

등록번호 : 11206154 성명 : 이영희 성별/나이 : 여/67세 생년월일 : 1957-12-11

수술기록 작성과: 산부인과 (2025-08-21)

수술전진단명

- Abnormal uterine and vaginal bleeding

수술명

- Endometrial cancer staging operation (laparotomy)
(TAH BSO BPLND PALND (L3) pOM' Adh (midline))

수술후진단명

- Endometrial cancer unknown stage
- Pelvic adhesion, female

마취종류: 전신

수술일자: 2025-08-21

수술시작시간: 2025-08-21 11:55

수술종료시간: 2025-08-21 17:50

집도의: 김보라F

수술소견 및 절차

Preoperative histologic diagnosis

Endometrial carcinoma

Disease status

Primary disease

Approach

Laparotomy

Midline incision

Operation

Fertility preservation No

Hysterectomy Yes

Type A

Salpingo-oophorectomy Left Yes

Right Yes

Omentectomy Yes

Infracolic

Other organ resection No

Lymphadenectomy (KGOG classification)

Pelvic LN / Level 1

Common iliac LN / Level 2

Para-aortic LN (infra-IMA) / Level 3

LND

Intraoperative findings

Frozen biopsy Yes specify, if yes : LSO> carcinoma

Ascites Yes 4400 mL

Adhesion Yes specify, if yes : Between BO and PCDS

Ovarian tumor Yes largest tumor size 6 cm

residual tumor size 0 cm

Intraperitoneal tumor No

Lymph node enlargement Yes specify, if yes : Lt pelvic LN,

bilat. comon LN,

bilat. PALN

Extraperitoneal tumor No

* Largest residual tumor

No gross residual

Estimated blood loss 600 mL

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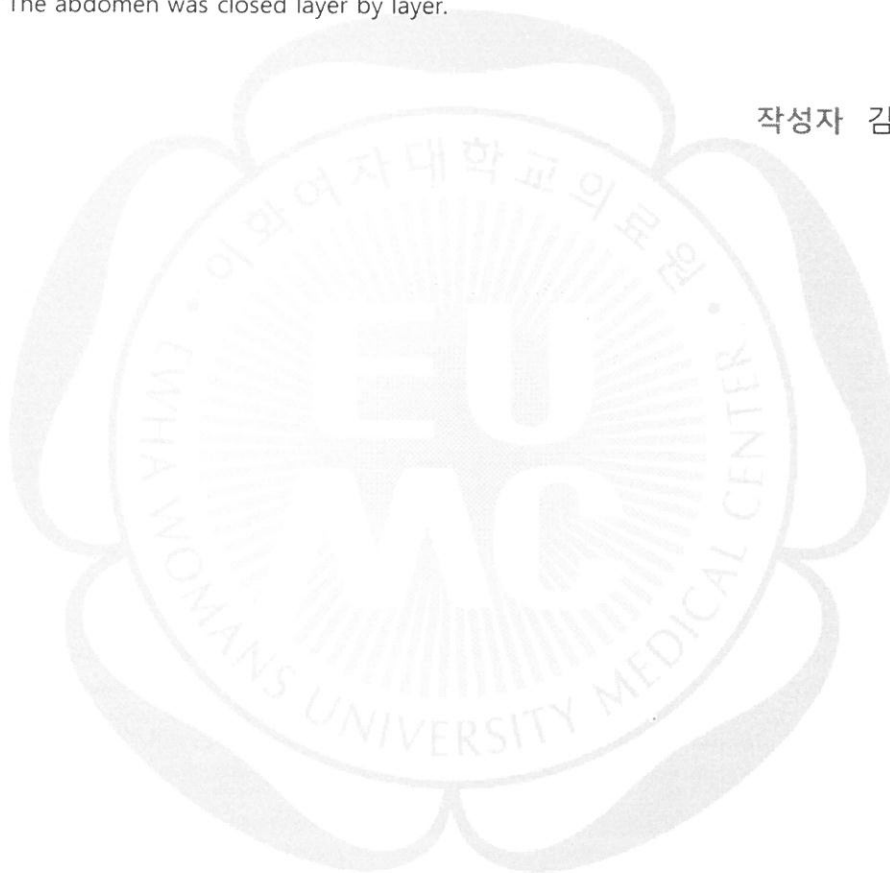
Drain Yes specify, if yes : HV was inserted

Operation procedure

Under the general anesthesia, the patient was draped in the supine position. Abdomen was entered through the midline skin incision. Bowels were packed back out of the operation field with tapes and self-retractor was placed. The abdominal and pelvic cavity was explored systematically, and peritoneal cytology was obtained. After opening the retroperitoneum, the paravesical and pararectal spaces were developed. Bilateral complete pelvic lymph node dissection was performed.

The right round and infundibulopelvic ligaments were grasped with a Heaney and a Kelly clamp and cut and ligated with silk ties. After mobilization of the bladder off the anterior vagina, the right parametrium was clamped, cut and suture-tied with #2-0 Vicryl. The left round and infundibulopelvic ligaments and parametrium were also divided in the same manner. The anterior colpotomy was performed at the level of external os and the circumscribing vaginal incision was completed. After the specimen was removed, the vaginal cuff was closed in a standard fashion. Para-aortic lymph node dissection was also performed. After meticulous hemostasis and irrigation, drains were inserted in the pelvic cavity. The abdomen was closed layer by layer.

작성자 김보라 김보라



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과별서식 작성과: 영상의학과 (2025-09-02)

시술 후 기록 (Brief Procedure Record)

시술일 2025년09월02일 시술자 장정호
보조시술자

시술 후 진단명

Endometrial cancer unknown stage

최종 시술명

- ☐ Bronchial artery embolization ☐ Intracranial angioplasty
☐ Stent-grafts : aorta (tubular) ☐ Stent-grafts : aortoiliac (bifurcated)

Lymphangio embolization

시술내용

1. 초음파가이드하에 both inguinal LNs access함
2. 이후 lipiodol 이용하여 both lymphangiography 시행함
3. Lymphangiography상 leakage 소견보여 glue 1:10 mixture로 embolization 시행함

검체 ☒ 무 ☐ 유: 부위

시술 피부상태 확인

시술 전 ☒ 이상무 ☐ 이상유

부위 피부상태 Size (cm2) 비고

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시술 후 ☒ 이상무 ☐ 이상유

부위 피부상태 Size (cm2) 비고

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시술 시작시간 2025년09월02일 13시55분

시술 종료시간 2025년09월02일 14시40분 (시술 종료시간을 입력해주세요.)

출혈 유무 ☒ 출혈없음 ☐ 경미함 (수혈 불필요)
☐ 중간정도 (수혈함) ☐ 심각한 정도 (추가 수혈 필요)

특이사항

없음 ☒ 활력징후 안정적이며 특이 후유증 없음
☒ 시술 후 진료과에서 경과 관찰 예정임

있음

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작성자 장정호 장지현



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시술 전 기록

시술일 2025-09-02

시술 전 평가 (추정 진단명)

Endometrial cancer unknown stage

시술 계획 (예정 시술명)

lymphangiography PRN)embolization

특이 사항

☒ 없음 ☐ 있음

작성자 장정호 장지현

