**Supplementary digital content A: Detailed description of how the pelvic lymphadenectomy model was designed and assembled**

A bony pelvis model was purchased (Pelvic Skeleton, Female, model A61, 3B® Scientific). White and pink re-usable, non-hardening modeling clay (Funstuff® Plastimodal, Reaves&Poole Groupe Inc, Toronto, ON) was attached to the model with gentle pressure to represent the relevant ligaments (sacrospinous, sacrotuberous) and muscles (piriformis, coccygeus, psoas, obturator internus, and iliacus), respectively.

A 3D virtual, computer-based anatomic model was used to guide positioning of structures in three-dimensional space (Interactive Pelvis and Perineum, Primal Pictures Ltd, London, UK). The 3D virtual model was displayed on a nearby laptop for viewing as structures were positioned. Functions allowing the 3D virtual model to be rotated and magnified were utilized during this process. Surgical textbooks, surgical video, anatomic textbooks, and visits to the cadaver lab to review of prosections of the female pelvis were also used to guide the model building in order to achieve anatomical accuracy.

Rubber resistance tubing was purchased in red, blue, and yellow color, respectively, from a physiotherapy supplier to represent the iliac ateries, veins, and ureter, respectively (Thera-band®, The Hygenic Corporation, Akron, OH). Copper wire (22 gauge, Artistic Wire ®, Coatsville, PA) was threaded through holes cut in the resistance tubing to form a scaffold for branching vessels. Rubber resistance tubing was then threaded over the branches. The points where two pieces of rubber tubing were in contact were reinforced with silk suture. This allowed continuity between the branch points in the vessels. We used red 16 gauge primary wire (Home Hardware, St. Jacobs, ON, Canada) to model smaller vessels such as the uterine artery, superior vesical artery, internal pudendal artery, and obturator artery. The 16 gauge primary wire was threaded through nicks created in the rubber tubing at the appropriate sites for the branching vessels.

 A piece of wood was then placed at the base of the model pelvis and nails were hammered into the wood to secure a thin piece of shoelace and the model uterus (described later). The distal portions of the model uterine arteries were attached to this shoelace in order to ensure their course in the region of interest was appropriate. Lymph nodes were modeled by using cotton balls which were sutured into the model blood vessels. A latex glove containing clay modeled the uterus. The fingers of the glove were used to model the round ligaments, utero-ovarian ligaments, and ovaries. A small amount of white clay was placed in the distal portions of two fingers of the glove to model the ovaries. String was then sutured around the model ovaries to represent the infundibulopelvic ligament. The rectum was modeled by placing a piece of cylindrical modeling clay in a double latex glove which was then secured around the back of the sacrum and coccyx with string. The obturator nerve was modeled with a piece of string.

The entire model was then placed in a stainless steel bowl. Spring clamps (Rona, Boucherville, Quebec) were used to secure the distal and proximal aspects of the model structures in order to apply gentle traction and to better position them. The posterior divisions of internal iliac artery and vein were directed to travel out of the pelvis superior to the model piriformis muscle and the internal pudendal artery was directed between the piriformis and ischio-coccygeus muscles. Thin, transparent nylon thread of 0.25 mm diameter (Beadalon, Valley Twp, PA) was tied to structures including the distal ureter and the obturator artery and then secured to the edge of the steel bowl with spring clips in order to make fine adjustments to their positions.

Adherent plastic wrap (Press’n Seal; Glad, Oakland, CA) was draped over the model to simulate the peritoneum. Depressions in the plastic wrap represented the rectouterine pouch and vesicouterine folds. Pieces of clay were placed in these depressions. Boiling hot liquid gelatin mix (lemon-flavored Jell-O®, Kraft Canada, Don Mills, Ontario) was poured through a funnel into the stainless steel bowl containing the model until the undersurface of the plastic wrap was saturated. The plastic wrap was weighed down with a sealed plastic bag full of flour in order to ensure contact between the plastic wrap and the solution. The model was then placed in a refrigerator to cool overnight.

The next day, the bag of flour and the clay placed in the depressions were removed and the model was ready for dissection. To simulate the angle of the pelvis, the entire model was placed in a second stainless steel bowl and positioned at an angle to the horizontal. The model was steadied by an assistant during the robotic dissection.