


Inside the obturator canal: robotic ganglion cyst decompression

 Oscar Barnick,  Florence Britton,  Marco Sinisi,  Shaheen Khazali

HCA Healthcare, London Centre for Endometriosis and Minimally Invasive Gynaecology (CEMIG), London, United Kingdom

ABSTRACT

Background: Obturator nerve compression is an uncommon cause of groin and medial thigh pain. Ganglion cysts extending into the obturator foramen are rare and usually managed via open or orthopaedic approaches. Robotic Neuropelvelogy offers high-definition access to pelvic neurovascular structures and may facilitate nerve-preserving excision.

Objectives: To demonstrate a robotic pelvic approach to the obturator foramen for excision of a ganglion cyst inseparable from the obturator nerve, and to highlight multidisciplinary (MDT) planning in atypical neuropathic pelvic pain.

Participant: A 47-year-old woman presented with left groin/medial thigh pain and impaired leg function. MRI showed a 16-mm lobulated ganglion cyst arising from the undersurface of the left hip joint and extending into the left obturator foramen, inseparable from the obturator nerve with neurogenic oedema in obturator externus/adductor muscles.

Intervention: After MDT planning with radiology, neurosurgeon, neuropelvelogy and gynaecology surgeon, a joint robotic procedure was performed. Key steps: develop an avascular pelvic sidewall plane via the lumbosacral space; dissect caudally to the obturator canal with minimal traction; identify the obturator nerve and vein and perform nerve-sparing neurolysis; perform controlled cystotomy and evacuate gelatinous contents for decompression; deroof the ganglion and remove the cyst wall to reduce recurrence.

Conclusions: Robotic access to the obturator foramen can enable minimally invasive, nerve-preserving decompression and excision of selected pelvic nerve compression lesions, supported by MDT planning, with symptomatic and motor improvement.

What is New? A stepwise robotic route to the obturator canal for a ganglion cyst inseparable from the obturator nerve, demonstrating MDT-enabled management of rare neuropathic pelvic pain.

Keywords: Obturator nerve, ganglion cyst, robotic surgery

Corresponding Author: Oscar Barnick, MD, HCA Healthcare, London Centre for Endometriosis and Minimally Invasive Gynaecology (CEMIG), London, United Kingdom

E-mail: oscarbarnick@doctors.org.uk **ORCID ID:** orcid.org/0000-0002-2774-6166

Received: 11.03.2026 **Accepted:** 11.05.2026 **Epub:** 02.06.2026

Cite this article as: Barnick O, Britton F, Sinisi M, Khazali S. Inside the obturator canal: robotic ganglion cyst decompression. Facts Views Vis Obgyn. [Epub Ahead of Print].



Acknowledgements: None.

Contributors: Surgical and Medical Practices: O.B., F.B., M.S., S.K.,
Writing: O.B., S.K.

Funding: The authors declared that this study received no financial support.

Competing interests: No conflict of interest was declared by the authors.

Ethical approval: Not required.

Informed consent: The patient gave fully informed, verbal and written consent for her operation and the publication of this video commentary in an anonymised fashion.

Data sharing: Not applicable.

Transparency: The lead author affirms that the manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.



Video 1. Inside the obturator canal: robotic ganglion cyst decompression: <https://youtu.be/-sQwsoSIVAw>
