

Prevention of lymphorrhea in aortic lymphadenectomy

Mikel Gorostidi,¹ Cecilia Villalain,² Ruben Ruiz,¹ Ibon Jaunarena,¹ Paloma Cobas,¹ Arantza Lekuona¹

► This video is too large to play in the PDF, please visit the full text version online at: (<http://dx.doi.org/10.1136/ijgc-2018-000128>).

¹Hospital Universitario Donostia, San Sebastian, Spain
²Obstetrics and Gynecology, Hospital Universitario 12 de Octubre, Madrid, Spain

Correspondence to

Dr Mikel Gorostidi, Hospital Universitario Donostia, San Sebastian 20002, Spain; mgorostidi@sego.es

Received 19 December 2018
Revised 15 January 2019
Accepted 22 January 2019

ABSTRACT

The objective of this [video 1](#) is to describe the technique to avoid postoperative lymphorrhea after a lumboaortic lymphadenectomy. All procedures were performed at Donostia University Hospital, a tertiary referral and educational center in San Sebastián, Spain. Lumboaortic extra-peritoneal lymphadenectomy was performed for several gynecological malignancies (endometrial and cervical cancer). During the procedure, afferent lymphatic capillaries were identified at the infra-renal aortic level and clipped to avoid retrograde lymphorrhea at this level. Numerous strategies have been described to reduce the likelihood of lymphocele and lymphocele formation.¹ Harmonic scalpel and other sealing advanced devices are not useful to secure lymphatic leakage at this level, although some authors have published a clinical benefit in their use,² while clips have been found useful to prevent leakage in other lymphatic locations.³ The use of harmonic scalpel, biological agents or surgical patch has been ineffective in our experience, but sealing clips and peritonization (marsupialization),⁴

once the procedure is concluded, could be an effective approach. Performing simple gestures during lumboaortic lymphadenectomy can help to reduce the appearance of posterior lymphorrhea.

Acknowledgements I will like to acknowledge the support of all my team, my patients and their families.

Contributors MG: conception, design of the study, interpretation, responsible surgeon, manuscript preparation and video editing. CV: Manuscript and video preparation, narration. RR: Surgeon. IJ: Surgeon. PC: Patient recruitment. AL: Patient recruitment.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Not required.

Ethics approval Local IRB (Institutional Review Board) was consulted, this article being exempt from the need for approval.



Video 1.



© IGCS and ESGO 2019. No commercial re-use. See rights and permissions. Published by BMJ.

To cite: Gorostidi M, Villalain C, Ruiz R, *et al.* *Int J Gynecol Cancer* 2019;**29**:645–646.

Video Article

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

1. Gauthier T, Gouy S, Uzan C, *et al.* Prevention of lymphoceles and gynaecologic cancers. *Gynecol Obstet Fertil* 2011;39:698–703.
2. Rafii A, Camicas A, Ferron G, *et al.* A comparative study of laparoscopic extraperitoneal laparoscopy with the use of ultrasonically activated shears. *Am J Obstet Gynecol* 2009;201:370.e1–5.
3. Gallotta V, Fanfani F, Rossitto C, *et al.* A randomized study comparing the use of the Ligaclip with bipolar energy to prevent lymphocele during laparoscopic pelvic lymphadenectomy for gynecologic cancer. *Am J Obstet Gynecol* 2010;203:483.e1–483.e6.
4. Sonoda Y, Leblanc E, Querleu D, *et al.* Prospective evaluation of surgical staging of advanced cervical cancer via a laparoscopic extraperitoneal approach. *Gynecologic Oncology* 2003;91:326–31.