

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 achieved 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

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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 NODE IDENTIFICATION WITH PATENT BLUE DYE IN GYNECOLOGIC ONCOLOGY. INITIAL EXPERIENCE

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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 (\pm 0.9) left lymph nodes and 6 (\pm 1.4) right lymph nodes, in cervical cancer 7 (\pm 2.6) left lymph nodes and 7 (\pm 3.3) right lymph nodes an vulvar cancer superficial inguinal lymphadenectomy was performed, obtaining 15 (\pm 9.1) left lymph nodes and 14 (\pm 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 AFTER SURGERY) AT A GYNECOLOGIC ONCOLOGY UNIT IN A LOW RESOURCE SETTING

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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

performed in 15 of the cases and the other 77 patients were submitted to a Laparotomic (Abdominal) Surgery. Median surgical time was 199 minutes (60- 370). The average hospital stay was 3.33 days (1–13). Combined anesthesia was performed in 34 of the laparotomic surgeries. NGT was left in 6 patients. NGT and BC were withdrawn in 89 cases within 24 hours. Only 10 out of the 92 patients required rescue medication for postoperative pain management. Only 3 patients required bowel resection without any complications. Five patients required blood transfusions. In 23 patients intraabdominal drainage was placed and in 20 of them it was removed within 24 hours. Nobody presented emesis in the postoperative period. One patient developed bilateral DVT. The average value of postoperative glycemia was 150 (91 - 289). There were no readmissions.

Conclusions It was very difficult to implement the ERAS guidelines. Our patients had a good postoperative outcome. This allowed early institutional discharge. The ERAS protocol did not increase the costs of hospitalization.

IGCS19-0602

373 OUTCOMES OF OBESE PATIENTS UNDERGOING GYNECOLOGIC SURGERY ON AN ENHANCED RECOVERY AFTER SURGERY (ERAS) PROGRAM

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Objectives To compare perioperative outcomes of obese vs. non-obese patients undergoing gynecologic surgery on an ERAS program.

Methods We retrospectively reviewed patients undergoing open surgery 11/2014–11/2018. Patients were classified into three categories based on body mass index (BMI) and obesity class: normal/overweight [BMI 18.0–29.9 kg/m²], class I [BMI 30.0–34.9 kg/m²], class II [BMI 35.0–39.9 kg/m²], and class III or greater [BMI ≥40.0 kg/m²]. Obese patients were matched to non-obese patients by age, procedure date, and surgical indication. Standard statistical methods were utilized. Primary outcome was postoperative length of stay [LOS].

Results After matching, 696 patients were included in the analysis [normal/overweight, n=348; class I, n=163 class II, n=88; class III or greater, n=97]. All groups had a median postoperative LOS of 3 days. Obese patients had longer procedure times [median OR time: 218 min vs. 192.5 min, p<0.001] and greater estimated blood loss [median EBL: 300 mL vs. 200 mL, p<0.001]. Compliance with individual program elements was not different overall [70.1% vs. 69.8%, p=0.3262], although lower early mobilization was observed among obese patients [89.9% vs. 94.5%, p=0.023]. No differences were observed in severe [grade III-IV] perioperative complications [10.9% vs. 6.6%, p=0.06], reoperation [2.3% vs. 1.4%, p=0.577], and readmission [11.8% vs. 8.0%, p=0.128]. Mild complications [grade I-II] were more frequent in obese patients [62.4% vs. 48.3%, p<0.001], influenced by more wound complications in this group [4.9% vs. 17.8%, p<0.001].

Conclusions Even after longer operative time and greater blood loss, obese ERAS patients had comparable compliance, perioperative complications, and length of stay to non-obese patients.

IGCS19-0259

374 INCIDENCE OF POST-OP URINARY TRACT INFECTIONS AFTER ROUTINE CYSTOSCOPY IN MINIMALLY INVASIVE ROBOTIC GYNECOLOGIC CANCER SURGERY

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Objectives The aim of this study is to investigate the incidence of post-op infections after routine cystoscopy in robotic-

Abstract 374 Table 1 Comparison of presence and absence of post-op UTI within 30 days of surgery

	(+) UTI (N = 10)	(-) UTI (N=40)	p value
Age, y	52.2 (33 – 88)	64 (35 – 91)	
≤ 60	8 (80.0)	14 (35.0)	0.011
> 60	2 (20.0)	26 (65.0)	
Comorbidities ¹			
≤ 1	4 (40.0)	9 (22.5)	0.2639
> 1	6 (60.0)	31 (77.5)	
Histologic grade			
I	3 (30.0)	15 (37.5)	0.6617
II - III	7 (70.0)	25 (62.5)	
Operating room time ² , hr:min	3:02 (2:31 – 3:45)	2:45 (1:43 – 4:00)	
≤ 2:00	0 (0.0)	4 (10.0)	0.3030
> 2:00	10 (100.0)	36 (90.0)	
Surgery start time			
Before 3 pm	8 (80.0)	32 (80.0)	1.0000
After 3 pm	2 (20.0)	8 (20.0)	
Estimated blood loss (EBL), cc	66 (10 – 200)	34.5 (10 – 100)	
≤ 30	6 (60.0)	28 (70.0)	0.5483
> 30	4 (40.0)	12 (30.0)	
Surgical complexity			
Simple ³	3 (30.0)	33 (82.5)	0.0011
Complex ⁴	7 (70.0)	7 (17.5)	
Surgical stage			
I	7 (70.0)	36 (90.0)	0.1066
II-IV	3 (30.0)	4 (10.0)	
Length of stay ⁵ , hr:min	38:49 (0:29 – 11:47)	24:29 (2:03 – 168:25)	

Data are noted as median (range) or N (%).

¹Comorbidities indicate chronic medical conditions other than endometrial cancer.

²Operating room time is from the time the patient enters the room to when she leaves the room.

³Simple procedure indicates the inclusion criteria: robotic-assisted total hysterectomy with bilateral salpingo-oophorectomy and total pelvic lymphadenectomy.

⁴Complex procedure includes the simple procedure in conjunction with any of the following: aortic lymphadenectomy, or other lymph node removal

⁵Length of stay is from the time that patient leaves the operating room to the time of discharge.

Significant p values (<0.05) are emboldened.