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### FACTORS INFLUENCING SHORT-TERM POSTOPERATIVE HEALTH-RELATED QUALITY OF LIFE DETERIORATION IN PATIENTS UNDERGOING GYNECOLOGIC ONCOLOGIC SURGERY

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**Introduction/Background** The aim of the study was to identify potential personal, disease- or treatment-related factors that could negatively impact the short-term health-related quality of life (HRQoL) in patients treated surgically for gynecologic cancer.

**Methodology** Patients scheduled for elective surgical treatment of a malignant neoplasm originating from the uterine cervix, endometrium and/or ovaries at the Department of Gynecological Oncology at the University clinic of Gynecology and Obstetrics, University 'Ss. Cyril and Methodius', Skopje, Republic of North Macedonia from March 2017 until April 2019 were screened for eligibility and approached for participation in the study.

HRQoL was quantified using the Functional Assessment of Cancer Therapy-General (FACT-G) questionnaire initially before the surgical treatment and at 1 month postop.

**Results** We analyzed data from a total of 149 patients. Ninety (60.4%) patients had endometrial cancer, 31 (20.8%) had cervical cancer and 28 (18.8%) patients had ovarian cancer. We identified a clinically relevant decline in HRQoL in 54 (36.2%) of the patients 1 month after surgery. The bivariate analysis identified smoking, comorbidities ECOG-PS, disease stage, surgical radicality, systematic lymphadenectomy, residual disease after surgery and postoperative complications as factors that influence the HRQoL 1 month postop. Independent predictors of a statistically significant and clinically relevant decline of HRQoL 1 month after surgery in the multivariate analysis were smoking, (OR=5.07, 95%CI 1.54–16.69, p=0.01), low ECOG performance status (OR=3.34, 95%CI 1.37–8.1, p=0.001 for each increase in ECOG-PS), advanced stage disease (OR=1.74, 95%CI 1.02–2.98, p=0.04 for each increase in disease stage) and residual disease after completing the surgical treatment (OR=4.08, 95%CI 0.95–17.51, p=0.05).

**Conclusion** Certain patient- and disease-related factors potentially negatively influence short-term postoperative HRQoL in gynecologic oncologic patients, irrespective of the specifics of the surgical treatment.

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### THE FOLLOW-UP OF PATIENTS WITH HIGH RISK OF URETERIC POSTOPERATIVE COMPLICATIONS – PRESENTATION OF OUR PROPHYLACTIC METHOD

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**Introduction/Background** The objective was to explore our method of prophylaxis and detection of elevated risk of ureteric postoperative complications after laparoscopic radical hysterectomies in the Oncology Centre Opole (OCO), Poland performed in the years 2020–2022

**Methodology** All women underwent radical hysterectomy for benign (deep infiltrating endometriosis, DIE) or malignant (endometrial or cervical cancer) indications. All DIE patients had external infiltration of the ureter or rigid adhesions. The visual functional assesment of the ureter and the ICG-vascularisation check was performed to detect the high risk patients. In case of any risk factor of ureteric postoperative damage the cystoscopic procedure of JJ-stenting was performed. The prolonged JJ stent maintaining, for up to 3 months, was obligatory. After the JJ stent removal, the cystoscopic evaluation was performed and patients were qualified to the follow up group or in case of any serious postoperative complication, the laparoscopic reoperation was planned and performed the next day.

**Results** Of all women undergoing radical hysterectomy, the high risk group consisted of 50 patients, all had JJ stenting of one or both ureters. Amongst them there were 5 ureteric injuries: 3 mechanical injuries, 2 ureteral tumor removal. All patients had the complete dissection of the ureter down to the ureteric canal. The reparation procedures consisted of 3 ureter retransplantations, 2 Boari flap procedures, 1 bilateral uretero-ileo-cystoneostomy. There was no ureteric postoperative complications reported in the group without JJ-stenting intervention. Diagnosis of the injury or risk of the injury was always set during the operation time and none of them was delayed. In the rest of patients no intervention was necessary.

**Conclusion** Immediate identification of the high risk patients and prolonged stenting of ureters allow the instantaneous repair of ureteral complications in patients who need it.

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### ELUCIDATE THE MECHANISM OF LYMPHEDEMA FROM THE ANALYSIS OF LYMPHATIC FUNCTION AND MORPHOLOGY BEFORE AND AFTER PELVIC LYMPHADENECTOMY USING INDOCYANINE GREEN FLUORESCENCE LYMPHANGIOGRAPHY

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**Introduction/Background** It is said that lymphedema develops in 20–40% of patients after pelvic lymphadenectomy in gynecological surgery. While several risk factors have been shown, many patients develop lymphedema without them. We therefore hypothesized that innate lymphatic function and morphology contribute to the development of lymphedema. In this study, to elucidate the mechanism of lymphedema from the aspect of lymphatic function, we evaluate the changes in the lymph duct before and after surgery using indocyanine green (ICG) fluorescence lymphangiography.

**Methodology** From November 2019, we started the study as a specified clinical trial. We planed to perform ICG fluorescence lymphangiography four times, preoperatively and 1.3.9 months after operation, to the patient who were scheduled pelvic lymphadenectomy due to the gynecological malignant cancer. In