

Chapter 35

Laparoscopic Surgery for Early Cervical Cancer

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There are 2 types of laparoscopic surgery that can be performed for Cancer of the Cervix.

1) Total laparoscopic hysterectomy

This is performed for very early stage 1A1 Cancer of the Cervix. The technique is described in Chapter 32.

2) Laparoscopic Radical hysterectomy and pelvic lymphadenectomy

In this technique, the uterus, the upper third of the vagina, the tissues around the uterus (parametrium), tissues around the cervix (paracolpus) and the pelvic lymph nodes are removed. This complex surgery requires advanced laparoscopic surgical techniques.

The principles of this technique are as follows:

- 1) The peritoneum medial to the uterosacral ligament is opened and extended to the inferior part of the cervix detaching the rectum from the vagina.
- 2) The peritoneum overlying the ureters is opened and the obturator fossas are opened. The para-vesical and the para-rectal fossas are opened on both sides.
- 3) The uterine arteries are ligated and cut bilaterally and the parametrium is then detached close to the pelvic wall.
- 4) The uterosacral ligaments are excised.
- 5) The round ligaments are cut bilaterally and the peritoneum overlying the bladder is opened and the bladder is pushed down.
- 6) The ureteric tunnel are opened and the ureters are isolated and pushed laterally.
- 7) The para-colpus is coagulated and cut bilaterally.
- 8) The vagina is opened about 2-3 cm inferior to the cervix and a circumferential incision is made and the vagina detached. The whole specimen is then removed.
- 9) Pelvic lymphadenectomy is performed after this.
- 10) The vaginal vault is closed.
- 11) The pelvis is washed and haemostasis is attained.
- 12) A drain is inserted into the pelvis.

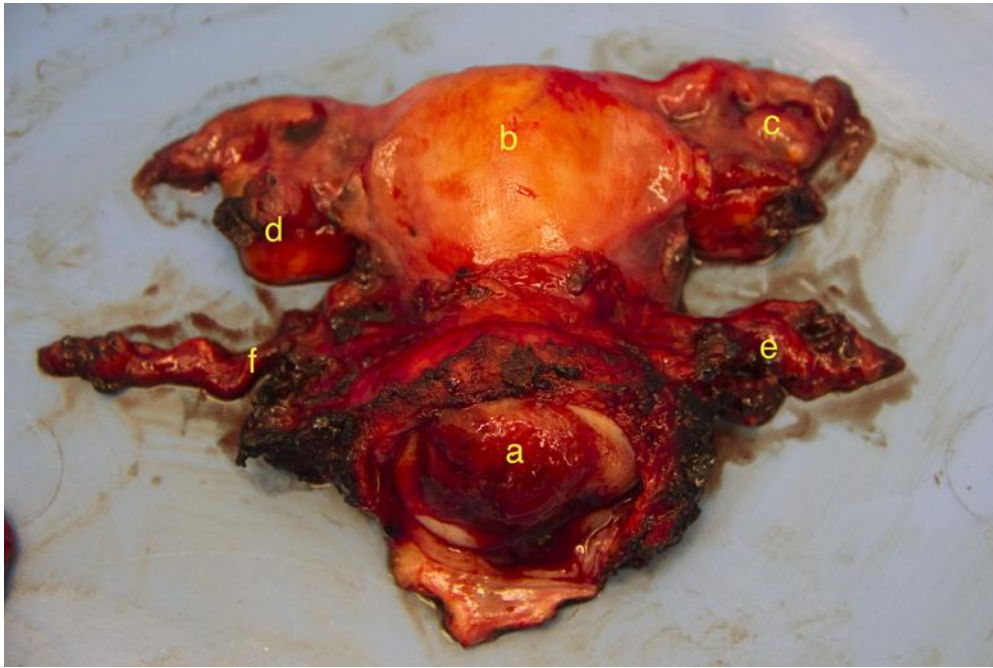


Figure 35.1 Post Laparoscopic Radical Hysterectomy specimen (a: cancer of the anterior lip of the cervix, b: uterus, c: left ovary, d: right ovary, e: left parametrium, f: right parametrium)

Case 35.1

Cancer of the cervix stage 1B: Laparoscopic radical hysterectomy and pelvic lymphadenectomy



Madam FN a 46-year-old lady consulted me in September 2015 with a problem of bleeding after sexual intercourse (post coital bleeding). Examination revealed cancer of the cervix involving the anterior lip, measuring 2 cm in diameter. Biopsy of the lesion confirmed an adenocarcinoma. A CT scan done did not show any extension of the cancer. She was diagnosed with cancer of the cervix stage 1B. She was counseled to undergo an Examination Under Anaesthesia (EUA) and a cystoscopy and if staged as cancer stage 1B to proceed to a Laparoscopic Radical Hysterectomy and Pelvic Lymphadenectomy. The EUA and cystoscopy confirmed cancer of the cervix stage 1B and a Laparoscopic Radical Hysterectomy and Pelvic Lymphadenectomy was performed (watch video 35.1). The surgery took 3 hours 30 minutes. Postoperatively she was well. The histopathology confirmed cancer of the cervix stage 1B (Figure 35.1) with no involvement of the lymph nodes. Postoperatively, she did not receive any chemotherapy or radiotherapy. She is on followup.

Scan Me



Video 35.1

Laparoscopic Radical Hysterectomy
for early Cervical Cancer

<https://vimeo.com/150127506>

Summary

Laparoscopic surgery for early cancer of the cervix requires advanced surgical techniques. Very early stage 1A1 cancers will require just a Total Laparoscopic hysterectomy. However in all other early stage cancers of the cervix, the surgery will involve removal of the uterus, the upper third of the vagina, the parametrium, the para-colpus and the pelvic lymph nodes.

