5. Anterior colpotomy and sling through retrograde posterior colpotomy to ensure clear margins and complete detachment of cervix, vaginal cuff, paracolpium and parametrium from distal vagina
6. Insertion of H8 Hagars dilator into uterine cavity through cervical os
7. En bloc retrograde resection of cervix, vaginal cuff, paracolpium and parametrium at level of isthmus
8. Insertion of cervical cerclage around distal uterus and dilator using #1 continuous prolene suture
9. Replacement of Hagars dilator with Foley’s catheter – subsequently removed 48 hours post-operatively
10. Formation of neo-cervix using #1 vicryl interrupted suture between distal uterine body and proximal vaginal cuff

Conclusion* We highlight the importance of a systematic approach to this challenging technique, acknowledging specialist anatomical knowledge and surgical skills. We present a stepwise procedure, achieving en bloc radical excision with fertility sparing preservation of ascending uterine artery branch, round and infundibulopelvic ligaments.

Introduction/Background* The aim of this study is to evaluate surgical data and oncological outcome of laparoscopic nerve-sparing radical hysterectomy without uterine manipulator for cervical cancer stage IB, over the last 10 years.

Methodology This retrospective study includes 39 patients with cervical cancer FIGO stage (2009) IB who underwent laparoscopic nerve-sparing radical hysterectomy without using any kind of uterine manipulator. Patients were eligible if they had squamous cell carcinoma, adenocarcinoma, or adeno-squamous carcinoma, and no para-aortic lymph node involvement by imaging or after frozen section. The median value and range were assessed for operative outcomes and relapse rate and disease-free survival rate were evaluated using the Kaplan-Meier method.

Result(s)* In the study, 39 patients were included and among them 32 women were stage IB1 (21 cases with tumor size 2-4 cm) and 7 women stage IB2 (FIGO stage 2009). The median age of patients was 49.6 years (range 31-68) and median body mass index (B.M.I) was 26.1 kg/m2 (range 19.33.5 kg/m2). The average operating time was 226 min (range 147-310 min) and median hospital stay was 2.6 days (range 2-7 days). Approximate blood loss was 184 ml (range 120-300 ml). After a median follow-up of 48 months, we had 2 recurrences out of 32 cases and no death. Especially for patients with FIGO stage (2009) IB1, the recurrence rate was 3.1% (1/32). The 3-year DFS was 93.7% and the number at risk 23 (71.8%) and especially for the IB1 stage (2009) women, the 3-year DFS was 96.1% and the number at risk 21 (77.7%). The 3-year OS was 100% with no. at risk 71.8%.

Conclusion* Laparoscopic nerve-sparing radical hysterectomy without uterine manipulator is feasible and safe surgical procedure for cervical cancer with acceptable surgical and oncological outcomes in the hands of well-trained and experienced laparoscopic surgeons. Our retrospective study reveals better oncological outcome compared to other studies on the minimally invasive approach, where uterine manipulator was routinely used and no vaginal sealing of the tumor was made.