Methodology A 33-year-old primiparous female attended at 16 weeks pregnant with vaginal spotting and abnormal cervix on inspection; her smear test had been delayed due to COVID-19. Investigations revealed a stage 2b squamous cell cervical carcinoma. Proposed management options were of pregnancy continuation with neoadjuvant chemotherapy and elective pre-term caesarean section or surgical termination; both followed by chemoradiotherapy.

Results Following fertility counselling, the patient underwent surgical peripartum fetodical type III nerve sparing Wertheim hysterectomy and pelvic lymphadenectomy. Findings were of a 5 cm exophytic tumour with a 3 cm and 5 cm margin of vaginal cuff and parametrium respectively. The couple were subsequently referred on to clinical oncology and for bereavement counselling, mourning the loss of their future fertility over and above that of their unborn baby.

Conclusion Throughout this patients journey there was not only a host of support including cancer nurse specialist teams; but also in consideration of the clinicians residing over this patient’s case. The provision of compassionate care was coupled alongside that of emotionally supporting colleagues within the multidisciplinary team. This case raised significant ethical dilemmas regarding aspects of clinical management with extremely difficult and heartfelt decision-making challenges, which greater emphasised the present loss of life.

Introduction/Background The aim of this study was to compare the incidence of intra and postoperative complications in both approaches.

Methodology We review data from the SUCCOR study (1272 patients with IB1 cervical cancer with a radical hysterectomy performed during 2013–2014). We review the duration of the surgeries, the estimated blood loss, and lengthstay. Regarding intraoperative complications we looked for bleeding, ureteral injury, bladder injury, vascular injury, bowel injury and nerve injury. Regarding postoperative complications we looked for abdominal wall infection, vaginal bleeding, vaginal cuff cellulitis, vaginal cuff dehiscence, fever, postoperative bleeding, bladder fistula, ureteral fistula, bowel obstruction, pulmonary embolism, pneumonia, pleural effusion, lymphorrhagia and quilous asces.

Results We noticed than in the MIS compared with abdominal surgery the duration of the surgery was longer (246 vs 196 minutes) (p<0.01), the estimated blood loss was lower (171 vs 418 mls) (p<0.01) and the lengthstay was shorter (4.7 vs 8.3 days) (p<0.01) We did not find any difference in overall incidence of intraoperative and postoperative complications in the MIS compared with open group. However we found that in the MIS the incidence of vaginal bleeding (2.9% vs 0.6%); p<0.01, the incidence of vaginal cuff cellulitis (2.9 vs 0.8%); p<0.01 and the vaginal cuff dehiscence were higher in the open group (3.3 vs 0.5%); (p<0.01). Regarding Grade III clavien dindo complications, in the open group bladder dysfunction (1.3 vs 0.2%) (p 0.046), and abdominal wall infection were higher (1.1 vs 0%) (p 0.018) than in the minimal invasive group. Nevertheless Ureteral fistula was higher in the MIS than in the open group (1.7 vs 0.5%) (p 0.037).

Conclusion We did not find any difference in the overall incidence of intra and postoperative complications in the SUCCOR study when comparing the MIS arm vs open group arm.