

surgical anatomy of both structures is useful to avoid complications. The uterine artery runs beneath and on inner side of the tumor in true fibroids. The ureters course in the posterior leaf of the ligament and in wards in true fibroids. With only peritoneal coverings in true fibroids an understanding of surgical anatomy makes surgery simple.

357 Video Session 10 - Oncology
(11:00 AM - 12:00 PM)

11:00 AM – GROUP A

Cervical Injection of Methylene Blue for Identification of Sentinel Lymph Nodes in Cervical Cancer 


Menderes G, Kim S, Schwab CL, Black JD, Azodi M. Obstetrics, Gynecology, and Reproductive Sciences, Yale University School of Medicine, New Haven, Connecticut

This is a step-by-step illustration of methylene blue injection into cervix for sentinel lymph node identification. The patient was a 34-year-old Hispanic woman who was diagnosed with stage IB1 squamous cell carcinoma of the cervix. She was taken to the OR for robotic-assisted radical hysterectomy and sentinel lymph node dissection. By utilizing the ultra-short injection protocol, 4 ml of methylene blue was injected at 3 and 9 o'clock positions of cervix. Sentinel lymph node dissection was started approximately 20 minutes after the injection. Bilateral pelvic dissection was performed and sentinel lymph nodes were identified at the most common topographic location: Between external and internal iliac vessels. Sentinel lymph node in the para-aortic area was also identified and removed.

The patient had an uneventful postoperative course and was discharged home on postoperative day 1.

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(11:00 AM - 12:00 PM)

11:07 AM – GROUP A

Robotic Radical Hysterectomy – Preserving Vaginal Function by Creating a New Vaginal Vault 

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We describe robotic surgery which preserves vaginal function in patients who underwent radical hysterectomy for early invasive cervical cancer. The case of a 35 year old with stage 1b1 squamous cell carcinoma of the cervix is presented.


We performed a robotically assisted type III radical hysterectomy and preserved the vaginal depth by creating a new vaginal vault using the bladder and the rectal peritoneum.

The operative time was 3hrs 50mins. To preserve vaginal length created by the surgery, prosthesis was placed for 3 months, until the squamous epithelium covered the new vaginal vault.

This is our first report of a robotic case, but this surgery has been performed laparoscopically in 23 cases with positive feedback from patients, although it is difficult to ascertain the exact amount of vaginal length preserved with this surgery. Robotic surgery can compensate for the drawbacks and difficulty of intracorporeal suturing laparoscopically.

359 Video Session 10 - Oncology
(11:00 AM - 12:00 PM)

11:14 AM – GROUP A

Right Side of Inguinal Lymph Node Excision by Robot 


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The aim of this method is to explore the robotic value in vulva carcinoma. This video presented the lymph node excision of inguinal for vulva

carcinoma by robot. The whole time of lymph node excision is 3 h including Installed and preoperative preparation time, the amount of bleeding was 5ml, without operation related complications. The patient accept this operation heal well operation. These technologies have the advantage of less bleeding, wide field of vision, fast recovery postoperative. But, also have the disadvantage such as very expensive and need special technology for operation, and waste a lot of time to install robot and preoperative preparation.

360 Video Session 10 - Oncology
(11:00 AM - 12:00 PM)

11:21 AM – GROUP A

Unexpected Uterine Leiomyosarcoma During Laparoscopic Hysterectomy, Treated 6 Months with Ulipristal Acetate, and Contained Power Morcellation 

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45-year-old woman with a symptomatic uterine fibroid, 6 months with Ulipristal Acetate, UPA (Esmya) and her symptoms were reduced , 3 month after admitted increased pain. High level of C Reactive Protein) was found,


In December laparoscopic hysterectomy due to the increasing pain and lack of conviction that the medical therapy would be sufficient. Ultrasound showed a 106x 73 mm fibroid with no abnormal blood flow or lacuna of fluid inside, no suspicion of malignancies preoperatively

The weight of the morcellated uterus was 575 gram. Post operative Pet scan showed 4 metastatic process in the lungs

The UPA treatment led to a delay in the diagnosis potentially with a larger or even metastatic tumour as a consequence. This is the firs case in the literature were leiomyosarcom were treated with Ulipristal Acetate and contained morcellation .

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(11:00 AM - 12:00 PM)

11:32 AM – GROUP B


Extraperitoneal Lymphadenectomy 

O'Hanlan KA. Laparoscopic Institute for Gynecology and Oncology, Portola Valley, California

Indications for laparoscopic comprehensive aortic lymphadenectomy to the renal vessels for gynecologic cancers are validated by experimental, embryological and clinical evidence. The extraperitoneal approach is readily feasible with universally available instruments and safe for women with BMI's up to 40. The extraperitoneal approach yields more nodes in high-BMI women and does not have a learning curve. While it takes 90 minutes to perform, and causes an additional blood loss of 75cc, such comprehensive staging can reveal occult metastases in as many as one third of patients, indicating more aggressive therapy and potentially improving survival probability.

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(11:00 AM - 12:00 PM)

11:39 AM – GROUP B

Novel Method to Control Vascular Injury by Surgicel Fibrillar at Inferior Vena Cava or Aorta in the Case of Laparoscopic or Robotic Surgery 

Lee YS, Lee YH. Kyungpook National University Medical Center, Daegu, Korea

The objective of this video is to demonstrate the techniques about control of massive bleeding at inferior vena cava or aorta without suturing or