

similar to more common types of endometrial carcinoma, MLA tends to behave more aggressively, with advanced-stage disease at diagnosis, rapid progression, frequent recurrence, distant metastases, and poor prognosis.

Description This video showcases a case of robotic-assisted tumor debulking in a 60-year-old patient with metastatic mesonephric-like uterine carcinoma. The patient had a past medical history of fibroid uterus and endometriosis and presented with pelvic pain and postmenopausal bleeding. Imaging showed a dominant intramural uterine fibroid that had significantly increased in size, right pelvic sidewall and external iliac lymphadenopathy, and associated peritoneal thickening. CT imaging showed intense hypermetabolic activity in the uterus consistent with malignancy and hypermetabolic pelvic lymph nodes. At the time of the procedure, the patient was found to have extensive peritoneal carcinomatosis, bulky lymph nodes, and a tumor on the ureter, with distorted anatomy due to a large multi-fibroid uterus and dense adhesive disease on the vesico-uterine space. This video aims to review the surgical techniques used in complex minimally invasive debulking procedures. By the end of the procedure, all visible cancer was removed. The procedure was uncomplicated, and the patient was discharged on postoperative day 0.

Conclusion/Implications Our video provides valuable insights into the surgical techniques used to achieve complete tumor resection in complex cases with aggressive uterine tumors.

AS18. Surgical techniques and perioperative management

SF017/#575

SURGICAL PROCEDURES OF SINGLE PORT ROBOTIC PARAAORTIC LYMPHADENECTOMY

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Introduction Single port robotic paraaortic lymphadenectomy is challenging surgical procedures. We are to demonstrate the surgical procedures of transperitoneal paraaortic lymphadenectomy.

Description Using bipolar and monopolar instrument of DaVinci SP robotic system, lymph nodes can be removed. With strength of articulating third arm, counter-traction of peritoneum made a clear view of retroperitoneal anatomy. In this video, DaVinci SP robotic paraaortic lymphadenectomy took 48 minutes and removed 15 paraaortic nodes. She discharged home on the next day of surgery without any events.

Conclusion/Implications Left and right infra-mesenteric or infra-renal paraaortic lymphadenectomy can be safely done by SP robotic system In endometrioid endometrial cancer patients.

SF018/#987

GASTRIC RESECTIONS DURING UPPER ABDOMINAL CYTOREDUCTIVE SURGERY IN OVARIAN CANCER

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Introduction Ovarian cancer is one of the most common gynecologic cancers and ranks eighth in mortality among women. More than 60% are detected in FIGO2018 stages III and IV. A complete cytoreduction is a significant prognostic factor. Eventual resection of gastric implants becomes an essential knowledge for the surgical treatment of ovarian cancer.

Description This video demonstrates surgical techniques using current surgical equipment for the correct resection of stomach lesions in ovarian debulking. It's advise the introduction of a nasogastric tube to help mobilize the stomach. Initially demonstrated the resection of a lesion in the lesser omentum, which can be challenging due to rich vascularization and difficult access. The lesion is demarcated for its resection, and its dissection is started, paying attention to the preservation of the vascularization of the lesser curvature. Afterwards, we demonstrate a large lesion located on the posterior wall of the stomach. Starts performing the release of the transverse mesocolon of the lesion, taking care not to damage the vascularization of the colon. After shaving the stomach, hemostasis is performed with bipolar forceps and hemostatic suture. At the end, resection of the lesion in the gastric anterior wall was demonstrated. After its correct resection, a suture was performed to approximate the gastric serosa.

Conclusion/Implications This video demonstrates reproducible standardized surgical techniques with simple materials for gastric resections during ovarian cancer upper abdominal cytoreduction.

SF019/#36

VAGINAL NOTES APPROACH FOR SURGICAL OVARIAN SUPPRESSION IN AN ADVANCED STAGE BREAST CANCER PATIENT

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Introduction Breast cancer is a common malignancy in women and hormone receptor-positive tumors comprise approximately 70% of these cases. In premenopausal women with high-risk characteristics, ovarian suppression is a useful addition to endocrine therapy. Laparoscopic bilateral salpingo-oophorectomy is the preferred surgical option for hormonal ablation. However, it may result in wound complications and prolonged postoperative pain. Natural Orifice Transluminal Endoscopic Surgery (NOTES) is a novel technique that uses natural orifices without abdominal incisions to reduce surgical injuries and improve operative outcomes. This video showcases the use of the vaginal NOTES approach for bilateral salpingo-oophorectomy in an advanced stage breast cancer patient.

Description This video demonstrates the detailed surgical procedure for vNOTES bilateral salpingo-oophorectomy in an advanced stage breast cancer patient. The video starts with patient positioning, followed by the insertion of the laparoscope through the vaginal canal. The fallopian tubes and ovaries are identified and dissected using specialized instruments, and the procedure is completed with removal of the specimens. The video emphasizes the technical aspects of the surgery and provides helpful tips for successful completion of the procedure.

Conclusion/Implications Conclusion/Implication: vNOTES bilateral salpingo-oophorectomy is a minimally invasive surgical