

## IGCS20\_1377

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**SURGERY FOR RECTOSIGMOID PERITONECTOMY IN ADVANCED OVARIAN CANCER: SURGICAL TECHNIQUE OF VISCERAL SEGMENTAL SEROSECTOMY AND 8-YEAR EXPERIENCE**SJ Park\*, HS Kim, JW Kim. *Seoul National University College of Medicine, South Korea*

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**Introduction** Tumors infiltrating rectosigmoid colon is commonly found during cytoreduction in ovarian cancer. Low anterior resection (LAR) or visceral serosal segmentectomy (VSS) can be performed for removing tumors on the rectosigmoid colon. LAR is associated with decreased bowel function, and conservatively ablating tumors on rectosigmoid colon by VSS might be safe without compromising the quality of life.

**Methods** From Jan 2013 to June 2020, we performed 83 cases of stage IIB to IVB ovarian cancer surgery with resection of tumors involving the rectosigmoid colon. Also, VSS was considered when the length of the tumor extent of the rectosigmoid colon was less than 18 cm, and there was no evidence of mucosal invasion, and in the other cases, LAR was performed.

**Results** First, the rectosigmoid colon is mobilized, and then, mesorectal excision was done, and VSS can be performed. Exposure of the muscle layer or mucosal layer can be repaired. After that, tagging suture is done at the edge, and the resected serosa area is folded and form a bowel loop. A bubble leak test was performed after the serosal repair is completed. Among 83 patients, there were no differences in clinicopathologic characteristics between LAR (n=39) and VSS (n=44) group. In terms of surgical extent, LAR showed more combined procedures related to bowel surgery. Also, there were no differences in survival, recurrence pattern, and surgical complications.

**Conclusions** Visceral Segmental Serosectomy is feasible and can be safely performed without significant complications and comparable survival outcomes.

## IGCS20\_1506

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**LAPAROSCOPIC APPROACH TO BULKY PELVIC LYMPH NODES: TIPS AND TICKS**R Ribeiro, CO Pereira\*, GA Polaquini, A Munhoz, JC Linhares, AT Tsunoda. *Hospital Erasto Gaertner, Brazil*

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**Introduction** With the increased use of minimally invasive techniques for advanced gynecological neoplasms, progressively more challenging lymph nodal debulking are being performed. Our objective is to present a detailed strategy to safely performed pelvic lymphadenectomy in patients with bulky lymph node metastasis.

**Method** We present a video demonstrating tips and tricks to resect bulky pelvic lymph nodes using laparoscopy.

**Results** Pelvic spaces dissection is the first step to achieve surgical field control during pelvic lymphadenectomy, specially in patients with bulky metastasis. After that, proximal and distal dissection of any vessels close to bulky lymph nodes is

mandatory if there is risk of bleeding. Dissection of such nodes starts in the healthy tissue and not direct at the any area adorned to major vessels. A combination of blunt and sharp dissection usually allows resection of most bulky lymph nodes without vascular resection. Some nerves may be dissected and preserved as well. In selected cases, harmonic energy may be useful.

**Conclusion** Laparoscopic resection pelvic bulky lymph nodes is feasible, but can be demanding and requires different strategies in order to be safe and effective.

## IGCS20\_1135

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**MINIMALLY INVASIVE BLEEDING MANAGEMENT DURING PELVIC LYMPHADENECTOMY**R Ribeiro, B Real\*, R Lyria, A Munhoz, A Tsunoda, J Guerreiro. *Hospital Erasto Gaertner, Brazil*

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**Introduction** Bleeding is certainly one of the most common complications in minimally invasive surgery for gynecologic cancer, specially during the pelvic lymphadenectomy. To master bleeding control is mandatory to all surgeons performing such procedures. The objective of these video is to demonstrate bleeding management alternatives during minimally invasive pelvic lymphadenectomy.

**Method** We present a video demonstrating the basic and advanced principles of bleeding control, during pelvic lymphadenectomy.

**Results** The first part of the video presents the basic principles of bleeding management including, compression, anatomy knowledge, proximal and distal dissection, and bipolar coagulation along surgical field control. The second part is focused in different techniques as clipping suturing.

**Conclusion** Bleeding management using minimally invasive surgery is feasible. All surgeons have to master several different strategies to achieve bleeding control avoiding unnecessary conversion to open surgery.

## IGCS20\_1237

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**RETROPERITONEAL BLEEDING MANAGEMENT DURING LAPAROSCOPIC LYMPHADENECTOMY**J Ribeiro\*, S Testa. *Hospital Erasto Gaertner, Brazil*

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**Introduction** Minimally invasive surgery (MIS) still an evolving technique and it has been used progressively more for complex procedures. At the same time, complications management using MIS is also evolving and conversion is becoming less common. It's important to master different strategies to approach complications, specially bleeding because this is one of the major causes of conversion. It's our objective to demonstrate different strategies to control venous and arterial bleeding during MIS.

**Method** Using a series of videos we present the 4 most used techniques of bleeding control: compression, coagulation, clipping and suturing.