STANDARDIZED EN-BLOC LYMPHADENECTOMY FOCUSING ON VESICOHYPOGASTRIC FASCIA

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Introduction This video aims to demonstrate a technique for safe and easy en bloc pelvic lymphadenectomy, focusing on the vesicohypogastric fascia. Our technique make surgeons to perform simple and safe for bleeding and obturator nerve injury.

Description ▪ Dissecting the lymph node from the vesicohypogastric fascia, and external iliac vessels from the ilioosposas muscle ▪ Dissecting the vascular sheath of external iliac vessel ▪ Split adipose tissue and check the obturator nerve from the medial side ▪ Ligate external/internal inguinal nodes and the obturator artery and vein ▪ Dissecting the nodes of the levator ani muscle ▪ Dissecting the internal iliac artery and bifurcation of the internal and external iliac arteries ▪ Ligate the common iliac lymph node ▪ Dissecting from the origin of inferior gluteal vessels ▪ Dissecting the lymph node from the vesicohypogastric fascia

Conclusion/Implications Key surgical concepts are that first, dissection of the medial and lateral borders, checking the obturator nerve on the caudal side, and dissection of the iliac artery bifurcation at late lymphadenectomy stages. Under the bifurcation, under the origin of obturator artery, there are lumbosacral trunk, gluteal vein. We should be conscious about these structures to avoid injury. Vesicohypogastric fascia is used as ‘natural retractor’ for lymphadenectomy in minimally invasive surgery.