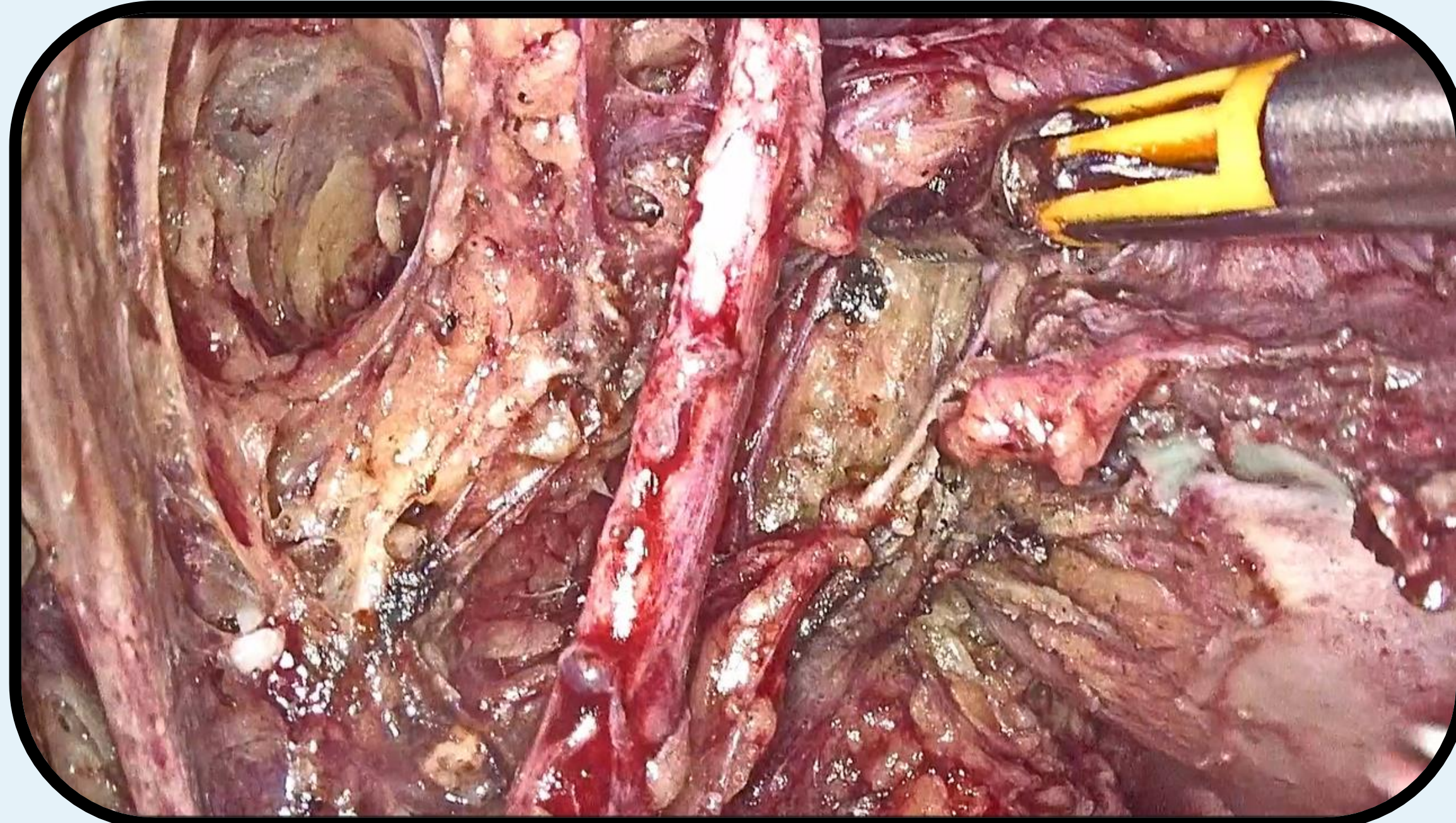
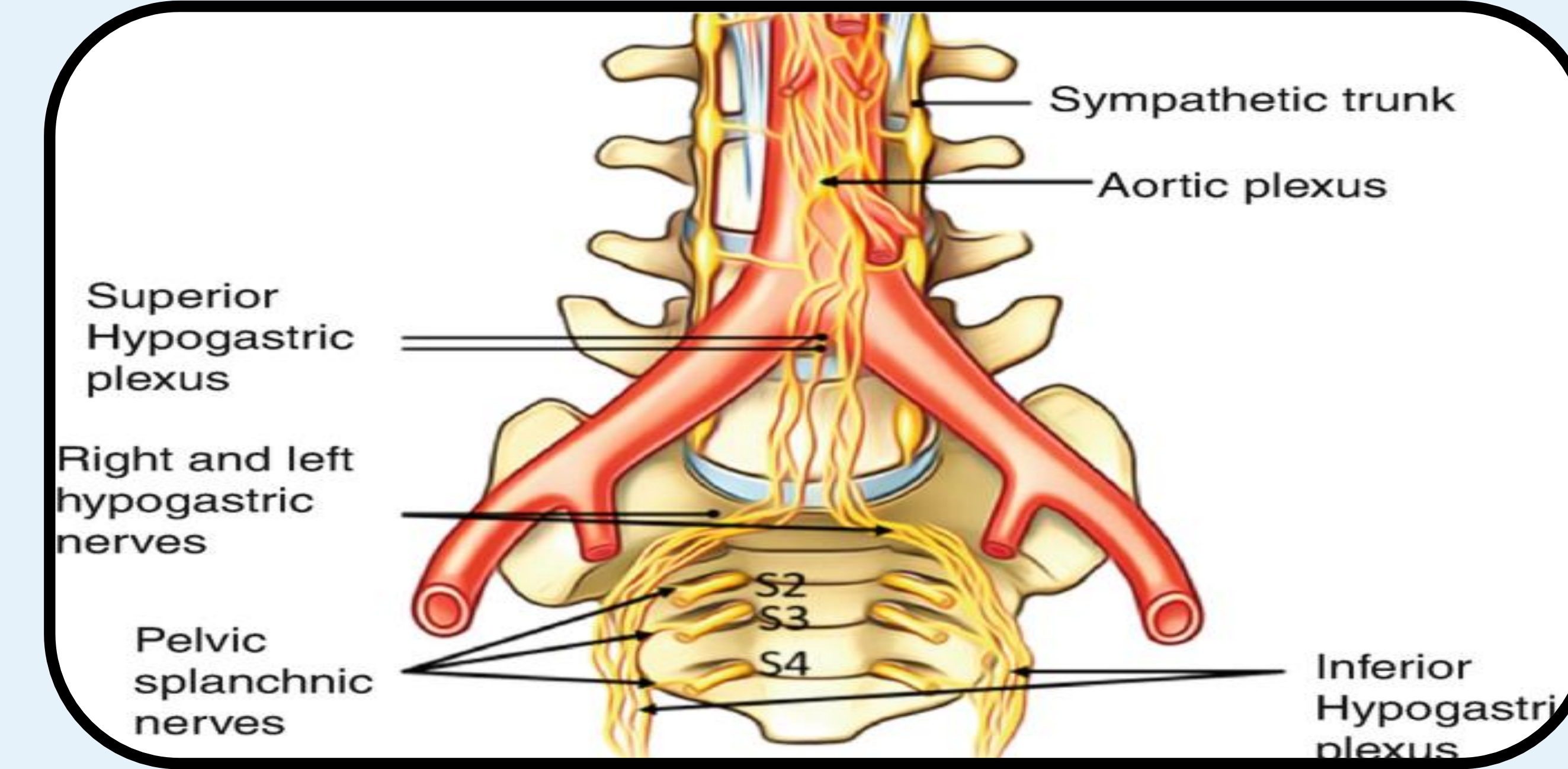




OUR EXPERIENCE OF LAPAROSCOPIC NERVE SPARING RADICAL HYSTERECTOMY FOR CERVICAL CANCER

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OBJECTIVE:

To analyse the clinical and surgical outcomes in patients of operable cervical cancer undergoing laparoscopic nerve sparing radical hysterectomy (LNSRH) - compared to the patients undergoing non-nerve sparing laparoscopic radical hysterectomy (LRH).

SAMPLE SIZE:

- Total 136 patients undergoing LNSRH and 149 patients undergoing LRH

EVALUATION:

The following parameters were assessed:

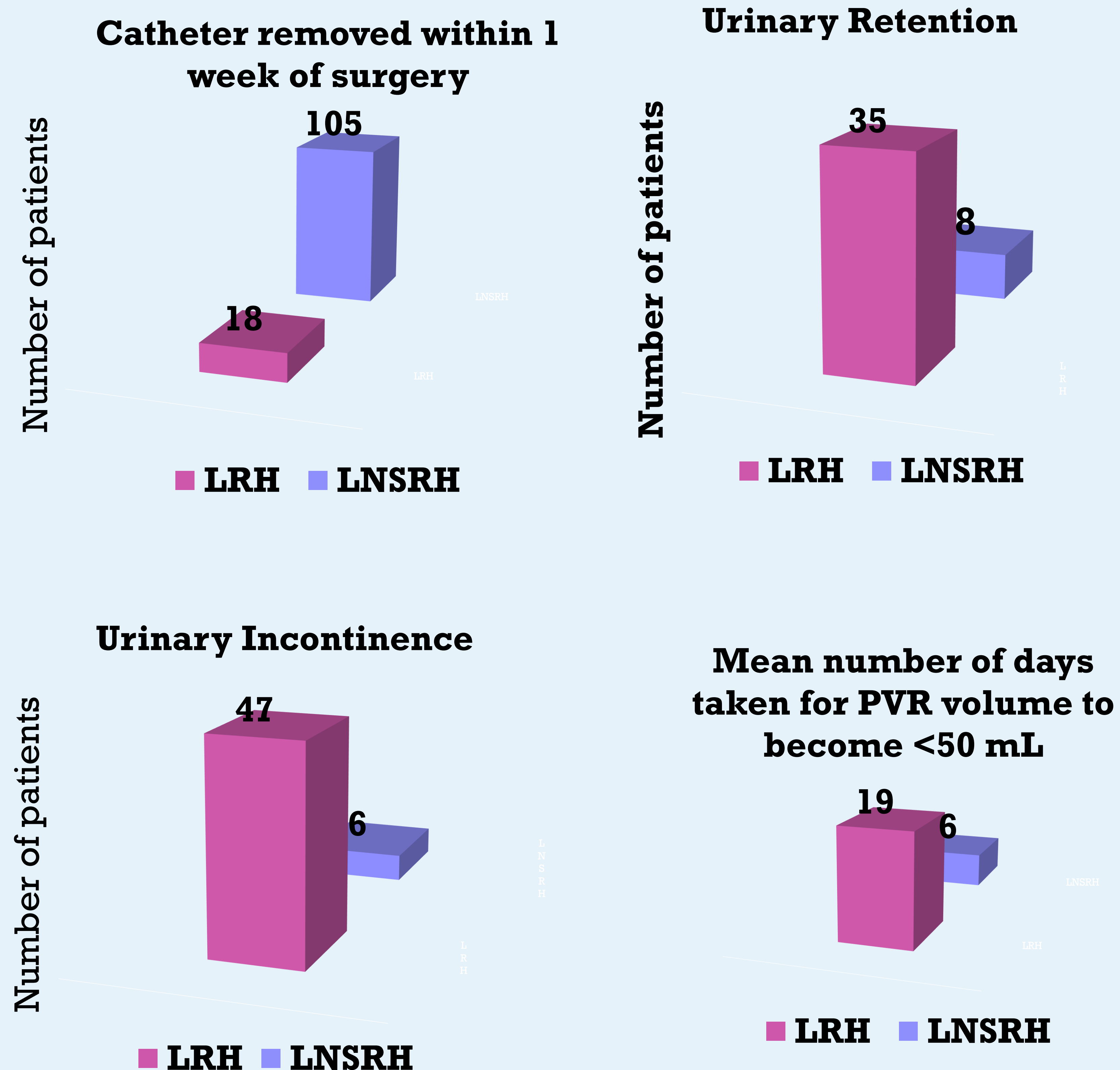
- Demographic details
- Operative time
- Immediate complications
- Duration of hospital stay
- Assessment of urinary and sexual function at one-year follow up interview

SURGICAL PROCEDURE:

- Ureter identified at sacral promontory
- Dissection carried medially till superior hypogastric nerve identified
- Inferior hypogastric nerve: dorsal and caudal direction
- Uterine vein ligated superior and medial to inferior hypogastric nerve, thus sparing it.

RESULTS:

- Post operative urinary function : overall better in LNSRH group.

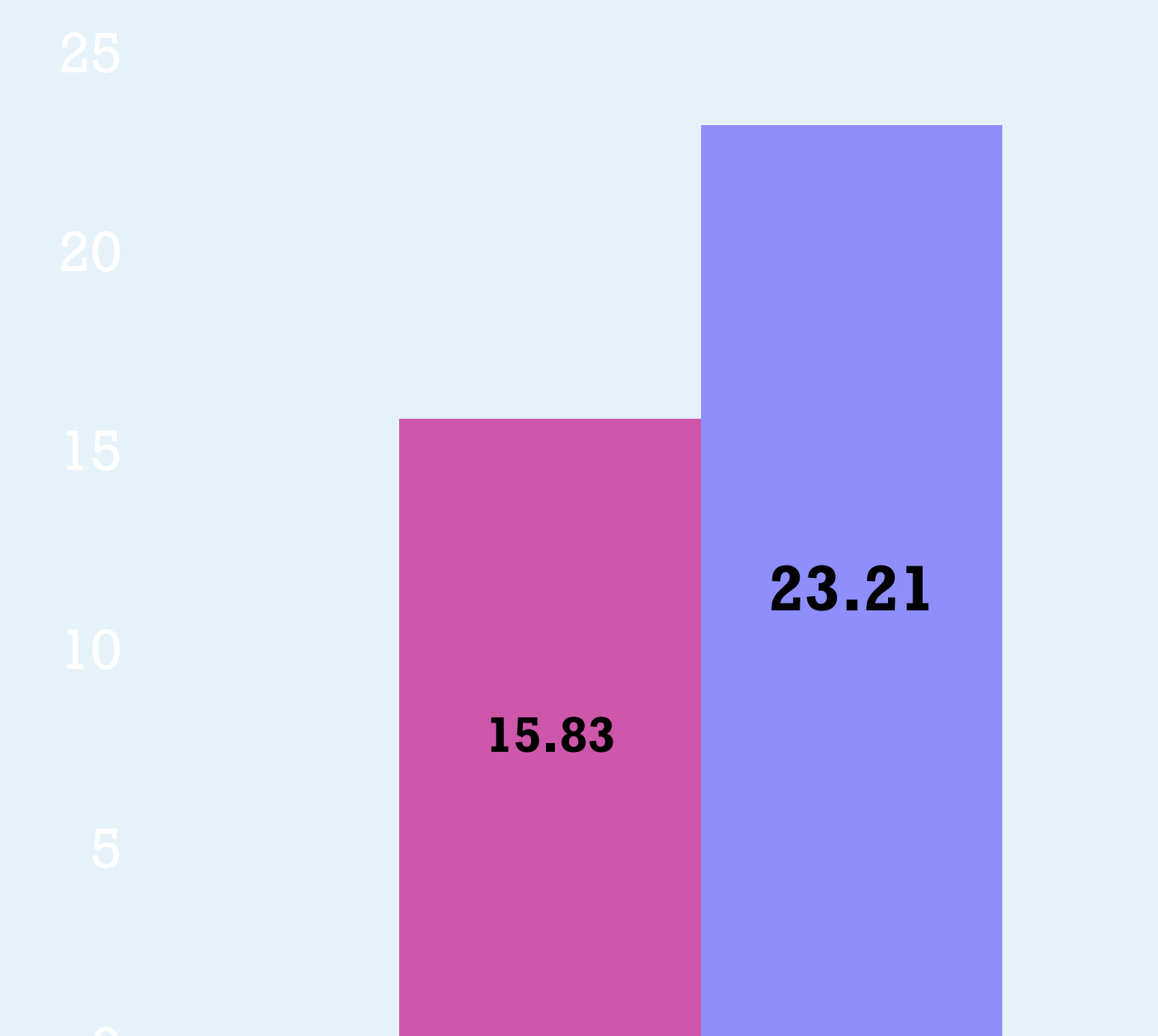


RESULTS:

- Post operative sexual function : overall better in LNSRH group (P value <.05)

MEAN FSFI* SCORE

■ LRH ■ LNSRH



*FSFI : Female Sexual Function Index

CONCLUSION:

LNSRH provides a **better quality of life** in terms of urinary and sexual function as compared to LRH in carefully selected patients, without compromising on oncological clearance.