For patients presenting with incidental diagnosis of early stage invasive cervical cancer (FIGO stages IA1–IB2), two possible strategies can be proposed: Adjunct 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 the 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.