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 Cercleage -Utero-vaginal anastomosis

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

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 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.

Introduction Radical Tracheectomy 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 technique, with ultrastaging we will not lose low-volume-disease and we will be able to provide adequate adjuvant treatment.
ligament and uterus shows uterine perfusion through Sampson’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.

**On-demand surgical film cinema:**

**Endometrial/uterine corpus cancers**

**SF009/#282** ‘OUTSIDE-IN’ APPROACH – EXTRAPERITONEAL LYMPH NODE DISSECTION WITH VNOTES HYSTERECTOMY BILATERAL SALPINGO- OOPHORECTOMY OMENTECTOMY FOR SURGICAL STAGING OF ENDOMETRIAL SARCcoma

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**Introduction** A 65 year old female with BMI of 35 kg/m² presented with postmenopausal bleeding for 3 months. An endometrial biopsy revealed endometrial sarcoma. Her staging CT scan showed a 6.6 cm endometrial mass distending the cavity. There was no lymphadenopathy or distant metastasis. She had a history of open umbilical hernia repair with a large mesh in 2019. In view of sarcoma on the histology, she was counselled for full surgical staging including total hysterectomy, bilateral salpingo-oophorectomy, pelvic lymphadenectomy and omentectomy.

**Description** We needed to avoid disruption of the large mesh across the umbilicus during surgical staging of this patient, as well as avoid potential bowel adhesions in the central region. We wanted to perform this using a minimally invasive approach. Therefore, we decided to adopt an ‘outside-in’ approach whereby we performed an extraperitoneal pelvic lymph node dissection first followed by completion hysterectomy bilateral salpingo-oophorectomy and omentectomy via the VNOTES route. The surgery took a total of 206 minutes with an estimated blood loss of 200 mls. The patient recovered well post-operatively with minimal pain and no complications. She was discharged on post-operative Day 3. Final histology revealed Stage 1B low grade adenosarcoma. 14 lymph nodes were harvested with no metastasis. She was recommended for close observation and surveillance.