Objectives The present prospective non-randomized observational study was designed to analyze the proficiency and efficiency of robotic assisted type-1 extrafascial pan hysterectomy with pelvic and paraaortic lymphadenectomy in treatment of high-risk endometrial cancer patients.
Methods 131 consecutive proven high-risk patients with endometrial cancer underwent type-1 extra fascial pan hysterectomy with pelvic and high para-aortic lymphadenectomy using the daVinci® robotic surgical procedures at single quaternary care institution. Data was analyzed under five parameter, docking time, surgeons console time, total combined time taken and number of lymph nodes retrieved. The surgery team had same surgeon, same assistant doctor, same technician, and same nurse in all cases.
Results Target docking time of 7 minutes was achived at 29th case, however there were spikes in the docking time even after 100th case. Target surgeons console time of 180 minutes was achieved at 12th case and thereby consistently maintained 180 minutes or less. The direction of CUSUM line changes at 12th case and maintained the downward trend. Target number of pelvic lymph node 12 was achieved by 9th case. & of para-aortic lymph node 10 was achieved at 18th case. However, even after achieving the target, the variation was widely seen.
Conclusions In conclusion, the daVinci® robotics technology in our practice enabled us to offer minimal invasive surgery to endometrial cancer patients in a short time.The robotic-assisted procedures seems to offer a safe and useful alternative to conventional surgical techniques & would be a tool in armamentarium of gynec-oncologist.

IGCS19-0161

370 ULTRASONIC SURGICAL ASPIRATOR (SONOPET®) FOR ANOGENITAL INTRAEPITHELIAL NEOPLASIA

[1]A Borges*, [1]L Padilla Paz, [2]C Choque, [1]J Webb, [3]M Duarte, [1]L Twigg. *[1]Women's Cancer and Surgical Care, Gynecologic Oncology, Albuquerque, USA; [2]The National Institute of Perinatology- Mexico City, Gynecology, Mexico, Mexico; [3]Women's Cancer and Surgical Care, Gynecologic Oncology, El Paso, USA*

10.1136/ijgc-2019-IGCS.370

Objectives The aim of the present study was to determine the efficacy and safety of the ultrasonic surgical aspiration (Sonopet®) in the treatment of anogenital intraepithelial neoplasia.
Methods We conducted a retrospective chart review of patients who underwent treatment of anogenital intraepithelial neoplasia between 2011 and 2018 with the ultrasonic surgical aspirator (Sonopet®).
Results 256 patients underwent treatment with the ultrasonic surgical aspirator. The most frequent pathologic entities treated were VIN 2 (41.79%) and VAIN 2 (40.62%). Anal disease including both condyloma and anal intraepithelial lesions were found and treated in 10.56% of patients. Overall recurrence for patients treated with Sonopet was 10.54%. For patients previously treated with other modalities such as laser, the recurrence rate was even lower (2.34%). The median time to recurrence was 12.2 months. No surgical complications were recorded, and only minor post-operative complications were reported by patients.
Conclusions The ultrasonic surgical aspiration (Sonopet®) is effective and safe surgical procedure for treatment of anogenital intraepithelial neoplasia. It was effective in both dermal and mucosal pathologies.

IGCS19-0665

371 SENTINEL LYMPH NODEIDENTIFICATION WITH PATENT BLUE DYE IN GYNECOLOGIC ONCOLOGY. INITIAL EXPERIENCE

R Castillo*, W Perfetti, F Hidalgo, M Gimenez, E Payares, A Borges. *Instituto de Oncologia Dr. Miguel Perez Carreno, Ginecologia Oncologica, Naguanagua, Venezuela*

10.1136/ijgc-2019-IGCS.371

Objectives The use of Sentinel Lymph Node (SLN) biopsy in oncological gynecology is increasing every day and there are multiple studies that demonstrate its effectiveness. This study aims to evaluate the effectiveness of the sentinel lymph node in early stages for cervical, endometrial and vulvar cancer.
Methods A prospective study was conducted in early stage patients with endometrial, cervix and vulvar cancer, where the sentinel lymph node technique with patent blue dye followed by completed lymphadenectomy was used.
Results The sample was represented by 20 patients, 10 (50%) Endometrial adenocarcinoma, 8 (40%) Squamous cervical cancer, 2 (10%) Squamous Vulvar cancer. After the identification of the sentinel node, pelvic lymphadenectomy was performed in patients with endometrial adenocarcinoma, obtaining an average of 6 (± 0.9) left lymph nodes and 6 (± 1.4) right lymph nodes, in cervical cancer 7 (± 2.6) left lymph nodes and 7 (± 3.3) right lymph nodes an vulvar cancer superficial inguinal lymphadenectomy was performed, obtaining 15 (± 9.1) left lymph nodes and 14 (± 5.6) right lymph nodes. Among patients with endometrial adenocarcinoma, one patient had a negative sentinel lymph node and definitive biopsy reported micrometastasis. Sentinel node technique had a positive predictive value 100% and negative predictive value 94%.
Conclusions In this study the sentinel node showed high sensitivity and specificity. Although the effectiveness has been proven throughout the world, it is important to make a learning curve in each center.

IGCS19-0445

372 IMPLEMENTATION OF THE ERAS PROTOCOL (ENHANCED RECOVERY ALTER SURGERY) AT A GYNECOLOGIC ONCOLOGY UNIT IN A LOW RESOURCE SETTING

G Devoto*, S Alessandria, J Lange, G Torres, S Tatti, A Bermúdez. *Buenos Aires University Hospital, Gynecologic Oncology Unit, Buenos Aires, Argentina*

10.1136/ijgc-2019-IGCS.372

Objectives To evaluate the postoperative outcome of patients managed according to the ERAS guidelines.
Methods Retrospective study, 92 patients were included, they underwent radical surgery at our Unit. Period: June 2016 to December 2018. Since we work in a low resource setting, only some of the ERAS criteria could be applied (pre-surgical counseling, general preparation, peri and operative measures).
Results 92 patientes included: 46 had an ovarian cancer, 33 a cervical cancer and 13 an endometrial cancer. The median age was 49.6 years. A Radical Laparoscopic Surgery was