

SF003/#669

ROBOTIC-ASSISTED RADICAL VAGINAL TRACHELECTOMY

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Introduction Early-stage cervical cancer cases are still recorded among young age patients despite awareness about screening and vaccination. Fertility preserving surgery is the management of choice for those age group. Previously, radical trachelectomy was done with different approaches. Nowadays, Robotic-assisted surgery is replacing previous techniques for better outcomes. This video is representing Robotic-assisted radical vaginal trachelectomy.

Description

Robotic Phase – Sentinel pelvic lymph-node sampling – Dissection of pelvic spaces (Para-vesical, para-rectal) – Ureterolysis – Dissection of vesicouterine ligaments, cardinal ligaments, uterosacral ligaments – Colpotomy Vaginal Phase: – Cervical amputation – Cervical Cerclage -Utero-vaginal anastomosis

Conclusion/Implications To enhance the Robotic approach for such cases.

SF004/#1120

SENTINEL LYMPH NODE MAPPING WITH INDOCYANINE GREEN DYE WITH NEAR INFRARED TECHNIQUE

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Introduction In our department, the technique of sentinel lymph node with indocyanine green guided by infrared technique is currently being validated, the advantages and benefits that it will have in surgical and postoperative morbidity for the patient makes it significant, as well as the subsequent ultrastaging of these sentinel nodes in case it is negative due to the possible implications that it will have in the adjuvant treatment, on this occasion a 31-year-old woman. Gesta 2 para 2, whit a 2 month history of irregular vaginal bleeding that presented in our department. The patient had no prior cervical cancer screening. Physical examination reveal a 2 cm exophytic mass. Biopsies were performed and histopathology revealed squamous-cell cervical carcinoma. CT of the thorax and abdomen revealed no distant metastasis. She was staged according to the International Federation of Gynecology and Obstetrics staging of cancer of the cervix uteri (2018) as FIGO IB1. The patient was scheduled for Radical Hysterectomy (type C1) + Sentinel Lymph Node Mapping with Indocyanine green dye with near infrared technique + Pelvic Lymphadenectomy (currently validation study for SLN mapping).

Description a surgical film that includes the administration of the dye for sentinel mapping, the development of the paravesical and pararectal spaces, whose adequate development is vital for the identification of the sentinel nodes, and the different forms that can be visualized.

Conclusion/Implications Importance of sentinel mapping has on surgical/morbidity is what gives significance to this

technique, with ultrastaging we will not lose low-volume-disease and we will be able to provide adequate adjuvant treatment

SF005/#592

ROBOTIC-ASSISTED REMOVAL OF METASTATIC BULKY PELVIC LYMPH NODES FOLLOWED BY CONCURRENT CHEMORADIATION IN A PATIENT WITH FIGO STAGE IIC2R CERVICAL ADENOCARCINOMA

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Introduction Radiotherapy is preferred in the cases if lymph node involvement is detected before surgery. However, radiotherapy with standard dose is insufficient to sterilize bulky lymph nodes > 2 cm. The resection of bulky lymph node metastasis before radiotherapy has been proposed to provide a therapeutic benefit.

Description A sixty-four-year-old woman had been diagnosed of cervical adenocarcinoma with a biopsy. Gynecological examination and computed tomography detected both parametrial involvement and metastatic nodes about 3.3 cm and 2.1 cm in size at bilateral obturator fossa. Concurrent chemoradiation therapy was planned after the removal of the bulky nodes. A two-trocar transperitoneal approach with accessory port for assistant was used. After establishing retroperitoneal space, the ureter was retracted medially. Right node that was 3.3 cm in size was between the external iliac vein and internal iliac artery and extended to the obturator fossa. The operation was followed by the left pelvic node removal. The robotic-assisted operation time was 124 minutes and the hospital stay was four days. The patient received concurrent chemoradiation therapy and had well been for one year with no evidence of disease.

Conclusion/Implications The bulky lymph nodes which were difficult to be eradicated with standard radiation therapy were successfully resected with robotic-assisted surgery. The removal of bulky nodes followed by radiation therapy may provide a therapeutic benefit.

SF006/#821

RADICAL TRACHELECTOMY: IMPORTANCE OF ROUND LIGAMENT AND SAMPSON'S ARTERIES TO UTERINE BLOOD SUPPLY EVALUATION BY INDOCYANINE GREEN FLUORESCENCE

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Introduction Radical Trachelectomy is a choice for cervical cancer treatment and preserve fertility in selected cases. Good uterine perfusion is necessary for fertility. Sampson's arteries preservation may be a good way of uterine perfusion. Blood flow evaluation by indocyanine greenfluorescence on round