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 NGT and BC were withdrawn in 89 cases within 24 hours.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.

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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)	0.0111
> 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.