

Table. Summary of tips for carrying out the procedure.

Selection of the case	Be sure about the disease location (Physical examination, imaging).
Sentinel node	It is advisable to perform both technetium tracer and indocyanine green.
Margin setting	Use Kocher clamps to set distal margins on the vaginal wall.
Vaginal dissection	Use Epinephrine (1mg) diluted on the saline solution (200ml) around the vaginal wall.
Secure specimen removal	Incise the uterine cervix close to the isthmus and use mixer forceps to seal the vaginal wall and incise distally from it.
Stabilizing uterine corpus with the neovagina	Use a foley catheter inserted in the endometrial cavity, sutured with absorbable stitch, to guide the neovagina.
Potential procedures to prevent neovagina anastomotic stenosis (not used in this case)	Z-plasty, double-lumen ileal pouch, spatulating anastomotic ends.