Introduction/Background Since the publication of the LACC trial results, the role of minimally invasive radical hysterectomy for cervical cancer has been questioned. However, it is likely that the lower survival rates shown in the minimally invasive surgery (MIS) arm, were not directly related to the MIS itself, but rather to technical procedures linked to laparoscopic and robotic-assisted approaches, such as the use of uterine manipulators or the opening of the vagina through the abdominal cavity.

Methodology Laparoscopically assisted radical vaginal hysterectomy (LARVH) or Coelio-Schauta combines lymph node staging and pelvic space creation by laparoscopy with radical hysterectomy including parametrium-paracolpium resection performed predominantly by vaginal approach, as reported by Schauta. This technique has shown oncological results and surgical complications comparable with those reported for the open surgery arm of the LACC trial. During LARVH, colpotomy and closure of the vagina are performed at the beginning of the radical hysterectomy, precluding manipulation of the tumor during the procedure.

Results We present a step-by-step video demonstration of the LARVH technique as it has been performed for more than 25 years at Hospital Clinic de Barcelona following surgical technique described by Dargent and Querleu.

Conclusion Coelio-Schauta is a minimally invasive technique that adheres to the oncologic principle of tumor containment. It should be included in prospective randomized trials to clarify the role of MIS in early-stage cervical cancer.