staging operation with extraperitoneal SLNB. First, each 1 ml of indocyanine green (ICG) diluted at 1.25 mg/ml was injected into the submucosa and stroma at 3 and 9 o'clock of the cervix. Second, we opened the mid-vagina between the cervix and vaginal orifice where the pelvic floor muscles were palpated. Third, a space was secured by placing a finger upward and outward after ensuring the opening space of the mid-vagina. Thereafter, we inserted single port trocar through the opening, and then we found the para-cervix including the pelvic autonomic nerves, and the obturator nerve. After peeling off the pelvic vessels and nerves and ureter, we found the sentinel lymph node near the external iliac vessel, and resected it. Then, we performed vNOTES hysterectomy, and she was discharged on the second day of surgery without any complications.

**Conclusions** vNOTES staging operation with extraperitoneal SLNB may be feasible, and the determination over the extraperitoneal opening may be important to ensure the adequate view to identify the pelvic structure for patients with a non-prolapsed uterus and low-risk endometrial cancer.

## SF009/#460 MINIMALLY INVASIVE SECONDARY CYTOREDUCTIVE SURGERY FOR CELIAC AND CARDIOPHRENIC ISOLATED NODAL RECURRENCE OF OVARIAN CANCER

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**Introduction** Despite the advances in cytoreductive efforts and frontline chemotherapy in advanced ovarian cancer (OC), recurrence is a common event, with >70% of women experiencing relapse within two years of from diagnosis. The standard treatment for recurrent ovarian cancer (ROC) patients has been traditionally represented by systemic chemotherapy; however, this concept has been recently recognized as presenting a greater level of complexity given the influence of histotype, status of BRCA genes, previous antiangiogenetic treatment and pattern of relapse presentation. Several retrospective studies, as well as randomized prospective trials suggested that secondary cytoreductive surgery (SCS) could provide better oncological outcomes in platinum-sensitive ROC patients, in case of complete cytoreduction, which has to be considered the goal to be achieved.

**Description** As far as lymph node relapse is concerned, some biological and clinical lines of evidence suggest that lymph node recurrences from OC would be better managed with SCS than medical treatment alone, given a relatively more indolent clinical behaviour compared to parenchymal and peritoneal disease. However, the documentation of lymph nodes metastasis in the hepatoceliac and cardiophrenic region at the time of SCS might be considered as a challenging clinical and surgical scenario. Although surgical management by minimally invasive surgery (MIS) could be expected to represent a demanding task in SCS, this video provides a step-by-step description of the surgical technique adopted for hepatoceliac and cardiophrenic lymph nodes resection.

**Conclusion** MIS is feasible and could be a viable option for selected cases of ROC, minimizing the intra- and post- operative complications.

## SF010/#77 LAPAROSCOPIC SENTINEL LYMPH NODE BIOPSY FOR STAGE I ENDOMETRIAL CANCER: DUAL TRACER METHOD

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**Introduction** Sentinel lymph node (SLN) biopsy is a new trending option in the management of stage I endometrial cancer. The first results are showing non inferiority when compared to the classic pelvic lymphadenectomy dissection and also a decrease of morbidity especially lymphedema. Our Aim is to Share one of our cases with the IGCS community.

**Description** We report the case of a 50 year old women with a stage Ia Endometrial cancer. She was included into our institution Trial to see the feasibility of SLN biopsy in endometrial cancer. The patients have been treated laparoscopically and the Dual tracer method was used to detect the SLN. A four trocars approach was used. A 10 mm trocars in the umbilicus and one in the left iliac fossa, Two five mm in the hypogastric region and right iliac fossa. After careful abdominal exploration we detected the blue dye in the left iliac region. We started with opening the left pelvic wall peritoneum. Careful dissection of a blue enlarged lymph node. After the extraction the blue lymph node was also found to have a high radioactivity. The frozen section was negative. As a part of our protocol the women had a full lymph-node dissection and no metastatic lymph-node was found.

**Conclusion** SLN biopsy in stage one endometrial cancer seems to be technically feasible. We are waiting for the result of our trial to implemented in our current standards of care.

## SF011/#197 TRANSVAGINAL ENDOSCOPIC RESECTION (TVER) OF INVASIVE VAGINAL LESION

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**Objective** This video demonstrates a novel surgical technique for excision of an invasive vaginal lesion using a single port laparoscopic access device.

**Study Methods** A 31 year old female with a history of SLE on azathioprine presented with recurrent HSIL of cervix. A LEEP showed microinvasion measuring 2 mm and a vaginal fornix biopsy showed HSIL, but was clinically suspicious for invasion. The patient underwent a transvaginal endoscopic resection (TVER) of the lesion for diagnostic purposes. A single port laparoscopic access device was used for colpopneumo-occlusion. The endoscope was inserted into the vagina, and the 1.5 cm lesion was resected with margins of 5