**Modified Radical Hysterectomy for Endometrial Cancer**

*da Vinci* Modified Radical Hysterectomy with Staging represents the most precise, comprehensive and minimally invasive surgery for the treatment of endometrial cancer.

**Patient Positioning & Preparation**

- Place patient in a dorsal lithotomy position and legs in adjustable boot stirrups.
- Tuck arms, pad bony prominences and place adequate restraints.
- Run patient dry to collapse vessels and aid in lymphadenectomy.
- Place colpotomy ring, uterine manipulator and pneumo-occluder balloon.
- Before docking, place patient in a steep Trendelenburg (>20°) position.

**Port Placement**

Measurements should be made AFTER insufflation to 15 mmHg.

- **da Vinci Camera Port, 12 mm (Blue):** Place superior to umbilicus, ~24-28 cm from pubic symphysis.
- **Right da Vinci Instrument Arm 1, 8 mm (Yellow):** Place on patient’s right side, 8-10 cm lateral and 3-5 cm inferior to endoscope port.
- **Left da Vinci Instrument Arm 2, 8 mm (Green):** Place on patient’s left side, 8-10 cm lateral and 3-5 cm inferior to endoscope port.
- **3rd da Vinci Instrument Arm 3, 8 mm (Red):** Place 8-10 cm from left instrument port on a diagonal line, 1-2 cm superior to left anterior iliac spine.
- **Assistant Port, 12 mm (White):** Place 1 cm inferior to subcostal margin on the left mid-clavicular line.

**NOTE:** When using the standard model *da Vinci* Surgical System, shift the endoscope port 3 cm towards the patient’s right.

**Tips for Port Placement**

- Maintain at least 8 cm between all ports.
- Insert camera and inspect abdomen and pelvis.
- Place ports under direct vision.
- Position remote center (thick black band on cannula) at the level of the peritoneum.
- Insufflate through assistant port and evacuate smoke through endoscope port for best visualization.

**Patient Cart Positioning & Docking**

- Lower OR table and raise arms of patient cart to clear patient’s legs.
- Push all overhead lights and equipment aside.
- Align center column of patient cart, camera arm and endoscope port with target anatomy.
- Position camera arm set-up joint on side opposite of 4th arm.
- Maximize spacing between instrument arms.

**CAUTION:** OR table cannot be moved once system is docked.
**Anatomy Overview**

**Pelvic and Para-Aortic Lymph Nodes**

**Pelvic Anatomy with Anteverted Uterus** (Endoscopic View)

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**da Vinci Modified Radical Hysterectomy – Procedure Steps, Instrumentation & Accessories**

<table>
<thead>
<tr>
<th>Surgical Steps</th>
<th>EndoWrist® Instruments Options</th>
<th>Ancillary Supplies &amp; Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Aortic Exposure</strong>&lt;br&gt;Retract small bowel into lateral gutters to expose aorta. Remove adhesions if necessary. Tubal ligation may be performed at this time.</td>
<td>Monopolar Instruments:&lt;br&gt;Hot Shears™ (Monopolar Curved Scissors)</td>
<td>0° scope&lt;br&gt;5 mmatraumatic grasper&lt;br&gt;(45 cm long)&lt;br&gt;Raytek®sponge&lt;br&gt;Specimen retrieval bag (use a separate bag for each lymph node bundle)</td>
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<td><strong>2 Right and Left Para-Aortic Lymphadenectomy</strong>&lt;br&gt;Incise peritoneum along common iliac artery. Identify ureter, genital femoral nerve and psoas muscle. Dissect lymph node bundles en bloc.</td>
<td><strong>Bipolar Instruments:</strong>&lt;br&gt;Fenestrated Bipolar Forceps or PK™ Dissecting Forceps or Maryland Bipolar Forceps</td>
<td>Uterine manipulator</td>
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<tr>
<td><strong>3 Right Hysterectomy</strong>&lt;br&gt;Incise broad ligament, identify ureter and internal iliac artery. Transect round ligament and infundibulopelvic (IP) ligament.</td>
<td>3rd Arm Options:&lt;br&gt;Fenestrated Bipolar Forceps or ProGrasp™ Forceps</td>
<td>Uterine manipulator with pneumo-ocluder balloon (inflate for colpotomy)</td>
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<td><strong>4 Vesico-Uterine Reflection</strong>&lt;br&gt;Develop bladder flap and identify ureter. Coagulate and transect right uterine vessels and right cardinal ligament. Expose endopelvic fascia.</td>
<td><strong>SutureCut™ Needle Driver</strong>&lt;br&gt;0-Vicryl™ with CT-1 needle cut to 13”&lt;br&gt;5 mm needle driver (45 cm long)</td>
<td>Specimen retrieval bag (use a separate bag for each lymph node bundle)</td>
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<tr>
<td><strong>5 Left Hysterectomy</strong>&lt;br&gt;Incise broad ligament. Identify ureter and internal iliac artery. Transect round ligament and IP ligament. Coagulate and transect left uterine vessels and left cardinal ligament. Complete vesico-uterine reflection.</td>
<td><strong>Ancillary Supplies &amp; Scope</strong>&lt;br&gt;Uterine manipulator with pneumo-ocluder balloon (inflate for colpotomy)</td>
<td>Specimen retrieval bag (use a separate bag for each lymph node bundle)</td>
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<tr>
<td><strong>6 Colpotomy</strong>&lt;br&gt;Ensure maintenance of pneumo-peritoneum and identify colpotomy ring prior to incision. Perform circumferential colpotomy along ring. Transect uterosacral ligaments and remove specimen.</td>
<td><strong>Ancillary Supplies &amp; Scope</strong>&lt;br&gt;Uterine manipulator with pneumo-ocluder balloon (inflate for colpotomy)</td>
<td>Specimen retrieval bag (use a separate bag for each lymph node bundle)</td>
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<tr>
<td><strong>7 Right and Left Pelvic Lymphadenectomy</strong>&lt;br&gt;Incise peritoneum. Dissect lymph node bundles along iliac vessels and within obturator space. Dissect to extent of para-aortic node dissection.</td>
<td><strong>Ancillary Supplies &amp; Scope</strong>&lt;br&gt;Uterine manipulator with pneumo-ocluder balloon (inflate for colpotomy)</td>
<td>Specimen retrieval bag (use a separate bag for each lymph node bundle)</td>
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<tr>
<td><strong>8 Vaginal Cuff Closure</strong>&lt;br&gt;Use running or interrupted closure. Incorporate vaginal mucosa and peritoneum with each suture placement. Incorporate uterosacral ligament laterally. Ensure hemostasis.</td>
<td><strong>Ancillary Supplies &amp; Scope</strong>&lt;br&gt;Uterine manipulator with pneumo-ocluder balloon (inflate for colpotomy)</td>
<td>Specimen retrieval bag (use a separate bag for each lymph node bundle)</td>
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