

infiltration the accuracy was 84,1%, sensitivity was 28,6%, specificity was 91,8%. Nodal metastases were detected in 15,9% patients (11,6% in PLN and 4,3% PLN&PALN). The accuracy of the MRI for the detection of nodal metastasis was 75,4%, sensitivity 30,8%, specificity 84,2%. Further analysis evaluated the impact of the following features on the MRI efficiency: histological type, patient age, presence of myomas and the reference status of the radiology center.

Conclusion Unsatisfactory results of MRI imaging, particularly that overestimate the local infiltration, lead to performing too extensive lymphadenectomy, especially that the ability of detecting LN metastasis by MRI has low rate. All quality bias should be taken into consideration when analyzing the results of the MRI to tailor the surgical treatment.

2022-RA-1643-ESGO **PARA-AORTIC LYMPHADENECTOMY INCREASES VASCULAR LESIONS COMPARED TO PELVIC LYMPHADENECTOMY IN ENDOMETRIAL CANCER, A STUDY IN A MEXICAN POPULATION**

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Introduction/Background Endometrial cancer in Mexico represents the second place, followed by cervical cancer. High-risk staging and treatment involves total hysterectomy, bilateral salpingo-oophorectomy with pelvic and/or para-aortic lymphadenectomy. Surgical staging is necessary in high and intermediate risk cases to assess the extent of the disease and the need for adjuvant therapy, which is why it is important to know the lymph node status to assess the prognosis. Our objective is to evaluate whether para-aortic lymphadenectomy increases vascular lesions compared to pelvic lymphadenectomy in endometrial cancer in a cancer reference center in Mexico.

Methodology A retrospective analysis of 44 cases of endometrial cancer that had complete surgical staging was performed. Comparisons were analyzed using Student's t-test and Mann-Whitney tests. For the statistical analysis, SPSS version 23 was used.

Results The surgeries were performed by experienced gynecologists or surgical oncologists. The median age was 53 years, in the analysis we could not identify statistical differences between the rest of the complications, the main complication was lymphocele with p: 0.03, between the pelvic lymph node dissection (PLND) group, compared with the group of PLND and para-aortic lymph node dissection (PALND), vascular injuries were not significant, as well as ureteral injury, reintervention, infection.

Conclusion PLND and PALND do not increase vascular lesions, however if the number of lymphoceles increases, our pelvic and para-aortic lymph node dissections are performed by experienced gynecologists or surgical oncologists with more than three years of surgical training in a national reference center, which could be an important factor, however, in this study we can conclude that vascular injuries do not increase when we perform para-ortic dissection.

2022-RA-1645-ESGO **SAME DAY DISCHARGE PROTOCOL FOR GYNAECOLOGICAL ONCOLOGY ROBOTIC SURGERY: SINGLE INSTITUTE EXPERIENCE OF INITIAL IMPLEMENTATION**

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Introduction/Background Same-day discharge (SDD) is safe following minimally invasive hysterectomy. The Christie is a high-volume tertiary Cancer centre offering robotic surgery on high-risk patients with a successful Enhanced Recovery programme. Our aim was to create a pathway for SDD acknowledging that only a small cohort of our patients would be eligible. We present the feasibility and safety of service development.

Methodology Prospective cohort study of all patients who underwent robotic surgery for the treatment of gynaecological cancer, in our centre since March 2022, following clinical approval of Enhanced recovery and SSD pathway.

Results Initial, seven patients that were eligible for SSD were prospectively monitored. Mean age was 59(range 50–67)years old. 85.7% had previous abdominal surgery and 28.6% had undergone treatment for a different cancer, in the past. Mean BMI was 37(range 27–47) and they all had performance status of 0 and ASA=2. None was diabetic as this was an exclusion criterion. 42.9% had well controlled hypertension and another 42.9% were ex-smokers. Pre-operative haemoglobin was 139 (range 126–150) g/l.All had operations in the morning session and discharged successfully by 6pm same day.All patients underwent robotic total hysterectomy with bilateral salpingo-oophorectomy, 57% had sentinel lymph nodes and 42.8% omentum biopsied. There were no intraoperative complications and estimated blood loss was 50 ml. There were no concerns reported on follow up phone call day 1 and 2 post op. There were no readmissions and none 30-day post-operative complication on follow up clinic review. Patients satisfaction assessed by clinical nurse specialists as part of holistic needs assessment was very positive.

Conclusion Initial implementation is successful; following a robust preoperative and perioperative care pathway, including appropriate patients' selection and preparation. Post operative support and follow up is paramount. This is supported by a well established gynaecological oncology robotic service.

2022-RA-1647-ESGO **IMPACT OF TUMOR VOLUME ON SURVIVAL OF PATIENTS WITH LYMPH NODE METASTASIS IN ENDOMETRIAL CANCER**

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Introduction/Background Endometrial carcinoma is the most frequent malignant tumor of the female genital tract. The worse prognosis of patients with lymph node disease is well known, but little is known about the relevance of the tumor volume. Our objective is to analyze the impact of the tumor volume of these metastases on the survival.