

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 vaginectomy 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 pelvic wall and sigmoid colon. Adhesions were released carefully. In this procedure, the crucial step is to create the avascular 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 upto middle third of vagina. Ureteric dissection is carried out upto 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 HYSTERECTOMY AND UTEROSACRAL LIGAMENT SUSPENSION BASED ON MEMBRANE ANATOMY

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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. Concurrently, 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 LOCALLY RECURRENT CERVICAL CANCER WITH BLADDER INVOLVEMENT AFTER PEMBROLIZUMAB-BASED THERAPY

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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 systematic 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 MESOMETRIAL RESECTION METHOD AND CONVENTIONAL ROBOTIC RADICAL HYSTERECTOMY FOR CERVICAL CANCER; A PROPENSITY SCORE MATCHING ANALYSIS

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Introduction This study was aimed to compare the surgical and clinical outcomes between conventional robot nerve