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 out-
comes like rates of recurrence and survival.

AS22. Vulvar and vaginal cancer

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

Ganendra Raj Kader Ali, Ruben Rajan, Megan Leitch*. King Edward Memorial Hospital, Gynaecology Oncology, Subiaco, Australia

**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 laparo-
scopic radical hysterectomy with lateral 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 col-
potomy 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 ThermoChem system and infused intrathoracically and heated to 40–42 degrees Celsius for 45 min. This was followed by Cisplatin (100 mg/m²) 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**

On the basis of our experience, this case video shows the feasibility and benefits of NOSES technique in the treatment of high-grade vaginal sarcoma. Further exploration and research on its therapeutic benefit in gynecologic malignancies is warranted.

**On-Demand Surgical Films**

AS03. Cervical cancer

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

GR Abhirami*, Shruthi Dhevi Rs, Shree Bharathi, Monica Saraswat, Rohit Ranade. Nairayana Health Mazumdar Shaw cancer centre, Gynecologic Oncology, Bangalore, India

**Introduction**

The diagnosis of invasive cervical cancer after hysterectomy for non-malignant indications is very common.
For patients presenting with incidental diagnosis of early stage invasive cervical cancer (FIGO stages 1A1–1B2), two possible strategies can be proposed: Adjuvant radiation therapy with no tumour target or Radical parametrectomy with upper vaginal and pelvic lymph node dissection. This video is to demonstrate Robotic assisted radical parametrectomy with bilateral pelvic lymph node in a case of 46 years, multiparous lady with cervical cancer – post hysterectomy for abnormal uterine bleeding.

**Description** Surgery was initiated by port placement. Intraoperatively adhesions were noted between vault, left lateral pelvis wall and sigmoid colon. Adhesions were released carefully. In this procedure, the crucial step is to create the vascular pelvic spaces and ureteric dissection. Bilateral retroperitoneal space was created. Iliac vessels and ureters were identified. Paravesical and pararectal space were created on both sides. Pre-rectal was created isolating the uterosacral ligaments. Bladder was dissected inferiorly up to middle third of vagina. Ureteric dissection is carried out up to its entry into bladder. Radical parametrectomy with upper vaginectomy was done. Bilateral pelvic node dissection was done. Post-operative period was uneventful. Histopathology examination was reported as no residual disease with negative lymph. Hence she is on regular follow-up.

**Conclusion/Implications** Radical parametrectomy presents with lower complications, making it the preferred approach to treat younger patients, when compared to radiation therapy. Minimally invasive procedure like robotic assisted surgery is feasible and effective than the traditional laparotomy for performing radical parametrectomy.

**SF002/#221 RADICAL HISTERECTOMY AND UTEROSACRAL LIGAMENT SUSPENSION BASED ON MEMBRANE ANATOMY**

Jian Cao*, Duke Li. Nanjing Maternity and Child Health Care Hospital, Women’s Hospital of Nanjing Medical University, Department of Gynecology, Nanjing, China

**Introduction** The complexity of pelvic anatomy renders abdominal radical hysterectomy susceptible to bleeding. This study examines the potential clinical application of the membrane anatomy concept in radical abdominal hysterectomy. Furthermore, pelvic floor dysfunction frequently occurs following radical hysterectomy, with uterosacral ligament suspension offering symptomatic relief.

**Description** The membrane anatomy concept for radical hysterectomy entails the comprehensive removal of tissues and organs within the embryonic unit of the paramesonephric ducts. This includes a portion of the pelvic autonomic nerves in the fascial fusion space of the embryonic unit, as well as the primary trunk and branches of the uterine arteries and veins. Laparoscopic monitoring enables clear visualization during abdominal surgery. Concomitantly, uterosacral ligament suspension can be easily performed.

**Conclusion/Implications** Employing the membrane anatomy concept in radical hysterectomy results in minimal intraoperative bleeding, which proves advantageous in maintaining a clear surgical field anatomy, adhering to the ‘tumor-free principle’ of surgery, and reducing the incidence of surgical complications and patient hospitalization time. This approach renders the surgery safe and feasible. Additionally, incorporating uterosacral ligament suspension during the procedure exhibits satisfactory short-term outcomes, alleviating the principal symptoms of pelvic floor dysfunction after radical hysterectomy.

**SF003/#612 TYPE D1 RADICAL HYSTERECTOMY AND PARTIAL CYSTECTOMY IN LOCALY RECURRENT CERVICAL CANCER WITH BLADDER INVOLVEMENT AFTER PEMBROLIZUMAB-BASED THERAPY**

1Renny Julianta*, 2Hee Seung Kim, 3Soo Jin Park, 4Faculty of Medicine Universitas Indonesia, Dr. Cipto Mangunkusumo Hospital, Department of Obstetrics and Gynecology, Jakarta, Indonesia; 2Seoul National University Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of

**Introduction** The combination of immune checkpoint inhibitors and chemotherapy, with or without bevacizumab, has demonstrated promising results in improving overall survival and is now part of the standard treatment after Keynote-826. Locally recurrent cervical cancer poses a challenge for treatment, particularly when the patient cannot receive radiotherapy due to fistula development. This video describes the use of pembrolizumab/bevacizumab with platinum-based chemotherapy (PBC) followed by organ-preserving surgery.

**Description** A 31-year-old patient visited with locally recurrent cervical cancer after four years after undergoing radical trachelectomy for FIGO stage IB1 disease. The 4 cm tumor at the cervix showed invasion into the posterior bladder wall with multiple lymph node enlargements. The patient was not eligible for radiotherapy due to fistula development and was treated with a combination of PBC for six cycles followed by surgery. After systemic treatment, the tumor reduced to 1.5 cm, and lymph nodes decreased in size. During laparotomy, tumor invasion was found in the right pelvic sidewall and bladder. Type D1 radical hysterectomy was performed on the right side, and type B1 radical parametrectomy was performed on the left side. A 1 cm vesicovaginal fistula was found at the left ureter entrance, and partial cystectomy with bladder repair and right ureteroneocystostomy, along with systemic pelvic and para-aortic lymphadenectomy, was performed to achieve R0.

**Conclusion/Implications** PBC can be used to treat locally recurrent cervical cancer. This therapy followed by surgery allows for the preservation of pelvic organs with R0 resection, and the patient can continue with pembrolizumab maintenance.

**SF004/#770 COMPARISON OF SURGICAL AND CLINICAL OUTCOMES BETWEEN TOTAL MESOMETRICAL RESECTION METHOD AND CONVENTIONAL ROBOTIC RADICAL HYSTERECTOMY FOR CERVICAL CANCER; A PROPENSITY SCORE MATCHING ANALYSIS**

Yoon Lee*, Changwoon Hamnam Hospital, Obgy, changwon city, Korea, Republic of

**Introduction** This study was aimed to compare the surgical and clinical outcomes between conventional robot nerve matching analysis techniques and total mesometrial resection method. A propensity score matching analysis was performed to eliminate the potential confounders and compare the surgical and clinical outcomes of the two groups.