

# Discussion

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# 1. RH Space developement

- Sometimes, unlike in cadaveric dissection, space development during an actual radical hysterectomy (RH) can be challenging, especially when adhesions, tortuous anatomical variations, or excess fat obscure the landmarks.
- If you have any concrete tips or advice for such situations, please share them.

## 2. VNOTES RRSO

Protocol of RRSO  
from NCCN 2025

- **Obtain pelvic washing for cytology (50 cc normal saline instilled and aspirated immediately).**
  - **Perform total BSO, removing 2 cm of proximal ovarian vasculature/ IP ligament, all tube up to the cornua, and all peritoneum surrounding the ovaries and tubes, especially peritoneum underlying areas of adhesion between tube and/or ovary and the pelvic sidewall.<sup>5</sup>**
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- When performing VNOTES RRSO via VNOTES, how is peritoneal cytology obtained, and do you have any tips for peritoneal stripping around the adnexa?
  - During VNOTES procedures, what is the recommended sequence of ligament transection: infundibulopelvic ligament first followed by the ovarian ligament, or vice versa?

# 3. Future education

- With the emergence of new surgical techniques such as vNOTES and uterine transplantation, it seems that traditional anatomical training alone may not be sufficient.
- Beyond the current approaches, do you see any specific educational methods that could further enhance surgical training?