



Surgical Film

Robotic type II B posterior exenteration for recurrent vaginal cancer

Wafa Khadraoui^a, Burak Zeybek^b, Levent Mutlu^b, Gulden Menderes^{a, b, *}^a Department of Obstetrics and Gynecology, Yale New Haven Health, Bridgeport Hospital, Bridgeport, CT, USA^b Department of Obstetrics, Gynecology & Reproductive Sciences, Yale University School of Medicine, New Haven, CT, USA

HIGHLIGHTS

- This is a video demonstration of a robotic posterior pelvic exenteration in a patient with recurrent vaginal cancer.
- Near infrared fluorescence imaging was used for assessment of bowel perfusion and for delineation of tumor borders.
- Laparoscopy and robotics should be considered when performing exenterations, in appropriate surgical candidates.

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ABSTRACT

Objective: To demonstrate a surgical video, wherein a robotic-assisted posterior exenteration was performed for management of recurrent vaginal cancer.

Methods: We present a case of a 55 year-old female with a history of stage II squamous cell vaginal carcinoma. Patient recurred two years after completion of her primary chemoradiation at the posterior upper vagina. Pelvic MRI showed an approximately 4 cm tumoral nodule, without invasion into rectum or to bilateral parametria. PET-CT ruled out any metastatic disease. She was explained of the palliative systemic treatment versus potentially curative pelvic exenteration, as her options. After extensive counseling, she opted for the surgical option. Given her extensive comorbidities, including poorly controlled diabetes, COPD, obesity and heavy smoking, decision was made to attempt the procedure with a robotic approach (Behbehani et al.; Kammar et al. [1,2]).

The technical steps of posterior Type IIB exenteration have been detailed in the video with an emphasis on anatomic landmarks by utilizing visual illustrations (Cibula [3]). The surgical margins were deemed to be negative with frozen section evaluation. Intravenous indocyanine green injection confirmed adequate blood supply to the end colostomy site. Patency of bilateral ureters was confirmed at the end of the procedure.

Results: Robotic-assisted Type IIB posterior pelvic exenteration was successfully completed without any intra-operative complications. Patient was discharged home on post-operative day 8. She has been dispositioned to surveillance.

Conclusions: Robotic approach to highly morbid pelvic exenteration procedures should be considered in selected patients with recurrent gynecologic malignancies, who present without evidence of distant metastatic disease.

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Author contributions

Capture and recording of the surgical video: Levent Mutlu and Wafa Khadraoui.

Editing of the video: Burak Zeybek, and Gulden Menderes.

Narration of the video: Burak Zeybek.

Preparation and writing of the manuscript: Wafa Khadraoui and Levent Mutlu.

Revision and editing of the manuscript: Burak Zeybek and Gulden Menderes.

Supervision of the project: Gulden Menderes.

Declaration of Competing Interest

The authors declare no conflict of interest and fulfill all conditions required for authorship.

* Corresponding author at: 333 Cedar Street, New Haven, CT 06520, USA.

E-mail address: gulden.menderes@yale.edu (G. Menderes).

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ygyno.2019.07.014>.

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