Conclusions and Implications

It is vital for surgeons to completely and systematically inspect pelvic lymphatic channels to identify sentinel lymph nodes in endometrial cancer patients to ensure accurate staging. Video footage and still photographs were gleaned from unedited surgical films recorded at our institution and from institutional artists’ illustrations. Patients with early-stage uterine cancer, undergoing laparoscopic staging surgery using intracervical dye for SLN mapping, were included.

Surgical session: Best oral film submissions

**FF006/#223**

**RADICAL CYTOREDUCITIVE SURGERY OF THE UPPER ABDOMEN FOR ADVANCED OVARIAN CANCER**

Ryan Kahn*, Dennis Chi, Vance Broach. Memorial Sloan Kettering Cancer Center, Gynecologic Oncology, New York, USA

10.1136/ijgc-2022-igcs.558

Introduction

Volume of residual disease following cytoreductive surgery for patients with advanced ovarian, fallopian tube, and peritoneal carcinoma is one of the most important factors for overall survival. Extensive upper abdominal resections was not initially part of the surgical armamentarium of advanced ovarian cancer management for Gynecologic Oncologists. Large-volume upper abdominal tumor involving the diaphragm, liver, and/or spleen was deemed ‘unresectable,’ and the patient was left with suboptimal residual disease. The incorporation of upper abdominal comprehensive surgical techniques has led to a significant improvement in optimal cytoreduction rates, and ultimately improved progression-free and overall survival.

Description

In this film we demonstrate the steps of open abdominal radical debulking surgery for high-grade ovarian carcinoma including a splenectomy, pancreatectomy, and full thickness diaphragm resection with excision of a cardiophrenic lesion. We also demonstrate potential complications as well as strategies to repair and limit these.

Conclusion/Implications

This surgical film demonstrates the feasibility and techniques involved for performing a splenectomy, pancreatectomy, and full thickness diaphragm resection with excision of a cardiophrenic lesion. Additionally, we demonstrate strategies to limit and manage post-operative complications associated with these surgeries. We hope this video will provide physicians with tools to incorporate into their practice in order to improve outcomes for their patients.

**FF009/#275**

**ROBOTIC RADICAL HYSTEROECTOMY WITHOUT UTERINE MANIPULATOR OR VAGINAL TUBE**

Naery Kim, Kang Gungu, Ji Yeon Choi*, Yang Eun Jung, A Jin Lee, So Kyeong A, Lee Sun Joo, Tae Jin Kim, Seung Hyuk Shim, Konkuk University School of Medicine, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of

10.1136/ijgc-2022-igcs.560

Introduction

The vaginal morbidity caused by radical surgeries and, or radiotherapy is a significant distress cervical cancer treatment-related. Developing techniques that can reestablish sexual function is essential for providing a better quality of life for those patients.

Description

The purpose of this video is to highlight a robotic-assisted modified Martius fasciocutaneous flap technique for vaginal reconstruction. A 27-year-old patient, FIGO IIIC1 cervical carcinoma referred for concurrent platinum-based chemoradiation and treated successfully. After treatment, she developed severe vaginal stenosis becoming unable to have vaginal sexual intercourse. Five years later, she underwent vaginal reconstruction using two simultaneous approaches—an abdominal robotic total hysterectomy with bilateral salpingo-oophorectomy and total colpectomy. Perineal access was used to make a modified Martius fascio-cutaneous flap to create the neovagina. The distal portion of the neovagina was attached to the remaining uterosacral ligaments robotically. The surgery took 4 hours and the patient was discharged from hospital on the next day. She recovered well and in the follow up visit, the measurement of the neovagina was 9 cm. She successfully had sexual relations with penetration 6 months after the procedure.

Conclusion/Implications

The primary purpose of this video article is to demonstrate the step by step technique of the modified Martius fasciocutaneous flap as an alternative vaginal reconstruction for patients with severe vaginal stenosis after being treated with radiotherapy or radical primary surgical procedure. This technique is relatively simple and has minor morbidity, allowing the gynecologist to restore the patient’s sexual function without engaging other types of specialists in the procedure.

**FF008/#1092**

**USE OF MODIFIED FASCIOCUTANEOUS MARTIUS FLAP FOR VAGINAL RECONSTRUCTION: A CASE REPORT**

1Renato Moretti-Marques*, 2Priscila Queiroz, 3Luiza Martins, 4Guilherme Barbosa, 5Ana Carolina Falcão, 6Pedro Ernesto De Cillo, 7Fernando Nobrega, 8Vanessa Bezerra. 1Albert Einstein Hospital, Gynecologic Oncology Department, São Paulo, Brazil; 2Hospital Israelita Albert Einstein, Gynecology Oncology, São Paulo, Brazil

10.1136/ijgc-2022-igcs.559

Introduction

The vaginal morbidity caused by radical surgeries and, or radiotherapy is a significant distress cervical cancer treatment-related. Developing techniques that can reestablish sexual function is essential for providing a better quality of life for those patients.

Description

The purpose of this video is to highlight a robotic-assisted modified Martius fasciocutaneous flap technique for vaginal reconstruction. A 27-year-old patient, FIGO IIIC1 cervical carcinoma referred for concurrent platinum-based chemoradiation and treated successfully. After treatment, she developed severe vaginal stenosis becoming unable to have vaginal sexual intercourse. Five years later, she underwent vaginal reconstruction using two simultaneous approaches—an abdominal robotic total hysterectomy with bilateral salpingo-oophorectomy and total colpectomy. Perineal access was used to make a modified Martius fascio-cutaneous flap to create the neovagina. The distal portion of the neovagina was attached to the remaining uterosacral ligaments robotically. The surgery took 4 hours and the patient was discharged from hospital on the next day. She recovered well and in the follow up visit, the measurement of the neovagina was 9 cm. She successfully had sexual relations with penetration 6 months after the procedure.

Conclusion/Implications

The primary purpose of this video article is to demonstrate the step by step technique of the modified Martius fasciocutaneous flap as an alternative vaginal reconstruction for patients with severe vaginal stenosis after being treated with radiotherapy or radical primary surgical procedure. This technique is relatively simple and has minor morbidity, allowing the gynecologist to restore the patient’s sexual function without engaging other types of specialists in the procedure.

**FF009/#275**

**ROBOTIC RADICAL HYSTEROECTOMY WITHOUT UTERINE MANIPULATOR OR VAGINAL TUBE**

Naery Kim, Kang Gungu, Ji Yeon Choi*, Yang Eun Jung, A Jin Lee, So Kyeong A, Lee Sun Joo, Tae Jin Kim, Seung Hyuk Shim, Konkuk University School of Medicine, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of

10.1136/ijgc-2022-igcs.560

Introduction

The vaginal morbidity caused by radical surgeries and, or radiotherapy is a significant distress cervical cancer treatment-related. Developing techniques that can reestablish sexual function is essential for providing a better quality of life for those patients.

Description

The purpose of this video is to highlight a robotic-assisted modified Martius fasciocutaneous flap technique for vaginal reconstruction. A 27-year-old patient, FIGO IIIC1 cervical carcinoma referred for concurrent platinum-based chemoradiation and treated successfully. After treatment, she developed severe vaginal stenosis becoming unable to have vaginal sexual intercourse. Five years later, she underwent vaginal reconstruction using two simultaneous approaches—an abdominal robotic total hysterectomy with bilateral salpingo-oophorectomy and total colpectomy. Perineal access was used to make a modified Martius fascio-cutaneous flap to create the neovagina. The distal portion of the neovagina was attached to the remaining uterosacral ligaments robotically. The surgery took 4 hours and the patient was discharged from hospital on the next day. She recovered well and in the follow up visit, the measurement of the neovagina was 9 cm. She successfully had sexual relations with penetration 6 months after the procedure.

Conclusion/Implications

The primary purpose of this video article is to demonstrate the step by step technique of the modified Martius fasciocutaneous flap as an alternative vaginal reconstruction for patients with severe vaginal stenosis after being treated with radiotherapy or radical primary surgical procedure. This technique is relatively simple and has minor morbidity, allowing the gynecologist to restore the patient’s sexual function without engaging other types of specialists in the procedure.