After Linda Interlichia, Barb Leary and Brenda Leuzzi were diagnosed with fibroids, they underwent robot-assisted hysterectomies.

That’s a common approach: Last year, 191,000 U.S. hysterectomies were robot-assisted, according to data from Intuitive Surgical Inc., maker of the da Vinci, the only robot approved for gynecology.

Robotic surgery, like manual “laparoscopy,” operates through small incisions, offering quicker recoveries and fewer complications than open surgery. The transition to the robot is good because most such hysterectomies would be open surgeries otherwise, said Dr. Thomas Payne of AAGL, formerly American Association of Gynecologic Laparoscopists.

But as hundreds of thousands of U.S. women chose robotic hysterectomies for benign diagnoses, some doctors opted to use a technology the Food and Drug Administration in April warned can worsen cancer: the power morcellator.

With more robots, “you have a bigger bucket of people getting morcellation, and that is why we are seeing more unwanted side effects, including disseminated cancers,” said Dr. Jason Wright, Columbia University Medical Center’s division chief of gynecologic oncology.

Gynecologist Joseph Castelli of Pueblo, Colo., said he rarely did manual laparoscopic hysterectomies. “With robotics, I could do things that I couldn’t do laparoscopically,” he said. “Some of it to me was just so difficult, I didn’t feel comfortable.” He seldom used morcellators before, but did in about 10% of his robotic procedures.

He stopped after the FDA’s April warning that morcellators can spread cancers.

The robot’s rise — the FDA cleared it for hysterectomies in 2005 — contributed to growing morcellator sales until safety concerns became widespread in late 2013, said senior analyst Manya Aggarwal at research firm Decision Resources LLC.
Morcellators, which remove the uterus through incisions, don’t attach to robots. And most robotic hysterectomies use other uterus-removing methods, such as through the vagina. Estimates put morcellation at under 10% of robotic hysterectomies for benign diagnoses and roughly 20% of non-robotic laparoscopic hysterectomies until morcellator use fell off.

“Given the benefits minimally invasive surgery offers, women should discuss this option — without morcellation — with their surgeons to determine the procedure that is best for them individually,” said Intuitive’s chief medical officer, Myriam Curet.

The American College of Obstetricians and Gynecologists says using robots for routine hysterectomies doesn’t improve outcomes over other minimally invasive options and calls vaginal hysterectomies the best option.