

Cervical cancer is the fourth most common gynecological malignancy in Czech Republic. The incidence of cervical cancer in 2008 was 19.2/100000 (1021 women) and mortality reached 6/100000. Both radiotherapy and surgery have comparable results in the treatment of cervical cancer but surgical treatment is still the favoured modality especially in young female. Very successful curability of early stages of this disease (88-97 %) based on individualized therapy currently leads to emphasize the quality of life increasing of treated women. Morbidity related to the treatment is connected with radicality of surgery. The dominant objective of the submitted study was prospective detection of preoperative and postoperative control over the micturition and urinary continence in 142 evaluated women who underwent nerve-sparing radical abdominal hysterectomy type C1, less radical surgery – laparoscopic pelvic lymphadenectomy and laparoscopic assisted vaginal hysterectomy type A or less radical fertility sparing surgery - laparoscopic pelvic lymphadenectomy and simple trachelectomy. Postoperative morbidity is connected with both pelvic lymphadenectomy and resection of the paracervix and proximal part of vagina with hypogastric nerve and inferior hypogastric plexus injury. The lower urinary tract function before and after the surgery was evaluated by urodynamic examination. Iatrogenic injury to the ureter was detected in only one patient. The results of submitted prospective study demonstrate that our technique of nerve-sparing radical hysterectomy keeping neuroanatomical point of view did not affect collecting and evacuation of the urinary bladder and not even in the groups of less radical surgeries was detected serious disorder in urinary continence and evacuation. The aims of the were achieved. In 12 months after the surgical procedures micturition and evacuation of the urinary bladder in women operated on by both nerve-sparing technique and less radical surgeries remained normal.