac artery; you have made several attempts to maintain hemostasis without success, and even with irrigation have difficulty maintaining visualization due to brisk bleeding. Estimated blood loss to this point is 750cc.

Case 2:

HPI: Patient is a 73-year-old female with a history of a persistent ovarian cyst. She failed conservative therapy and elected to undergo surgical removal.

Setting: The patient is prepped and draped on the OR table in steep trendelenburg position, the patient side cart is docked. She has a Foley catheter, nasogastric tube, and endotracheal tube. In the operating suite there is a CRNA at the head of the table, circulating nurse, surgical assist at bedside, and scrub nurse. The surgery has been unremarkable until during dissection of the retroperitoneal space bleeding occurs from the from the iliac artery; you have made several attempts to maintain hemostasis without success, and even with irrigation have difficulty maintaining visualization due to brisk bleeding. Estimated blood loss to this point is 750cc.