bilateral salpingectomy. 9 years ago, she had a multi-port robotic radical tracheectomy with pelvic lymphadenectomy for stage IA1 cervical cancer. In the first video, we described the multi-port robotic radical tracheectomy. In December 2021, her pap-smear revealed adenocarcinoma. In the second operation, we used the DaVinci SP system to perform the hysterectomy and bilateral salpingectomy. There was an adhesion between the uterus and the ovary due to the previous operation. The uterus and bladder had moderate adhesions and were carefully exfoliated. Upon completion of the colpotomy, the thread that had undergone cervical cerclage performed in the previous operation was confirmed. The subsequent procedures were like that of a typical hysterectomy.

Conclusion/Implications Single port robotic hysterectomy after the tracheectomy is a safe and effective approach for cervical cancer recurring patients. Finding the incision margin between the uterus isthmus and the upper vagina was difficult as there was adhesion between the uterus and the bladder, also due to the absence of the cervix of the uterus.

GIGANT OVARIAN MUCINOUS TUMOR: DECOMPRESSION TECHNIQUE USING PURSE-STRING SUTURE

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Introduction Giant ovarian neoplasms, described as tumors more than 20 cms, have become rare due to the advent of modern imaging modalities. However, in low-resource settings, these neoplasms may still be missed. The limited number of cases poses management dilemmas in the absence of surgical guidelines.

Description This presentation highlights the decompression technique using a purse-string suture in a 43 year-old with history of gradual and increasing abdominal girth. Ultrasound revealed a mass, benign by IOTA, measuring 53 cms in diameter, containing 42,000cc. Surgical approach was mini-laparotomy with decompression. With only a limited surface area exposed, a purse-string suture was carefully placed on the outer layer of the cyst wall, ensuring not to go through and through the entire wall thickness that may cause inadvertent spillage. The sutures were circumferentially placed, then a small incision was made within to drain the cyst. Once decreased in size, the ends of the suture were tied securing closure of the purse-string opening. The surgical team proceeded to doing a left salpingectomy. The patient tolerated the procedure well, recovering without complications commonly found in wide abdominal incisions.

Conclusion/Implications Giant ovarian neoplasms often pose a dilemma on surgical approach. While laparoscopy is the gold standard, it has been associated with increased risk of spillage and longer operating time for giant neoplasms. Decompression technique using a mini-laparotomy incision allows the surgeon to have adequate exposure, without the risks of inadvertent perforation and spillage.