Results Simple compression can control the majority of small retroperitoneal bleeding, sometimes associated with hemostatic agents. Bleeding from small tributary vessels can be controlled using bipolar energy. Another option is the use of clips, especially when there isn't a safe place to use bipolar energy or there is a defect in the vessel wall. It is important to avoid clipping large portions of the vessel wall, as well as to avoid adicional damage. For larger lacerations the suturing techniques is best approach. Before performing the suture, it is important to achieve control of the surgical area. In robotic assisted laparoscopy the same principles must be followed. Instead all the approaches shown, there is some cases that laparoscopic bleeding control is not possible and conversion is needed.

Conclusion It is possible to achieve bleeding control by MIS in different ways. Each technique can be appreciated in different situations. It is very important to the surgeon to master all bleeding control strategies.

IGCS20_1145

484 LAPAROSCOPIC NERVE SPARING RADICAL HYSTERECTOMY: MEASURE TO PREVENT TUMOR SPILLAGE FOR BETTER PROGNOSIS AND PRESERVATION OF VOIDING FUNCTION BASED ON CLINICAL PELVIC ANATOMY

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Introduction LACC trial suggests intraoperative tumor manipulation and dissemination may compromise survival of early stage cervical cancer with total laparoscopic radical hysterectomy (TLRH). We examined oncological outcome of TLRH with abdominal radical hysterectomy (ARH) and evaluated our surgical technique.

Description A case of cervical cancer T1b1 is presented in this video. Patient is 49 years old and endocervix tumor of 1.5 cm is identified in uterine cervix. TLRH is done by Okabayashi method. Technique for good visual field is standardized to reproduce Okabayashi method in every case. TLRH is combined with measures to prevent tumor spillage: 1) avoidance of usage of uterine manipulator, 2) clipping of venous drainage from uterus before manipulating uterine cervix, and clipping central side of lymph drainage before pelvic lymph node dissection, 3) irrigate vagina and close vaginal cuff before colpotomy. Cox proportional hazard model confirmed that oncologic outcomes were similar between 2 groups (29 cases in TLRH group and 35 cases in ARH group), including disease free survival (DFS, HR: 0.2441, 95%CI: 0.02852–2.09, p=0.198) and overall survival (OS, HR: 1.676, 0.1045–26.85, p=0.7152). Local recurrence was observed in 4 cases of ARH group (11%) but none in TLRH group. Metastasis was observed in 1 case of ARH group and 1 case of TLRH group.

Conclusion/Implications TLRH done by Okabayashi method is accepted when combined with preventive method of tumor spillage. Tumor should be isolated, and irrigation of vagina and vaginal cuff closure before colpotomy is needed in both groups.

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485 LAPAROSCOPIC ASSISTED INFRALEVATOR POSTERIOR EXENTERATION WITH VULVOVAGINAL RECONSTRUCTION

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Introduction Recurrent cervical cancer following surgery and pelvic radiotherapy is a complex disease to treat. It is also difficult to differentiate field change cancers of the lower genital tract from recurrent cervical cancer. Exenterative surgery is commonly indicated for central recurrences with no involvement of pelvic side wall structures or lymphnodes as complete resection is feasible with better oncological outcomes.

We present a surgical film of a unique case who developed disease (? recurrent/field change cancer) on the vulva with extension to posterior vagina and anal mucosa.

Methods A 50 year old lady presented with a malignant growth on the vulva extending to lower vagina and anal canal. She did not have lateral side wall disease or lymph nodal involvement or distant metastasis. She had undergone non radical hysterectomy for an undiagnosed cervical cancer and had received adjuvant pelvic radiation elsewhere 12 months prior to referral to our hospital. We performed Laparoscopic Assisted Infralevator Posterior Exenteration with Vulvovaginal Reconstruction using V-Y advancement flaps.

Results Her postoperative recovery was uneventful. Histopathology confirmed squamous cell cancer and margins of resection were free of tumor. Two suspicious sub-centimeter nodules in the pelvic peritoneum was positive for tumor for which she received adjuvant chemotherapy.

Conclusion Laparoscopic Assisted Infralevator Posterior Exenteration with Vulvovaginal reconstruction even though a complex procedure facilitates early postoperative recovery and timely administration of adjuvant therapy when indicated.

IGCS20_1448

486 TECHNIQUES OF QUADRANT WISE CYTOREDUCTIVE SURGERY IN ADVANCED EPITHELIAL OVARIAN CANCER: TOTAL PARIETAL PERITONECTOMY + RETROGRADE HYSTERECTOMY + MESENTRIC STRIPPING & GLISSONS CAPSULECTOMY

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Objective Cytoreductive surgery is the cornerstone of therapy for advanced epithelial ovarian cancer. Optimal cytoreduction defined as removal of all visible macroscopic disease has shown to improve disease free & overall survival in several studies. Addressing the disease in the upper abdomen in ovarian cancer is of at most significance for optimal cytoreduction apart from lower abdomen disease. Surgery in the upper