Study Objective: To evaluate the feasibility and report on early outcome of Novel Technique of Robotic Radical hysterectomy with vaginalcerclage without uterine manipulator (RRHVC) for treatment of stage I cervical cancer.

Design: Prospective cohort of patients who underwent RRHVC were recorded for demographics, intraoperative and postoperative outcomes and pathological data.

Setting: Tertiary Hospital.

Patients or Participants: Stage I cervical cancer from 10/2018 to 10/2020.

Interventions: Robotic radical hysterectomy with vaginal cerclage without uterine manipulator and pelvic lymphadenectomy.

Measurements and Main Results: Demographic data, intraoperative and postoperative outcomes, pathological data were prospectively collected and analyzed. The 2 year follow-up was analyzed for recurrence and survival outcomes.

Eighteen patients underwent RRHVC: 4 (22.2%) stage IA2, 6 stage IB1 (33.3%), 8 stage IB2 (44.5%). The average age was 50, average BMI 28.3, average clinical tumor size was 2.06 cm. Surgical outcomes were as follow: Average operating time was 208 minutes, average blood loss 100.7 milliliters. Average length of hospitalization was 23 hours. There were no intraoperative complications. Postoperative complications consisted of 3/18 (16.6%): 2 urinary tract infections and one lymphocyst.

Pathological outcomes were as follow: Histological cell type: 12 (66.7%) squamous cell, 4 (22.2%) adenocarcinoma, 2 (11.1%) adenosquamous. There were 8(44.4%) Grade 1, 8(44.4%) Grade 2, and 2 (12.2%) Grade 3. The average parametria removed on the right (4.2 x 1 x 0.67) and left (4.4 x 1 x 0.62) centimeter. The average vaginal margin was 2.57 (1.3-3.2) centimeter. The average total lymph nodes retrieved were 20 (9-39). Four of 18 had (22.2%) + pelvic nodes.

There were no recurrences and deaths to date at the time of this analysis. The average time to followup is 13.6 months (5-27 months)

Conclusion: The Novel technique of Robotic Radical hysterectomy with vaginal cerclage without uterine manipulator for early-stage cervical cancer appears to be feasible. Assessment of early oncological surgical outcomes appear to be safe without evidence of early recurrence.

Study Objective: To illustrate a technique of robotic resection of a retroperitoneal pelvic tumor.

Design: Stepwise demonstration of the technique with narrated video footage.

Setting: The patient was in the lithotomy position with steep Trendelenburg, intermittent pneumatic compression, and Allen Stirrups. She underwent robotic surgery with side docking.

Patients or Participants: A 48-year-old woman was experiencing pain in her left lower limb for four months. Imaging studies revealed a myomatous uterus and an expansive, complex, heterogeneous formation in the retroperitoneal region of the left pelvic wall, posterior to the iliac vessels and adjacent to the iliac bone, with 8.9cm in the largest diameter and with 140.8mL. The lesion dislocated the left iliac vessels anteriorly, the left psos muscle laterally, the parametrial structures medially and showed close contact with the anterior part of the left foramina of S1 and S2. The procedure was held at Beneficência Portuguesa Hospital, São Paulo, Brazil.

Interventions: A robotic hysterectomy with bilateral salpingectomy and resection of a retroperitoneal pelvic tumor aided by neuronavigation was performed after simple hysterectomy with vaginal retrieval of the surgical specimen. The tumor, which was bulging the external iliac vessels, was dissected entirely and isolated. The formation was completely resected robotically, with an adequate presentation of the left ureter, left vascular, and nerve structures.

Measurements and Main Results: Surgical intraoperative parameters were measured. The docking time was five minutes, and the robotic surgery took 180 minutes. The estimated blood loss was 200mL. There were no nerve injuries or intraoperative complications, and the patient was discharged 36 hours after surgery. The final pathology report revealed a Myxoid Liposarcoma.

Conclusion: This video demonstrates of a case a robotic resection of a retroperitoneal tumor aided by neuronavigation. This approach was feasible with the benefit of superior imaging affording a three-dimensional vision and stable instruments allowing wrist-like movements.

Study Objective: To present a rare case of cervical leiomyoma in a post partial hysterectomy patient.

Design: Case report illustrated with video.

Setting: Under general anesthesia, the patient was placed in dorsolithotomy position, arms alongside the body and legs 90° abducted in adjustable stirrups. Two robotic portals were positioned in both iliac fossae, in addition to the umbilical, and a conventional laparoscopic portal was placed on the right flank. The cervix was manipulated and delineated with a 60cc syringe.

Patients or Participants: We present a case of a 43-year-old woman who had undergone partial hysterectomy 8 years ago due to intense menstrual bleeding and multiple uterine fibroids. She went to the gynecologist with a complaint of deep dyspareunia and chronic pelvic pain in the left lower quadrant. These complaints started after 3 years of hysterectomy and were now more intense. Physical examination revealed the presence of a partially mobile nodule of 5cm in left iliac