Description We use blue cap, hegar(13) for immobilizing uterine cervix. We use multi-articulating instrument, artisental, to move tissue in single site robotic surgery by Davinci Xi, and single port robotic surgery by Davinci SP. In both robot surgery, artisental is useful instrument to perform PLND hysterectomy without uterine manipulator.

Conclusion/Implications Using multi-articulating instrument is reasonable option to perform PLND hysterectomy without uterine manipulator by counteraction done.

SF035/#759 MANAGEMENT OF HUGE ADNEXAL CYSTADENOFIBROMA DURING PREGNANCY

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Introduction The choice of the surgical technique during pregnancy include considerations of uterine and fetal safety along with minimizing spillage technique this film will demonstrate an efficient safe surgical technique for huge cystadenofibroma during pregnancy.

Description This video describe a simple effective surgical approach to huge cyst 17 litters during pregnancy. The tips and tricks include didactic demonstration of pre-operative evaluation, minimizing spillage technique and pathological results.

Conclusion/Implications This is an efficient quick surgical solution with minimal morbidity for huge adnexal cyst during pregnancy.

SF036/#1064 SINGLE DOCKING, POSITION AND SAME PORT TECHNIQUE FOR ROBOTIC PELVIC AND PARA-AORTIC LYMPHADENECTOMY IN HIGH RISK ENDOMETRIAL CANCER

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Introduction In high risk endometrial cancer after radical hysterectomy and systematic pelvic nodal dissection, para-aortic nodes dissection upto renal veins is required. If central docking is done, the arms don’t reach high para-aortic region upto renal veins, if side docking is done, it is not optimal for pelvic surgery. Most of the times, dual docking or change of position of both patient and robot is required. Intuitive recommended procedure card, ports placements fails to achieve this.

Description So we describe modified port placement enabling both pelvic and para-aortic node dissection with the description of these procedure after radical hysterectomy in our video with single docking, single position and same port placement technique.

Conclusion/Implications This technique is advantageous as it uses single docking and position with same ports for both pelvic and para-aortic nodal dissection, there by shortening the total time taken for the entire procedure and learning curve in the robotic surgeon.

SF037/#1072 TECHNIQUE TO AVOID SPILLAGE IN A LARGE OVARIAN MASS

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Introduction Removal of large ovarian cysts has a high risk of spillage. Various techniques have been described for benign cysts, using plastic self-retractors or a laparoscopic bag. This video highlights a technique for safely draining and removing a large ovarian mass.

Description 86 years old woman presented with abdominal distension and intraabdominal pressure symptoms for 6 months in Covid19 pandemic. She was anorexic, severely anaemic requiring blood transfusions, with severe bilateral pedal oedema. The eGFR=38. CT demonstrated a large abdominopelvic mass, with intraabdominal compression effect. A 10 cm midline laparotomy was performed. The suction tube was connected to the gas inflow valve of the 5 mm laparoscopic port. DERMABOND ADVANCED skin adhesive was applied over the external area of the bowel bag. The cyst surface was dried. Further adhesive was applied over the cyst wall, followed by the bag, and a gentle pressure for 2 minutes for a good seal. Once complete coverage was secured, the port with the suction attached was inserted. Ten litres of fluid were aspirated, an 40x20 cm cyst removed, containing 4L of bloodstained fluid.

Conclusion/Implications We recommend this technique because it is easy to perform, straightforward, and very simple in case of fluid filled enlarged ovarian cysts. The incision is small and there is a safe aspiration of the cyst contents. Patient’s recovery is fast. It can be used for benign cysts, known malignant cysts, where the dissemination is not of a concern, and in palliative cases where the performance status does not allow a more complex operation.

SF038/#1037 SPLENIC MOBILIZATION AND RESECTIONS IN CYTOREDUCTIVE SURGERY FOR OVARIAN CANCER

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Introduction More than 60% of all ovarian cancer patients are diagnosed in stages III and IV (FIGO 2018) (1). The vast majority will present upper abdominal disease, with splenic capsule, hilum or even parenchyma involvement. In this scenario, surgical techniques addressing partial or total splenectomy becomes an essential part of a complete cytoreductive surgery.

Description This video demonstrates surgical techniques using routine materials for implants resection in the spleen, including partial and total splenectomy. The combination of preoperative imaging and surgical Peritoneal Carcinomatosis Index