

abnormal vaginal bleeding requiring intervention had no statistical difference between VP and WVP patients group ($p=0.3074$) as other complications as well (table 1). Median of related days of vaginal bleeding after the procedure were 7.4 days (SD 8.75) in VP group and 7.34days (SD 8.52) in WVP group, with no statistical difference ($p=0.912$).

Conclusions Insert a vaginal pack or not, after LEEP, do not affect the number of postoperative gynecologic intervention due to vaginal bleeding or the amount of postoperative bleeding days. Previous pregnancies, hormonal status, cytology or LEEP specimen characteristics did not affect the disclosure. We also could not find any risk factor associated to abnormal bleeding. Based on that, the use of vaginal pack can be omitted with no further complications.

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LATERALLY EXTENDED ENDOPELVIC RESECTION(LEER) AND NEOVAGINE, PATIENT WITH RECTAL ADENOCARCINOMA AND RECURRENCE IN CERVIX, VAGINA AND PELVIC WALL: A PURPOSE OF A CASE

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Objectives Exenteration is used to treat cancers of the lower and middle female genital tract in the irradiated pelvis. Höckel described laterally extended endopelvic resection (LEER) as an approach in which the resection line extends to the pelvic side wall.

Methods A 49-year-old patient diagnosed with rectal adenocarcinoma 10 years ago, managed with chemotherapy plus radiotherapy. Tumor relapse at 3 years, management with low abdominoperineal resection and definitive colostomy. Second relapse 4 years later, compromising the posterior aspect of the coccyx and right side of the pelvis with irresectability criteria, management was decided with chemotherapy with capecitabine, oxaliplatin and bevacizumab. New relapse at 2 years in the cervix, vagina and pelvic wall. Images without distance disease, type LEER management with extension of pelvic floor margins and resection of muscle pubococcygeus and right lateral iliococcygeus with neovagina (Singapore flap) and non-continent urinary derivation with bilateral cutaneous ureterosomy, achieving adequate lateral margin with curative intent. During follow-up with favorable evolution.

Results LEER combines at least two procedures: total mesorectal excision, total mesometrial resection or total mesovesical resection. It may even require resection of the pelvic wall, internal obturator muscle, pubococcygeus, iliococcygeus, coccygeus or internal iliac vessels. In combination with neovagina, it would offer better results in non-gynecological cancer relapses.

Conclusions LEER with neovagina can be offered as a new therapy to a selected subset of patients with relapse in adjacent gynecological organs with good oncological, functional and aesthetic results.

Symptom Management – Supportive Cancer Care

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PHOTOBIMODULATION AND MANUAL LYMPH DRAINAGE FOR NIPPLE NECROSIS TREATMENT IN BREAST CANCER: A CASE REPORT

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Objectives Recently, breast reconstruction after mastectomy with nipple preservation became an option of breast cancer surgery. Despite its efficacy and aesthetic superiority, the nipple preservation is associated with several complications in the postoperative period. The photobiomodulation therapy, formerly known as low-intensity laser therapy, demonstrated tissue promotion repair by cellular repair biostimulation, angiogenesis and anti-inflammatory effects. These characteristics suggest a potential role for repair of chronic wounds and may be applicable in necrosis treatment. Our aim was to report the effects of the physiotherapeutic intervention through photobiomodulation therapy in a patient with nipple necrosis after risk reducing mastectomy.

Methods We report a case of a breast cancer surgery with nipple necrosis treated with low-level laser therapy. The patient was a 36-year-old women who developed skin nipple necrosis in the right breast after bilateral reconstructive mastectomy. She had 6 sessions of low-level laser therapy.

Results A female subject developed a nipple necrosis of more than 40% on the right breast after mastectomy and reconstruction. She was referred to Physical Therapy (PT) and the PT sessions were composed by manual lymph drainage, manual therapy for de AWS, exercises of strength and flexibility, followed by LLLT with laser 660 nm, 2 joules per point at every 1 cm. Therapy was implemented for 12 times in total, from May 2016 to June 2016. A re-evaluation was performed monthly from July 13, 2016 to November 2017. After 18 months of follow-up, the sustained effects of LLLT were found.

Conclusions Low-level laser therapy is effective for the skin cicatrization after nipple necrosis.

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CONTRACEPTION AND FERTILITY COUNSELING IN PATIENTS RECEIVING CHEMOTHERAPY

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Objectives Cancer care advances allow more patients to pursue fertility. Unfortunately, treatments may have detrimental effects on fertility and fetus should pregnancy occur. This study examines physician documentation and patient perceptions of fertility and contraception counseling.