

space Dissection of ureters in ureteric tunnel Parametrectomy Vaginal cuff sealed using Endoscopic stapler Sealed distal edge opened and specimen delivered vaginally Pelvic lymph node dissection Vault closure Operative time was 180 minutes and blood loss was 50 ml. Post-operative course was uneventful and patient was discharged after three days.

**Conclusion/Implications** Robotic assisted radical surgery is a safe and precise technique in the treatment of cervical cancer, with clear definition of anatomical spaces. Vaginal closure using endoscopic stapler to seal the vagina before colpotomy is an effective and feasible way to prevent dissemination of tumor cells intra-peritoneally and can improve oncological outcomes like rates of recurrence and survival.

## AS22. Vulvar and vaginal cancer

FF005/#359

### HIGH GRADE SARCOMA OF VAGINA RESECTED USING A TRANSVAGINAL NATURAL ORIFICE SPECIMEN EXTRACTION SURGERY (NOSES) TECHNIQUE FOR SPECIMEN RETRIEVAL. VIDEO CASE PRESENTATION

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**Introduction** Transvaginal NOSES technique offers reduced postoperative pain and analgesia use, reduced length of hospital stays, faster return of bowel function, less chance of herniation, reduced skin surgical site infections and improved cosmesis. This case video demonstrates a laparoscopic radical hysterectomy bilateral salpingo-oophorectomy, pelvic lymphadenectomy, radical vaginectomy, ultra-low anterior resection using the Transvaginal NOSES technique for retrieval of the en bloc specimen in a 57-year-old with a 4 cm high grade vaginal sarcoma in the post vaginal wall.

**Description** Adhesiolysis performed then splenic flexure mobilization. Inferior mesenteric vein and artery are ligated and divided. Dissection is started medially then laterally to mobilize colon adequately. Mesorectal resection performed, pelvic spaces are opened bilaterally, ureters identified before dividing uterine arteries. Pelvic lymphadenectomy performed. Bladder dissected before performing anterior colpotomy to visualize the tumor and stitch placed a centimeter below tumor. Posterior colpotomy is performed and recto vaginal space is developed. Once total mesorectal resection complete, rectum is divided using an ENDO GIA Stapler. The specimen is retrieved through the vagina, resected and the anvil is placed in preparation for anastomosis. The vagina is then sutured. Rectal anastomosis is performed with EEA stapler. Abdomen inspected, drain inserted and a covering loop ileostomy is formed. Patient made a good post-operative recovery.

**Conclusion/Implications** Transvaginal NOSES technique is safe and feasible to perform and offers additional benefits over traditional abdominal specimen retrieval.

## AS18. Surgical techniques and perioperative management

FF006/#232

### HYPERTHERMIC INTRATHORACIC CHEMOTHERAPY (HITEC): TREATMENT OF RECURRENT METASTATIC OVARIAN CANCER

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**Introduction** HITEC (hyperthermic intrathoracic chemotherapy) is a method of delivering chemotherapeutic agents directly to the chest cavity, often by way of video-assisted thoracoscopic surgery (VATS). This therapy has been reported in non-gynecologic malignancies including breast, mesothelioma, and pseudomyxoma peritonei. Its use in ovarian cancer has been reported in less than 10 cases to our knowledge. Here we present the Cleveland Clinic gynecologic oncology approach to HITEC therapy.

**Description** We demonstrate the use of HITEC for a 72yo female with recurrent high-grade papillary serous fallopian tube adenocarcinoma with persistent bilateral malignant pleural effusions and no other evidence of disease. In coordination with our cardiothoracic team, she underwent a left VATS and placement of chemotherapy tubing. She was premedicated with fosaprepitant, ondansetron, dexamethasone, potassium, magnesium, mannitol, and furosemide. Adriamycin (15 mg/m<sup>2</sup>) was then introduced into the ThermoChem system and infused intrathoracically and heated to 40–42 degrees Celsius for 45 min. This was followed by Cisplatin (100 mg/m<sup>2</sup>) in the same manner. Subsequently at her 6-month follow-up, imaging demonstrated resolution of her left sided pleural effusion. She then underwent HITEC of her right lung.

**Conclusion/Implications** Given the success of HIPEC (hyperthermic intraperitoneal chemotherapy) in certain randomized controlled trials for ovarian cancer treatment, HITEC is a promising therapy option for symptom control and disease management in select patients. Further exploration and research on its therapeutic benefit in gynecologic malignancies is warranted.

## On-Demand Surgical Films

### AS03. Cervical cancer

SF001/#576

### ROBOTIC ASSISTED RADICAL PARAMETRECTOMY WITH BILATERAL PELVIC LYMPH NODE DISSECTION IN CERVICAL CANCER

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**Introduction** The diagnosis of invasive cervical cancer after hysterectomy for non-malignant indications is very common.