1. Which of the following is considered the gold standard of vulval cancer management?
   a) Radical vulvectomy or wide local excision plus inguinal lymphadenectomy (triple incision technique).
   b) Radical vulvectomy or wide local excision plus inguinal lymphadenectomy and pelvic lymphadenectomy.
   c) Radical vulvectomy or wide local excision plus inguinal lymphadenectomy (butterfly technique).
   d) Radical vulvectomy or wide local excision followed by sentinel lymph node technique.
   e) Radical vulvectomy or wide local excision followed by robotic lymphadenectomy.

2. Which of the following complications is not related to inguinal lymphadenectomy?
   a) Lymphocyst
   b) Lymphedema
   c) Skin flap necrosis
   d) Urinary incontinence
   e) Wound infection

3. Which of the following is not an advantage of robotic approach?
   a) Comfort for the surgeon
   b) Shorter surgical time
   c) 3D approach
   d) High magnification
   e) Instruments with a higher degree of freedom

4. Which of the following is false regarding the role of minimal invasive approach for inguinal lymphadenectomy?
   a) Shorter hospital stay
   b) Shorter recovery period
   c) Equally safe and oncologically effective
   d) Lower morbidity rates
   e) Less postoperative pain

5. Which of the following is not true regarding the steps of robotic inguinal lymphadenectomy?
   a) Femoral triangle is identified and a 2-cm incision is performed about 3 cm below its inferior aspect.
   b) Scarpa’s fascia is identified and after blunt-finger dissection, the scope is used to create a superficial subcutaneous flap by sweeping the lens under the fascia.
   c) Pneumoperitoneum up to 5-10 mm Hg pressure.
   d) Bipolar Maryland and monopolar scissors are the main instruments used.
   e) Saphenofemoral junction is exposed after opening the fascia lata and deep pelvic lymph node dissection can also be performed if necessary.

6. Which of the following is not correct?
   a) Prospective randomized controlled trials are necessary to clarify the morbidity rates and advantages of robotic inguinal lymphadenectomy for vulval cancer patients.
   b) The main disadvantage is the high cost.
   c) Objections could be raised regarding the learning curve.
   d) The risk of port site metastasis is not clear.
   e) Robotic approach at the moment is cost effective for the health systems.
Questions on the article titled “The possible role of the da Vinci robot for patients with vulval carcinoma undergoing inguinal lymph node dissection” within the scope of CME/CPD

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