Radical trachelectomy consists in clamping temporarily the portal triad, composed by the hepatic artery, portal vein and the common bile duct. It significantly reduces bleeding with hepatic tissue preservation.

**Description** In this video, we demonstrate how to easily apply a reversible Pringle maneuver with daily use resources. A xifo-pubic incision was performed for cytoreductive procedure, exposing the entire abdominal cavity. After identification of the epiploic (or Winslow) foramen, from lateral to medial, the lesser omentum was sectioned to safely access the portal triad. A Foley catheter, without the connection extremity, was inserted posteriorly to the hepatoduodenal ligament structures. A loop with the tip of the catheter passed through the lateral opening offers an adequate tourniquet for intermittent blood supply interruption, at the end of the procedure the tourniquet is relieved by pulling the loose end through the catheter opening. The second Pringle maneuver was performed with a laminar drain and a segment of a catheter, clipped with a vascular clamp. Both techniques can be applied by laparoscopy, and are detailed in another video.

**Conclusion/Implications** This video demonstrates the useful Pringle maneuver, performed with simple and reproducible technique.

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**RADICAL TRACHELECTOMY WITH LATERALLY EXTENDED ENDOPELVIC RESSECTION FOR LOCALLY ADVANCED CERVICAL CANCER**

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**Introduction** Although radical trachelectomy after neoadjuvant chemotherapy is considered for fertility preservation in patients with locally advanced cervical cancer (LACC), its efficacy and safety are still controversial. Since R0 resection based on ontogenic compartment theory can control tumor effectively, laterally extended endopelvic resection (LEER) during radical trachelectomy can be considered as a treatment option for loco-regional control without adjuvant radiotherapy in LACC and fertility preservation.

**Description** A 28-year-old woman with cervical cancer visited the clinic hoping for fertility preservation. She had a 5 cm sized cervical mass with left parametral invasion (PM) and pelvic lymph node metastasis (LM), suggesting stage IIIc1 disease. After neoadjuvant chemotherapy using five cycles of weekly cisplatin, left PM remained despite LNM regression. Due to her strong desire for fertility, we conducted radical trachelectomy with LEER.

**Conclusion/Implications** We performed type C1 parametrectomy with mesometrial resection while preserving ureteral artery on the right side and LEER on the left side during radical trachelectomy. As surgical margin was free after R0 resection, the patient received adjuvant chemotherapy using paclitaxel and carboplatin without radiotherapy. She showed regular menstruation without recurrence after five years and received assisted reproductive technology for pregnancy. Radical trachelectomy with LEER is a feasible treatment option for LACC patients who show tumor response after neoadjuvant chemotherapy with a strong desire for fertility.