2022-RA-1075-ESGO LONG TERM FOLLOW-UP AND OUTCOMES OF BORDERLINE OVARIAN TUMOURS – A TEN YEAR REVIEW OF THE SOUTH EAST WALES GYNAECOLOGICAL ONCOLOGY CENTRE (SEWGOC)

[1]Hassan Zeinah, [1]Daniel Adama, [1]Elsie Tan, [2]Upha Barclay, [1]Sadie Jones, [1]Ewelina Rzyska, [1]Kenneth Lim, [1]Robert Howells, [3]Gareth Rowlands, [1]Anju Sinha, [1]Aarti Sharma. *[1]The South East Wales Gynaecological Oncology Centre, Cardiff, UK; [2]School of Medicine, Cardiff University, Cardiff, UK; [3]Department of Pathology, University Hospital of Wales, Cardiff, UK*

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Introduction/Background Borderline ovarian tumours (BOT) are low malignant potential tumours. There is no consensus on how best to follow up those patients. The aim of this service evaluation project is to assess our current management and long-term outcomes and follow up in women diagnosed with borderline ovarian tumours over a ten-year period.

Methodology All women with confirmed histological diagnosis of BOT who underwent primary surgery at SEWGOC between 1st January 2007 to 31st December 2016 were included. Retrospective review of patients' electronic medical records was undertaken. Information regarding FIGO stages, management (fertility preserving surgery/pelvic clearance), follow up and recurrence were analysed.

Results Seventy-nine patients were diagnosed with BOT. The mean age was 48 years (range 18 – 86). Of these, 67 were stage I, 4 stage II and 8 stage III. Fertility sparing surgery (mean age 38) was performed in 32 patients (30 stage I, 2 stage III). Of these, 22 had follow-up. Four of 32 (12.5%) had recurrences. Pelvic clearance (mean age 55) was undertaken in 47 patients. Of these, 23 had follow up. Three of 47 (6%) patients presented with recurrence. All recurred within 5 years.

Conclusion This evaluation shows that recurrence in women who undergo fertility sparing surgery is doubled versus pelvic clearance. All patients with recurrence presented with symptoms within 5 years of initial surgery. Symptom-led follow up could be a suitable modality especially in those who underwent pelvic clearance.

2022-RA-1076-ESGO LOW PRESSURE LAPAROSCOPIC PROCEDURES IN MORBIDLY OBESE GYNECOLOGICAL PATIENTS USING A NEW SUBCUTANEOUS ABDOMINAL WALL-RETRACTION DEVICE: A SAFETY AND FEASIBILITY STUDY

[1]Antonino Ditto, [1]Umberto Leone Roberti Maggiore, [2]Vincenzo Granato, [1]Fabio Martinelli, [1]Valentina Chiappa, [1]Salvatore Lopez, [1]Mauro Signorelli, [1]Matteo Maruccio, [3]Simona Palladino, [4]Giulia Chiarello, [5]Ludovica Spanò Bascio, [1]Francesco Raspagliesi. *[1]Fondazione IRCCS Istituto Nazionale Tumori, Milano, Italy; [2]Università dell'Insubria, Varese, Italy; [3]Università degli studi di Verona, Verona, Italy; [4]Università 'Aldo Moro' di Bari, Bari, Italy; [5]Policlinico universitario di Modena, Modena, Italy*

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Introduction/Background Laparoscopic surgery for female patients with high BMI is still challenging despite it has been shown safe in obese patients. According to available literature, laparoscopic to laparotomic conversion rate in these patients is 57%, mostly for inadequate surgical exposure and anaesthetics indications. The aim of this prospective study is to assess feasibility, laparotomic conversion rate and perioperative complications after low-pressure laparoscopy (LPL) using a new subcutaneous abdominal wall-retraction device (LaparoTenser) in morbidly obese patients with gynecological diseases.

Methodology

Inclusion criteria were patients aged > 18 years, with BMI >30 kg/m2 who were eligible for laparoscopic surgery for gynaecological disease. We excluded patients with preoperative diagnosis of extra-uterine disease and contraindication to upfront general anesthesia/mini-invasive surgery. Anamnestic, surgical, postoperatively complications and hospitalization related data were prospectively collected.

Abstract 2022-RA-1076-ESGO Table 1

Main baseline population characteristics		Value
Age		68 (40 – 83)
Obesity grade		
	Grade I (BMI[1] 30 to 34.9)	3/24 (12.5%)
	Grade II (BMI[1] 35 to 39.9)	9/24 (37.5%)
	Grade III (BMI[1] over 40)	12/24 (50.0%)
Type of surgery		
TLH[2]-BSO[3]		3/24 (12.5%)
TLH[2]-BSO[3]-SNL[4] biopsy		17/24 (71%)
MSO[5]		1/24 (4.1%)
BSO[3] and omentectomy		1/24 (4.1%)
TLH[2]-BSO[3]-SNL[4] biopsy and complete peritoneal staging		2/24 (8.3%)
Surgical outcome		
Operative time (min)		175 (111 – 249)
Conversion to laparotomy		3/24 (12.5%)
	Advanced disease	2/24 (8.3%)
	Difficult visualization of the operative field	1/24 (4.1%)
Complete surgical staging		23/24 (95.8%)
Intra-operative complications		0/10 (0%)
Hospital stay (days)		4 (3 – 7)
30-days complications		6/24 (25.0%)
	Clavien Dindo grade 1	5/24 (20.9%)
	Clavien Dindo grade 2	1/24 (4.1%)
	Clavien Dindo grade 3	0 / 24 (0%)
	Clavien Dindo grade 4	0 / 24 (0%)

data are expressed as median (range) or number (percentage)
1 Body Mass Index; 2Total Laparoscopic Hysterectomy; 3 Bilateral Salpingo-Oophorectomy; 4 Sentinel Lymph Nnode; 5 Monolateral Salpingo-Oophorectomy

Results We enrolled 24 patients since October 2020 to May 2022. table 1 summarizes the main characteristics of patients included in the study. The operating field visualization was optimal in 23 out 24 cases (95.8%) with a median (range) CO2 pressure of 3 (3–5) mmHg. Conversion rate for inadequate exposure was 4.1% (1/24). 2/24 patients underwent laparotomic conversion to be radically treated because of advanced disease. Operative time, blood loss, and hospital stay were similar to standard laparoscopy. No intraoperative