For patients presenting with incidental diagnosis of early stage invasive cervical cancer (FIGO stages IA1–IB2), 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. Intra-operatively 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 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.

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.

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.

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.

Introduction This study was aimed to compare the surgical and clinical outcomes between total mesometrial resection method and conventional robotic radical hysterectomy for cervical cancer; a propensity score matching analysis.

Conclusion/Implications The procedure exhibits satisfactory short-term outcomes, alleviating the principal symptoms of pelvic floor dysfunction after radical hysterectomy.
sparing radical hysterectomy (C-RRH) and total mesometrial resection method of robot radical hysterectomy (TMMR-RRH)

Description TMRR can be standardized for all patients with locally defined tumors and appears to reduce morbidity, improve outcome and can potentially eliminate the need for adjuvant chemotherapy. It removes the complete Müllerian compartment except its distal part to preserve a functional vaginal vault. The identification of developmentally deduced pelvic visceroparietal compartments serves as a template for the lymph node basins to be cleared.1

Conclusion/Implications The propensity score matched cohort of 66 patients in each group showed the overall survival rate was 89% in the C-RRH and 95% in the TMMR-RRH group (p=0.728) (HR 0.77; 95% CI 0.18–3.27) and disease free survival rate was 83% in the C-RRH and 83% in the TMMR-RRH group (p=0.949) (HR 1.03; 95% CI 0.45–3.27) (106 vs 39 months median follow up). The recurrence pattern was significantly different in both groups (p=0.034) and was not significantly median time to recurrence (11 vs 18 months, p=0.271). In univariable and multivariable analysis with OS, involvement of resection margin (p=0.000) were found as independent significant risk factors and in regard to DFS involvement of resection margin (p=0.000) and deep stromal invasion (HR 3.84: 95% CI, 1.20–12.26, p=0.023) was found as independent significant risk factors. The present study found that TMMR-RRH provides the benefits of higher number of retrieved LNs, shorter operation times, however more blood loss and no disease free and overall survival benefit.

**SF005/#545**

**THERAPEUTIC EFFECT OF EXTENDED PELVIC LYMPHADENECTOMY IN CERVICAL CANCER: A PROPENSITY-SCORE MATCHED COHORT STUDY**

Yoon Lee*. Changwoon Hanmaeum Hospital, Obgy, Changwon City, Korea, Republic of

10.1136/ijgc-2023-IGCS.496

Introduction To compare the survival outcomes of radical hysterectomy (RH) with extended pelvic lymphadenectomy (EL) versus conventional pelvic lymphadenectomy (CL) in cervical cancer patients with stage IB to IIA. To compare the survival outcomes of radical hysterectomy (RH) with extended pelvic lymphadenectomy (EL) versus conventional pelvic lymphadenectomy (CL) in cervical cancer patients with stage IB to IIA.

Description We retrospectively evaluated 405 patients who underwent laparoscopic or robot RH with CL or EL for cervical cancer (stage IB-IIA) between 1995 and April 2019. We performed propensity score matching analysis to control for selection bias. We matched 111 patients for each group and compared their long-term clinical and survival outcomes using Cox regression analysis. The median follow-up period was 59 months. The EL group had better survival outcomes than the CL group, with higher rates of OS (95.5% vs. 87.4%, p = 0.013) and DFS (82.9% vs. 75.7%, p = 0.030). The EL group also had lower risks of death (HR = 0.305, 95% CI: 0.112–0.827, p = 0.028) and recurrence (HR = 0.495, 95% CI: 0.259–0.904, p = 0.034).

Conclusion/Implications Even though laparoscopic single port radical hysterectomy is difficult, but total mesometrial resection techniques is more difficult. It took a long time 203 minutes and blood loss was 100 ml. 7 days later she can do self-voiding without catheterization. choice between these techniques should be based on surgeon preference and experience, patient anatomy, and other clinical factors. The identification of independent risk factors for survival outcomes may help guide clinical decision-making and improve patient outcomes.

**SF006/#457**

**LAPAROSCOPIC SINGLE PORT RADICAL HYSTERECTOMY WITH TOTAL MESOMETRIAL RESECTION AS PART OF SURGICAL PROCEDURES IN CASES OF CERVICAL CANCER**

Yoon Lee*. Changwoon Hanmaeum Hospital, Obgy, Changwon City, Korea, Republic of

10.1136/ijgc-2023-IGCS.497

Introduction The video is about single port radical hysterectomy with total mesometrial resection as part of surgical procedures in cases of cervical cancer. A 48-year-old patient with FIGO stage Ib1 squamous cell cancer is shown.

Description In single port surgery, the operator provides traction or countertraction, and a hanging over or attraction suture through the abdomen is needed. The most important anatomic landmark for total mesometrial resection is superior hypogastric nerve and both hypogastric nerves and inferior hypogastric plexus. To identify these nerves following procedures are necessary. After extended lymphadenectomy, the pelvic anatomy could be examined more clearly including the superior hypogastric nerve promontory lower part of the aorta common iliac hypogastric vessels hypogastric nerve communicating with parasymphathetic nerves and vesicle branches of the inferior hypogastric plexus. Cardinal ligament dissection is as follows. Opening of para vesicle and par rectal spaces vessels in the cardinal ligament were selectively separated. Only superficial and deep uterine vein were coagulated with bipolar forceps or ligature and cut but the neutral part was preserved, located at dorsal medial part of cardinal ligament.

Conclusion/Implications Even though laparoscopic single port radical hysterectomy is difficult, but total mesometrial resection techniques is more difficult. It took a long time 203 minutes and blood loss was 100 ml. 7 days later she can do self-voiding without catheterization. choice between these techniques should be based on surgeon preference and experience, patient anatomy, and other clinical factors. The identification of independent risk factors for survival outcomes may help guide clinical decision-making and improve patient outcomes.

**SF007/#740**

**FLUORESCENT-IMAGE-GUIDED PELVIC LYMPH NODE DISSECTION WITH RADICAL HYSTERECTOMY IN SINGLE-PORT LAPAROSCOPY**

Young Joo Lee*, Sang Wun Kim. Institute of Women’s Life Medical Science, Yonsei University College of Medicine, Obstetrics and Gynecology, Seoul, Korea, Republic of

10.1136/ijgc-2023-IGCS.498

Introduction The aim of this article is to demonstrate the feasibility and efficacy of florescent-image-guided pelvic lymph node dissection with radical hysterectomy in cervical cancer patients.

Description A 43-year-old woman was diagnosed with cervical cancer by punch biopsy. Pelvic MRI showed a 2.0×1.5 cm sized cervical mass and enlarged external iliac lymph node, and lymphovascular invasion with invasive squamous cell carcinoma was pathologically confirmed. The tentative FIGO stage...