adjuvant pelvic radiotherapy and posterior radiotherapy on vaginal cupula.

**Conclusion** Very good outcomes can be achieved if early intervention is performed in bladder injuries.

**Disclosures** The author or authors declare that they have no conflict of interest with respect to the author or publication of this article.

**Introduction/Background** Damage of obturator nerve during laparoscopic pelvic lymphadenectomy may be a surgical complication and it is well described in literature. To keep attentive, make the diagnosis and repair the damage all at one time can be decisive to avoid severe mobility complications.

**Results** A 79-year-old woman attends the emergency room for vaginal bleeding. Corner biopsy reveals a high-grade endometrioid adenocarcinoma. MRI is performed and informs of a 1b endometrial neoplasia, with a possible affection of the cervix. The woman undertakes a hysterectomy with a double endometrial neoplasia, with a possible affection of the cervical adenocarcinoma. MRI is performed and informs of a possible involvement of the para-aortic and precaval lymph nodes, from two different clinical cases, using a laparoscopic extraperitoneal approach.

**Conclusion** Minimum or very few consequences can be found after a complete section of the obturator nerve if it is well sutured in the same surgical procedure. To keep trained and to be able to diagnose that lesion can save us from further complications.

**Disclosures** The authors declare that they have no conflict of interest with respect to the author or publication of this article.

**Introduction/Background** Flap-based reconstruction following pelvic exenteration is associated with high rates of wound complications, partly due to impaired perfusion.

**Methodology** In this prospective, non-randomized trial (NCT05071976), we evaluated the use of near-infrared (NIR) angiography in pedicled flap-based reconstruction following pelvic exenteration. The primary endpoint was percentage of cases in which intraoperative NIR angiography led to a change in flap reconstruction management, calculated assuming binomial proportions, with a change in ≥13.3% of cases indicating the technology was worthy of additional investigation. A secondary endpoint was 30-day postoperative outcomes.

**Results** Fourteen patients were enrolled.

Median age was 56 years (range, 29–74). Patients underwent exenteration for cervical (n=8, 57%), rectal (n=3, 22%), vulvar (n=2, 14%), or endometrial (n=1, 7%) cancer. Seven patients (50%) were White non-Hispanic, 4 (29%) were White Hispanic, 2 (14%) were Black non-Hispanic, and 1 (7%) (n=1) was Asian. Median body mass index was 27.8 kg/m² (range, 16.6–36.1). Three patients (22%) had a smoking history. All patients received prior chemotherapy and radiation.

Nine patients (64%) underwent total, 3 (22%) underwent posterior, and 2 (14%) underwent anterior pelvic exenteration. All patients underwent reconstruction with a vertical rectus abdominis myocutaneous flap. NIR angiography led to a change in intraoperative flap reconstruction management in 7 patients (50%), including trimming poorly perfused areas identified by NIR angiography in 6 patients and abandoning the pedicled flap in 1 patient after poor perfusion was identified by NIR angiography. Only 1 patient (7%) experienced a wound complication—a grade 2 complication of necrosis requiring bedside debridement and oral antibiotics.

**Conclusion** This prospective, non-randomized surgical trial demonstrated NIR angiography led to altered intraoperative flap reconstruction management in 50% of patients, meeting the study’s primary endpoint. Our findings can inform future randomized controlled trials investigating if this technology improves postoperative outcomes.