


Robotic pelvic and para-aortic retroperitoneal lymph nodes staging for early-stage epithelial ovarian cancer

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The objective of this video is to present a complete pelvic and para-aortic lymph node staging by retroperitoneal robotic-assisted laparoscopy of an early-stage epithelial ovarian cancer.¹

We present the case of a 38-year-old patient who was diagnosed with an infiltrative subtype mucinous ovarian cancer stage IA. Fertility sparing surgery was indicated provided there was no lymph node involvement. A pelvic and para-aortic lymph node dissection was realized for staging purposes.

The video features the following steps to perform the retroperitoneal procedure by robot-assisted laparoscopy.² After locating the anatomic landmarks, we dissect the right common iliac artery caudally to the bifurcation of the external iliac artery and internal iliac artery and cranially to the left renal vein. We then dissect the inferior vena cava from the intersection with the right ureter

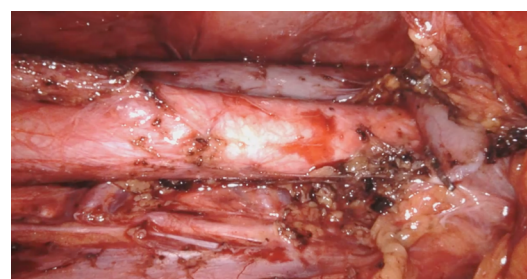


Figure 1 Complete pelvic and para-aortic lymph node staging by a robotic approach.

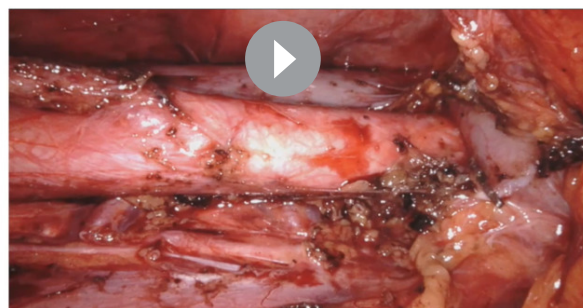
to the left renal veins. Overall, we performed a complete para-aortic, left and right lymphadenectomies. A final view with all of the elements (ie, bifurcation of the common iliac artery, the left renal vein, and both ureters) is provided. They were no complications in the short and medium term.

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Video 1 Robotic pelvic and para-aortic retroperitoneal lymph node staging for early-stage epithelial ovarian cancer.

Video article

The surgery permits a complete lymphadenectomy with correct lymph node dissection to be performed. The negative lymph node staging keeps the patient in stage IA and allows the patient to preserve her uterus and the contralateral ovary without adjuvant treatment. The retroperitoneal staging by robotic assisted laparoscopy avoids the abdominal cavity with intestinal loops and possible adhesions. This approach is also beneficial in the context of previous laparotomy surgery combined with high body mass index (ie, 28 kg/m²).

The realization of pelvic and para-aortic lymph node dissection with retroperitoneal robot-assisted laparoscopy is feasible and mini-invasive surgery is beneficial for the patient.³

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