Schauta, an old technique for a new discussion

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SUMMARY

Radical hysterectomy is the gold standard to treat early stage cervical cancer. Recently published studies have shown that minimally invasive surgery might have lower survival rates than classic open surgery.¹ In their trial, the authors compared minimally invasive surgery (laparoscopy and robot assisted surgery) with open surgery, but they did not use the classical vaginal approach first described by Schuchardt in 1893 and further developed by Schauta in 1902, and improved by others over time.² Current studies have performed this approach to avoid the use of a uterine manipulator, which with routine use might increase the propensity for tumor spillage, according to some trials.^{1,3}

There are three variations of the Schauta approach: Schauta–Amreich, Schauta–Stoeckel, and Coelio–Schauta or laparoscopically assisted radical vaginal hysterectomy,² recently described by Torné et al,⁴ demonstrating high disease free survival and overall survival in a retrospective cohort of patients with early stage cervical cancer.

Our video shows the performance of a modification of the technique, combining the full Schauta operation

Figure 1 Identification of the ureter: after dissection of the bladder pillar, we can reference the ureters with Babcock forceps to mobilize them cranially to avoid injuries.

with endoscopic lymphadenectomy, published in 1995 by Dargent et al.²

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Video 1 Schauta, an old technique for a new discussion

Video article

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REFERENCES

- 1 Ramirez PT, Frumovitz M, Pareja R, *et al.* Minimally invasive versus abdominal radical hysterectomy for cervical cancer. *N Engl J Med Overseas Ed* 2018;379:1895–904.
- 2 Dargent D, Mathevet P. 4 Schauta's vaginal hysterectomy combined with laparoscopic lymphadenectomy. *Baillière's Clin Obstet Gynaecol* 1995;9:691–705.
- 3 Chiva L, Zanagnolo V, Querleu D, *et al.* SUCCOR study: an international European cohort observational study comparing minimally invasive surgery versus open abdominal radical hysterectomy in patients with stage IB1 cervical cancer. *Int J Gynecol Cancer* 2020;30:1269–77.
- 4 Torné A, Pahisa J, Ordi J, *et al.* Oncological results of laparoscopically assisted radical vaginal hysterectomy in early-stage cervical cancer: should we really abandon minimally invasive surgery? *Cancers* 2021;13:846.