**IGCS20_1510**

**RESECTION OF PERIANAL CIS WITH V-Y GRAFT RECONSTRUCTION**

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V-Y flap for reconstruction after perianal resection of CIS

Perianal CIS should be resected if the lesion is large, invasion cannot be ruled out or if it extends into the anal canal. Split thickness skin grafts do not take well around the anus and strictures may occur.

The V-Y advancement flap is ideal as it can be advanced 2–3 cm with an excellent blood supply.

This video will show the technique of resection of a large perianal CIS extending into the anal canal, preservation of the anal sphincter and reconstruction with V-Y flap.

**IGCS20_1075**

**ROBOTIC ASSISTED INGUINOFEMORAL LYMPHADENECTOMY FOR VULVAL CARCINOMA**

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Introduction Vulval carcinoma accounts for 3–5% of all gynaecological cancers. The primary treatment of vulval carcinoma is local excision ±inguinofemoral lymphadenectomy. Inguinal node states is an important prognostic indicator, this makes lymph node assessment important for all cases of vulval carcinoma except the superficially invasive carcinomas. Here we demonstrate our technique of robotic assisted inguinofemoral lymphadenectomy for vulval carcinoma.

**IGCS20_1121**

**STANDARD LAPAROSCOPIC BILATERAL PELVIC SENTINEL LYMPH NODE DETECTION WITH RADIOTRACER, BLUE DYE AND PERMANENT INSTRUMENTS**

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Introduction Pelvic sentinel lymph node (SLN) in initial stage endometrial cancer may result in higher rates of bilateral detection after a combination of radiotracer and blue dye. In this video we demonstrate a standardized and reproducible laparoscopic standard SLN technique, with permanent instruments, completely performed by surgeons in training.

Methods A 69 years old patient presented a uterine Stage IA G2 endometrioid adenocarcinoma. Less than 50% myometrial invasion was observed at preoperative MRI. At board review, a minimally invasive class A hysterectomy with bilateral salpingoophorectomy and SLN was indicated. Technetium-99 was injected into the cervix the day before surgery, and scintigraphy confirmed bilateral pelvic nodes (external iliac on the right side and interilac on the left side). At the operating room, patent blue (2cc in 2cc of saline), was injected at 3 and 9 o’clock in the cervix, just after trocar insertion.

Results This video demonstrates a standard step-by-step laparoscopic SLN using double detection technique and permanent instruments. Pelvic lateral spaces dissection was...