Conclusion Obturators nerve injuries are a well-recognized complication of pelvic lymphadenectomy. Immediate laparoscopic nerve repair, can facilitate earlier motor recovery and prevent the need for laparotomy.

Description Identify the boundaries - Lateral border - develop retroperitoneal space by division of round ligament laterally, divide peritoneum along the medial border of psoas muscle with identification of genitofemoral nerve toward paracolic gutter - Medial border – obliterated umbilical artery - dissect along lateral border to level of common iliac vessels bifurcation - Inferior border - obturator nerve – identify obturator foramen following pubic bone with nerve seen below - Caudal border – deep circumflex vessels - Cranial border – bifurcation of common iliac vessels - Lymph node en-bloc dissection technique - Orientation from lateral to medial and caudal to cranial - Initiate from lateral and caudal borders and dissect from external iliac vessels - Once below external iliac vein follow pubic bone to identify obturator nerve as it crosses the obturator foramen, acknowledging corona mortis vessel - Collect lymph nodes within anatomical boundaries - Ensure haemostasis.

Conclusion/Implications We present this case as an aide memoire of a basic gynaecological oncology technique. This is an essential surgical skill to develop with knowledge and practice for all subspecialists in training. https://www.dropbox.com/s/b2k20epbl9aomb5a/BPLND%20IGCS.mp4?dl=0

Introduction Cervical cancer is the 2nd most common cancer in Indian women (as per globocan 2018). For many years, radical hysterectomy is the treatment of choice for early stage cervical cancer. This procedure has been traditionally performed via laparotomy but with the introduction of robotic assisted radical hysterectomy, blood loss during procedure, hospital stay, post-operative complications is relatively reduced.

Description The video illustrates a sequential narrative of operative steps of our robotic assisted radical hysterectomy and bilateral pelvic lymph node dissections in a 46-year-old female with squamous cell carcinoma of cervix. She presented with proliferative growth of 2x2 cm in the cervix, fornices free, bilateral parametrium and rectal mucosa free. The urinary bladder was dissected downward, the retroperitoneal space opened and visualized important structures like ureters and iliac vessels. Uterine arteries cauterized, clipped and cut at the level of its origin, ureters dissected from medial leaf of broad ligament peritoneum down to its entrance into the pararectum tunnel of Wertheim. Pararectal and paravesical space created. The infundibulopelvic ligament cauterized and cut laterally, pelvic wall peritoneum of broad ligament incised downward to base of uterouterine ligament, uterosacral ligament cauterized and cut to rectum. Colpotomy done specimen delivered vaginally without spillage. Bilateral pelvic lymph node dissection was done and specimen delivered vaginally. Vault closure done with v-lock sutures.

Conclusions Certain studies demonstrate the safety and feasibility of Robotic assisted radical hysterectomy for early-stage cervical cancer. It provides benefits such as less bleeding, reduced in hospital stay and decrease in post-operative complication.

Conclusion Specific vascular anatomy, experience in laparoscopic surgery, and an accurate surgical technique to avoid vascular injury during laparoscopic para-aortic lymphadenectomy.