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POSTERIOR LEAF RESECTION OF THE VESICOUTERINE LIGAMENT IN RADICAL HYSTERECTOMY

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Introduction Many clinicians aim to perform adequate parametrial resection, considering that severe bladder dysfunction is a frequent complication after radical hysterectomy. There are no standardized guidelines on whether type 2 or type 3 hysterectomies should be performed. In several institutes, the posterior layer of the vesicouterine ligament is not completely resected in nerve-sparing radical hysterectomy, whereas the vesical vein in the posterior layer of the vesicouterine ligament is resected at the root of the deep uterine vein. Therefore, the present study aimed to compare bladder function and relapse-free survival between classic nerve-sparing radical hysterectomy, in which the posterior leaf of the vesicouterine ligament is completely resected, and simplified nerve-sparing radical hysterectomy, in which only the vesical vein of the posterior layer of the vesicouterine ligament are resected.

Methods This was a single-institution historical cohort study. The surgical procedures varied according to age. We performed the classic nerve-sparing radical hysterectomy with complete resection of the posterior leaf of the vesicouterine ligament, up to 2015. After 2016 we resect only vesical vein of the posterior leaf.

Results There was no significant difference in relapse-free survival between the two surgical procedures. Resection of the posterior layer of the vesicouterine limited to the veins was superior in terms of both motor and sensory bladder functions.

Conclusion/Implications Resection of the posterior layer of the vesicouterine ligament, which is a procedure limited to the veins, is an effective and safe method for radical hysterectomy. It may be more useful for preserving the bladder function without leading to unfavorable oncologic outcomes.

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FEASIBILITY AND SAFETY OF ARTISENTIAL FOR MINIMALLY INVASIVE SURGERY IN EARLY STAGE GYNECOLOGIC CANCER: RESULTS FROM THE KGOG 4002/GYANT STUDY

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Introduction To evaluate the feasibility and safety of ArtiSential for performing minimally invasive surgeries for gynecological cancers.

Methods We conducted a prospective interventional study at eight tertiary institutional hospitals in Korea between November 2021 and April 2022. Eligible patients were 18 years or older and planned to undergo minimally invasive surgery for gynecologic cancer. We collected baseline characteristics, surgical information, and postoperative outcomes.

The primary endpoint was to compare the operation time required for gynecologic cancer surgery using ArtiSential with the reported operation time for surgery using conventional laparoscopic instruments or robots. The secondary objectives were to evaluate the surgical outcomes of gynecologic cancer surgery using ArtiSential compared to conventional laparoscopic instruments or robots and collect operator feedback on equipment improvements during surgery.

Results A total of 40 patients were enrolled in the study, with 19 patients having endometrial cancer, 15 patients having cervical cancer, and 6 patients having ovarian cancer. The average duration of all surgeries was 187.0 ± 49.2 minutes, and no complications were encountered during the surgery. During the assessment of lymph nodes, ArtiSential was utilized in 64.7% of cases with an average assessment time of 40.3 ± 19.4 minutes. The majority of surgeons using ArtiSential reported that it performed slightly better compared to conventional laparoscopic instruments, while 47.5% reported that it performed slightly worse compared to da Vinci surgery.

Conclusion/Implications Minimally invasive surgery using ArtiSential is feasible and safe for the surgical management of early stage gynecologic cancer.

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EFFECT OF FASCIA CLOSURE USING BARBED SUTURE ON INCISIONAL HERNIA IN MIDLINE LAPAROTOMY FOR GYNECOLOGICAL DISEASES (BARBER TRIAL, KGOG 4001)

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Introduction To examine the effect of fascia closure using barbed suture on incisional hernia in patients who underwent midline laparotomy for gynecological disease.

Methods 174 patients undergoing midline laparotomy for gynecologic disease, BMI < 35, age > 18 years and ECOG performance status 0–2 were 1:1 randomized to case (facial closure using barbed suture) vs. control (facial closure using non-barbed suture) group at 9 institutes in Korea, from February 2021 to December 2021. We compared the incidence of incisional hernia up to 1-year post-surgery between case and control group.

Results Of 174 patients (case 86, control 88), 36 patients were excluded because they were not followed till 1 year (case 19, control 17). No incisional hernia was observed in excluded 36 patients till last visit. Remaining 138 patients