Supplement 1: the protocol for ICG mapped SL identification and removal

**Tracer:** Indocyanine green (VERDY®E, Diagnostic Green GmbH, Germany). A total of 25 mg of active substance was diluted with 10 mL of sterile injection water (dilution 2.5 mg/ml).

**Injection:** 1 ml of ICG dye is injected into four quadrants (at 2 – 4 – 8 – 10 o’clock) of uterine cervix (0.25 ml each). Half of the dye is injected submucosally (superficially) and the other half – 1 cm into the stroma. The 25G needle is used for the injection of the tracer.

**Placement of uterine manipulator:** The uterine manipulator (RUMI, Cooper Surgical, USA) of selected size is placed on after the ICG tracer injection.

After the creation of pneumoperitoneum and insertion of trocars, the patient is placed in Trendelenburg position. Full inspection of pelvic and abdomen cavity under the white light is performed to exclude the possibility of visible extraterine disease spread.

**The visualisation and inspection of retroperitoneal spaces:** The avascular retroperitoneal spaces are opened and prepared by dissecting round uterine ligaments and dissecting the parietal peritoneum up to the level of common iliac artery. The dissection of retroperitoneal tissues on both pelvic sides is continued to visualise the following structures:
- External iliac artery
- Internal iliac artery
- Umbilical ligament
- Ureter
- Iliac bifurcation
- Common iliac artery

The dissection of retroperitoneal spaces is performed trying to avoid the damage to the lymphatic structures and the spillage of the ICG dye.

**SL visualisation:** OLYMPUS® VISERA Elite II CLV-S2-IR system (OLYMPUS corporation, Tokyo, Japan) is used for SL visualisation. After opening and inspection of retroperitoneal spaces the near-infrared mode is activated, and retroperitoneal spaces are inspected trying to visualise the mapped SL’s with afferent and efferent lymphatic vessels.

**SL removal:** the most proximal to the uterus SL, at least one per hemipelvis is then removed separately intact (via trocar if possible or inside glove’s finger), documenting the anatomical site. After the SL removal, the lymph node is once again checked with near-infrared camera to confirm the mapped SL ex-vivo.

**Documentary records:** time of dye injection, site of identified SL on the right side of the pelvis and the time of its removal, site of identified SL on the left side of the pelvis and the time of its removal

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