SUMMARY
While limited evidence about the uterine manipulator in endometrial cancer surgery, in which no impact of the uterine manipulator’s use on oncological outcome has been found,1 2 a recent large multicenter retrospective study suggests that the use of a uterine manipulator is associated with worse oncological outcomes in patients with endometrial cancer who undergo minimally invasive surgery.3 That is likely due to tumor spillage during the surgery, either to the vagina while manipulating the uterus, or intraperitoneally through the uterine walls (perforation) and the fallopian tubes.

This video demonstrates simple surgical maneuvers that can be considered and potentially help to reduce the risk of tumor spillage in minimally invasive surgery for endometrial cancer. This video report is part of an institutional, investigational board-approved study. Procedures shown in this video include: 1. closing the external os of the cervix with ethibond suture and then placing the vaginal cup of a HOHL manipulator (Karl Storz, El Segundo, California, USA) without the intrauterine component, while passing the suture through the manipulator using a laparoscopic grasper, and pulling on the suture to maintain the cervix into the ceramic cuff, making the colpotomy easier and safer; 2. sealing the fallopian tubes at the beginning of the surgery in order to reduce the risk of intraperitoneal spillage through the tubes while manipulating the uterus during the surgery; 3. placing the uterus and adnexa into an endobag that is introduced through the vagina while maintaining the suture on the cervix to keep it closed.

Figure 1 Sealing of the fallopian tubes in order to reduce the risk of intraperitoneal spillage through the tubes.

Video 1 A demonstration of four surgical maneuvers that can help to reduce the risk of tumor spillage in minimally invasive surgery for endometrial cancer.
and avoid tumor cell contamination during extraction. Lastly, following the resection of the sentinel lymph node, and to avoid squeezing of the node, it is placed into either a laparoscopic spoon or, if the node is large, into a finger of a glove, avoiding tumor spillage. To conclude, avoiding spillage of the tumor during cancer surgery is crucial. The acts demonstrated in this video represent simple oncological safe adaptations of minimally invasive surgery for endometrial cancer.

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REFERENCES