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 accidental damage. For larger lacerations, the suturing techniques are 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.

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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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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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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.

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 were positive for tumor for which she received adjuvant chemotherapy.

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

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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