

technique that can be a safe and effective option for premenopausal women with breast cancer who require ovarian suppression. This approach can help reduce postoperative pain and improve recovery times, which can be especially beneficial for patients with advanced stage disease who may have additional treatment needs. Further studies are needed to fully evaluate the long-term outcomes of this technique, but initial results are promising.

SF020/#286

#### SURGICAL APPROACH TO CERVICAL CANCER AND CONSIDERATIONS FOR NERVE SPARING RADICAL HYSTERECTOMY

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**Introduction** In this surgical film, our objective is to review the surgical approach to cervical cancer with a focus on nerve sparing radical hysterectomies. We aim to review specific surgical techniques and considerations for both abdominal and minimally invasive techniques.

**Description** In today's video we will review the surgical approach to cervical cancer with a focus on nerve sparing radical hysterectomies. It is important to note that performing a nerve sparing radical hysterectomy does not detract from the radicality of the procedure, but rather describes the technique employed to carefully dissect and preserve the autonomic nerves of the pelvis. Radicality, rather, is determined by the resection of ventral, dorsal, and lateral parametrium. This surgical film will outline the surgical techniques of nerve sparing radical hysterectomy and considerations for abdominal and minimally invasive routes of surgery. Footage is obtained from various cases.

**Conclusion/Implications** Radical hysterectomy is not just one type of surgery, but rather includes a spectrum of types of resections that balance curative effect with adverse postoperative consequences. Considerations for radical hysterectomy include review of the updated radical hysterectomy system, dissection and identification of key artificial spaces of the pelvis, and use of a laparoscopic vessel sealing device for abdominal surgeries. Importantly, sentinel lymph node mapping can be utilized in early stage cervical cancer with side specific pelvic lymph node dissection performed for unsuccessful mapping. Lastly, use of a Wertheim clamp or minimally invasive stapling device to prevent spill of cervical cancer cells intra-peritoneally is crucial in this oncologic procedure.

SF021/#628

#### ROBOTIC-ASSISTED LAPAROSCOPIC TECHNIQUE FOR SPLENECTOMY AND PERICOLONIC TUMOR REMOVAL IN A PATIENT WITH RECURRENT OVARIAN CANCER

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**Introduction** The patient is a 64 year-old individual with germline BRCA<sup>wt</sup> status and recurrent ovarian cancer status post second-line treatment. She presented with increasing growths in her spleen and along the descending colon. We outline a robotic-assisted laparoscopic splenectomy and tumor implant removal performed by a multidisciplinary team of gynecologic oncologists and surgical oncologists.

**Description** Laparoscopic access was acquired using 12-mm AirSeal device followed by four 8-mm robotic trocars. The surgical field of view of interest was achieved by placing the patient in reverse Trendelenburg with a partial right lateral decubitus position. Due to the patient's prior omentectomy, there was optimal visualization of the splenic ligaments and vasculature. Hem-a-lock clips were applied on the splenic vessels upon skeletonization, which were sealed and divided with the robotic vessel sealer. The pericoloncic tumor had dense adhesions to the mesentery of the descending colon which disallowed its complete removal. This did not affect the patient's disease course due to existing abdominal miliary disease. There were no intraoperative or postoperative complications, and the patient was discharged on postoperative day 1. Her pathology returned with metastatic carcinoma consistent with her primary diagnosis.

**Conclusion/Implications** This video shows the feasibility of a robotic-assisted laparoscopic splenectomy with tumor implant removal in recurrent ovarian carcinoma. A multi-disciplinary approach with surgical colleagues may offer improved patient benefit.

SF022/#82

#### ROBOTIC-ASSISTED LAPAROSCOPIC SURGERY FOR EARLY-STAGE ENDOMETRIAL CANCER WITH SENTINEL LYMPH NODE BIOPSY USING INDOCYANINE GREEN AND NEAR-INFRARED IMAGING IN A PATIENT WITH MORBID OBESITY

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**Introduction** Obesity is increasing worldwide and has been associated with the development of endometrial cancer. Minimally invasive surgery in early-stage endometrial cancer with sentinel lymph node (SLN) biopsy provides superior surgical benefits over laparotomy without impairing oncological outcomes. Moreover, robotic-assisted laparoscopic surgery (RALS) is an attractive option for morbidly obese patients with several advantages over conventional laparoscopy. This video demonstrated pre- and intra-operative preparations, SLN biopsy using indocyanine green (ICG) with near-infrared (NIR) imaging, and hysterectomy technique by RALS in a morbidly obese patient.

**Description** We present a morbidly obese patient with a body weight of 127 kg and a BMI of 47 kg/m<sup>2</sup>. She was preoperatively diagnosed with early-stage endometrial carcinoma. The surgical anatomy from the CT scan was evaluated for extrauterine disease and to determine the accurate primary port insertion on the truncal adiposity. We also provided essential attention to patient positioning, maximal allowable steep head-down tilt, and the effect of pneumoperitoneum before starting the procedure to minimize the risk of complications. We injected ICG into the cervix before port placement and used