

Summary

The thesis evaluates the results of experimental protocol involving the fertility sparing treatment procedure in early stage cervical carcinoma (LAP I protocol). Sentinel lymph node detection and experimental extirpation of afferent channels using laparoscopy and its technical aspects were analysed in prospective group of 85 women. The oncologic results and early/late morbidity show that established surgical procedures can be considered safe with minimal morbidity, provided that the indication criteria are met. The second part analyses the results of 148 women with no further pregnancy plans suffering from cervical tumors less than 2 cm in size with invasion less than half of the stroma (LAP II protocol). The oncological results in our defined group are very good and comparable to 'standard' procedure of modified radical hysterectomy type B or C with lower morbidity. In the separate section the thesis analyses the possibilities of laparoscopy in endometrial cancer treatment including the potentials of use of sentinel lymph node detection and technical aspects of laparoscopy in obese women. Currently the biggest controversy is the use of laparoscopy in malignant ovarian tumors. Our oncogynaecological study group at FN Motol prefers the laparotomic approach and we chose to include the set of advanced stage ovarian tumors, where preoperative estimate doubts the possibility of complete cytoreduction. The thesis describes the indications and laparoscopic approach known as 'open laparoscopy'. Given the right indication, this technique enables safe and representative tissue biopsy and early initiation of neoadjuvant chemotherapy before interval debulking surgery (IDS). The final section of the thesis describes the procedures and indications for each type of laparoscopic transposition of the ovaries.