



Surgical technique for sentinel lymph node sampling in endometrial cancer using the articulated HOOK monopolar instrument

Emad Matanes ^{1,2}, Tal Cantor,¹ Eman AIShehri,¹ Shannon Salvador,^{1,2} Susie Lau,^{1,2} Walter Gotlieb^{1,2}

¹Division of Gynecologic Oncology, Jewish General Hospital, McGill University, Montreal, QC, Canada
²Segal Cancer Center, Lady Davis Institute of Medical Research, McGill University, Montreal, QC, Canada

Correspondence to

Dr Emad Matanes, Jewish General Hospital, Montreal, QC H3T 1E2, Canada; emad.matanes@gmail.com

Accepted 23 August 2021

SUMMARY

Lymph node status represents an important prognostic factor in endometrial cancer (EC) that can help guide post-operative adjuvant treatment.¹ The benefits of sentinel lymph node (SLN) sampling over lymphadenectomy in EC are well established.^{2–4} The use of the HOOK monopolar instrument to facilitate this dissection is not documented. The objective of this video is to stepwise demonstrate the feasibility and advantages of using the HOOK to perform SLN sampling in EC. This video report is part of an institutional, investigational board-approved study. The surgery was performed in a 77-year-old woman who presented to our center with a grade 1 endometrioid EC on endometrial biopsy. At the onset of surgery, a frozen aliquot of 0.4 mL indocyanine green reconstituted with 3.6 mL of saline solution was used to infiltrate the cervix at the 3 and 9 o'clock positions. The SLN was identified using the fluorescence-guided camera of the Xi DaVinci robotic system (Sunnyvale, California, USA). Several minutes after the injection the SLN

was identified and a dissection was performed using the HOOK monopolar instrument. After dissection, the SLN was extracted and sent to pathology for evaluation by ultra-staging. The final pathology revealed a stage II grade 2 tumor, and the patient underwent external beam pelvic radiotherapy and vaginal brachytherapy. We conclude that the use of the articulated HOOK monopolar instrument appears feasible and advantageous for SLN sampling in EC.

Contributors EM: study design, video editing. TC: abstract editing. EA: script editing. SS, SL, WG: video and manuscript editing.

Funding This video was made possible in part by a grant from the Israel Cancer Research Fund.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are available upon request.

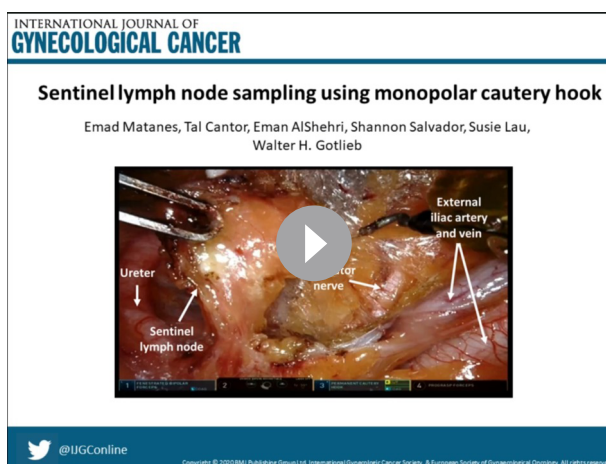
ORCID iD

Emad Matanes <http://orcid.org/0000-0002-6990-9592>



© IGCS and ESGO 2021. No commercial re-use. See rights and permissions. Published by BMJ.

To cite: Matanes E, Cantor T, AIShehri E, et al. *Int J Gynecol Cancer* Published Online First: [please include Day Month Year]. doi:10.1136/ijgc-2021-002840



Video 1

Video article

REFERENCES

- 1 Sharma C, Deutsch I, Lewin SN, *et al.* Lymphadenectomy influences the utilization of adjuvant radiation treatment for endometrial cancer. *Am J Obstet Gynecol* 2011;205:562.e1–9.
- 2 Abu-Rustum NR, Alektiar K, Iasonos A, *et al.* The incidence of symptomatic lower-extremity lymphedema following treatment of uterine corpus malignancies: a 12-year experience at Memorial Sloan-Kettering Cancer Center. *Gynecol Oncol* 2006;103:714–8.
- 3 Todo Y, Yamamoto R, Minobe S, *et al.* Risk factors for postoperative lower-extremity lymphedema in endometrial cancer survivors who had treatment including lymphadenectomy. *Gynecol Oncol* 2010;119:60–4.
- 4 Dowdy SC, Borah BJ, Bakkum-Gamez JN, *et al.* Prospective assessment of survival, morbidity, and cost associated with lymphadenectomy in low-risk endometrial cancer. *Gynecol Oncol* 2012;127:5–10.