SF003/#669  ROBOTIC-ASSISTED RADICAL VAGINAL TRACHELECTOMY
Amal Alsomairi*, Jung-Yun Lee, Samah Himaya, Institute of Women’s Life Medical Science, Yonsei University College of Medicine, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of
10.1136/ijgc-2022-igcs.564

Introduction Early-stage cervical cancer cases are still recorded among young age patients despite awareness about screening and vaccination. Fertility preserving surgery is the management of choice for those age group. Previously, radical trachelectomy was done with different approaches. Nowadays, Robotic-assisted surgery is replacing previous techniques for better outcomes. This video is representing Robotic-assisted radical vaginal trachelectomy.

Description Robotic Phase – Sentinel pelvic lymph-node sampling – Dissection of pelvic spaces (Para-vesical, para-rectal) – Ureterolysis – Dissection of vesicouterine ligaments, cardinal ligaments, uterosacral ligaments – Colpotomy

Vaginal Phase – Cervical amputation – Cervical Cerclage -Utero-vaginal anastomosis

Conclusion/Implications To enhance the Robotic approach for such cases.

SF004/#1120  SENTINEL LYMPH NODE MAPPING WITH INDOCYANINE GREEN DYE WITH NEAR INFRARED TECHNIQUE
Alvaro Ovando*, Francisco Barrios-Schaeffer, Elsa Dubon, Olga Toema, Elmer Quiroz, Maria Velasco. INCAN, Guatemala, Guatemala, Guatemala
10.1136/ijgc-2022-igcs.565

Introduction In our department, the technique of sentinel lymph node with indocyanine green guided by infrared technique is currently being validated, the advantages and benefits that it will have in surgical and postoperative morbidity for the patient makes it significant, as well as the subsequent ultrastaging of these sentinel nodes in case it is negative due to the possible implications that it will have in the adjuvant treatment, on this occasion a 31-year-old woman. Gesta 2 para 2, whit a 2 month history of irregular vaginal bleeding that presented in our department. The patient had no prior cervical cancer screening. Physical examination revealed a 2 cm exophytic mass. Biopsies were performed and histopathology revealed squamous-cell cervical carcinoma. CT of the thorax and abdomen revealed no distant metastasis. She was staged according to the International Federation of Gynecology and Obstetrics staging of cancer of the cervix uteri (2018) as FIGO IB1. The patient was scheduled for Radical Hysterectomy (type C1) + Sentinel Lymph Node Mapping with Indocyanine green dye with near infrared technique + Pelvic Lymphadenectomy (currently validation study for SLN mapping).

Description A surgical film that includes the administration of the dye for sentinel mapping, the development of the paravesical and pararectal spaces, whose adequate development is vital for the identification of the sentinel nodes, and the different forms that can be visualized.

Conclusion/Implications Importance of sentinel mapping has on surgical/morbidity is what gives significance to this technique, with ultrastaging we will not lose low-volume-disease and we will be able to provide adequate adjuvant treatment.

SF005/#592  ROBOTIC-ASSISTED REMOVAL OF METASTATIC BULKY PELVIC LYMPH NODES FOLLOWED BY CONCURRENT CHEMORADIATION IN A PATIENT WITH FIGO STAGE IIIC2R CERVICAL ADENOCARCINOMA
Eun-Ju Lee*, Chung-Ang University Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of
10.1136/ijgc-2022-igcs.566

Introduction Radiotherapy is preferred in the cases if lymph node involvement is detected before surgery. However, radiotherapy with standard dose is insufficient to sterilize bulky lymph nodes > 2 cm. The resection of bulky lymph node metastasis before radiotherapy has been proposed to provide a therapeutic benefit.

Description A sixty-four-year-old woman had been diagnosed of cervical adenocarcinoma with a biopsy. Gynecological examination and computed tomography detected both parametrial involvement and metastatic nodes about 3.3 cm and 2.1 cm in size at bilateral obturator fossa. Concurrent chemoradiation therapy was planned after the removal of the bulky nodes. A two-trocar transperitoneal approach with accessory port for assistant was used. After establishing retroperitoneal space, the ureter was retracted medially. Right node that was 3.3 cm in size was between the external iliac vein and internal iliac artery and extended to the obturator fossa. The operation was followed by the left pelvic node removal. The robotic-assisted operation time was 124 minutes and the hospital stay was four days. The patient received concurrent chemoradiation therapy and had well been for one year with no evidence of disease.

Conclusion/Implications The bulky lymph nodes which were difficult to be eradicated with standard radiation therapy were successfully resected with robotic-assisted surgery. The removal of bulky nodes followed by radiation therapy may provide a therapeutic benefit.

SF006/#821  RADICAL TRACHELECTOMY: IMPORTANCE OF ROUND LIGAMENT AND Sampson’s ARTERIES TO UTERINE BLOOD SUPPLY EVALUATION BY INDOCYANINE GREEN FLUORESCENCE
1,2,3Tyrene Cesar Silva Junior*, 4,5Audrey Tsunoda, 6,7Reitan Ribeiro, 6José Linhares, 4Leticia Pedrini, 3Giovanna Lopes, 3Fernanda Scharne, 6,7Ivana Santiago, 6Joao Tavares.
1INSTITUTO MEDICINA INTEGRAL FERNANDO FIGUEIRA (IMIF), PPGs, Recife, Brazil; 2FACULDADE PERNAMBUCANA DE SAUDE, Medicina, Recife, Brazil; 3Real Hospital Portugeus de Beneficencia de Pernambuco, Surgical Oncology, Recife-PE, Brazil; 4Erasto Gaertner Hospital, Gynecologic Oncology, Curitiba, Brazil; 5Pontificia Universidade Catolica do Parana, Ppgs, Curitiba, Brazil; 6,7TBA, Tba, TBA, Brazil; 7Erasto Gaertner Hospital, Gynecologic Oncology Department, Curitiba, Brazil
10.1136/ijgc-2022-igcs.567

Introduction Radical Trachelectomy is a choice for cervical cancer treatment and preserve fertility in selected cases. Good uterine perfusion is necessary for fertility. Sampson’s arteries preservation may be a good way of uterine perfusion. Blood flow evaluation by indocyanine green fluorescence on round
ligament and uterus shows uterine perfusion through Samp-son’s arteries after clipping uterine arteries for radical trachelectomy.

**Description** Preserve round ligaments and Sampson’s arteries when performing radical trachelectomy. Blood flow evaluation by indocyanine green fluorescence on round ligament and uterus.

**Conclusion/Implications** Sampson’s arteries may be a good option of uterine perfusion. We could preserve round ligament for good uterine blood supply.

**SF007/#518** THE IMPLICATIONS OF LIGHTED URETERAL STENT IN ROBOTIC SINGLE-SITE RADICAL HYSTERECTOMY FOR EARLY CERVICAL CANCER

Chi-Heum Cho*, Hyewon Chung, Seungmee Lee, Taekyu Jang. School of Medicine, Keimyung University, Obstetrics and Gynecology, Daegu, Korea, Republic of

10.1136/ijgc-2022-igcs.568

**Introduction** The standard treatment for patients from FIGO stage Ia2 to Ila1 cervical cancer who do not wish to preserve fertility is radical hysterectomy with pelvic lymph node dissec-tion. During radical hysterectomy, the risk of ureter injury is increased. IRIS U-kit (Stryker, Kalamazoo, MI, USA) is a lighted ureteral stent comprising a 6 F translucuent ureteral sheath for the bilateral ureters, with optical fibers inserted into the ureteral sheath, and a device for light source. It is placed in the bilateral ureters using cystoscopic approach. It enables the visualization of the bilateral ureter lining during surgery. L10 AIM light source (Stryker, Kalamazoo, MI, USA) was used in this case. We report a case report of robot assisted single-site radical hysterectomy by inserting lighted ureteral stent for cervical cancer treatment.

**Description** A 41-year-old woman who was diagnosed with cervical cancer FIGO stage Ib1 underwent robotic single-site modified radical hysterectomy (type II) with insertion of lighted ureteral stent. da Vinci® Xi Surgical system (Intuitive Surgical, Sunnyvale, CA, USA) platform was used for the surgery. Both ureters were fully visualized during the radical hysterectomy. Total operation time was 105 minutes and time taken for lighted ureteral stent insertion was 7 minutes. There was no immediate or delayed complication.

**Conclusion/Implications** A prophylactic lighted ureteral stent insertion in robotic single-site radical hysterectomy for early cervical cancer treatment may be a safe and cost-effective procedure option. The lighted ureteral stent insertion helps to safeguard against intraoperative ureteral injury and overcome the limitation of single site operation may have.

**SF008/#1153** COMPLICATIONS DURING SENTINEL LYMPH NODE MAPPING: OBTRURATOR NERVE INJURY

Julian Di Gulfi, Johana Quiroga Luna, Antonio Maya, Maria Darín*. Hospital Británico de BA, Ginecología Oncológica, CABA, Argentina

10.1136/ijgc-2022-igcs.569

**Introduction** Among the complications of sentinel node mapping is the injury to the obturator nerve. With an incidence between 0.5 and 2%. Reported consequences vary in severity. As for the mode of repair, there are only a few standardized recommendations: how to avoid nerve tension, and that the fibers do not twist. However, there are few case reports in the literature. This is a surgical video of an injured obturator nerve during a sentinel node mapping with its repair in the same surgical procedure through the laparoscopic approach.

**Description** We present the case of a 66-year-old patient diagnosed with cervical cancer, IB1 FIGO 2018 stage. Once in the abdominal cavity, after the cervical injection of Indocyanine green, the retroperitoneum is opened, the ureter and iliac vessels are identified. The right sentinel node is identified, and during its sectioning with a bipolar device, an almost complete sectioning of the right obturator nerve is observed. We performed neurolysis of the nerve, and a tension-free end-to-end epineural anastomosis is performed with 6-0 polypropylene with separate stitches, in the same laparoscopic procedure. A neurologic assessment was done in the immediate postoperative and on day 2, no alteration of motor function or any neurologic deficiency was found.

**Conclusion/Implications** Obturator nerve injury is a rare complication. Laparoscopic repair is feasible. It is important to recognize the injury intraoperatively, maximizing the feasibility of simultaneous repair. Careful dissection and a good understanding of pelvic anatomy are essential for its prevention.