Results There were 371 and 163 laparotomies pre-and post-intervention.

After implementation, PE rates decreased from 5.1% to 0% ($p=0.001$). PEs were diagnosed by CT scan prompted by symptoms, at a median of 2 days postoperatively.

Patient characteristics (age, BMI, diabetes, smoking, tumor stage), rate of malignant cases, operative blood loss and duration, and length of stay (LOS) were similar between groups. There were more cytoreductive procedures preintervention ($p \leq 0.0001$).

Univariate analysis revealed that surgery preintervention (OR:4.25, 95%CI 1.04–17.43, $p=0.04$), $LOS \geq 5$ days (OR:11.94, 95%CI 2.65–53.92, $p=0.002$), and operative blood loss ≥ 500 mL (OR:2.85, 95%CI 1.05–7.8, $p=0.04$) increased risk of PE. On multivariable analysis, surgery preintervention remained associated with more PEs (OR:4.16, 95%CI 1.03–16.79, $p=0.05$), when adjusting for operative blood loss.

Conclusions Aggressive dual thromboprophylaxis after laparotomy appears to significantly reduce PE in this high-risk patient population.

IGCS19-0393

377 SENTINEL NODE DETECTION IN GYNECOLOGY ONCOLOGY: OUR EXPERIENCE WITH INDOCYANINE GREEN (ICG)

¹A Nico*, ¹L Lay, ¹N Zeff, ¹A Sanchez, ¹S Cuellar, ²G San Martín, ²C Zarlenga, ³E Lupo, ¹S Gianni, ¹M Ostojich. ¹Instituto Universitario de Oncología Angel Roffo, Gynecology Oncology, Buenos Aires, Argentina; ²Instituto Universitario de Oncología Angel Roffo, Nuclear Medicine, Buenos Aires, Argentina; ³Instituto Universitario de Oncología Angel Roffo, Pathology, Buenos Aires, Argentina

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Objectives Sentinel node (SLN) technique has been able to reduce full lymphadenectomy associated morbidity. The introduction of indocyanine green (ICG) has shown improved SLN detection rates. The purpose of this study was to examine the feasibility of SLNs detection in Gynecologic Cancers: Cervical (UCC) Endometrial (EC) and Vulvar Cancer (VC); using ICG, patent blue (PB) and tc99 radiocolloid (tc99m). We evaluated overall and bilateral detection rate for each tracer.

Methods Between January 2017 and March 2019, 21 patients were scheduled for SLN detection (16 CCU, 2 VC and 3 EC). For CCU and EC 500µCi of tc99m were injected at each quadrant of the cervix and lymphoscintigraphy were performed the day before surgery. VC injections were performed around the tumor. Immediately before surgery 2ml of patent blue and 2ml of ICG were injected at the same positions. SLNs were identified using a NIR fluorescence, radioactive guidance and direct vision.

Results Three tracers were used in 76% of the cases, all had at least two. Detection rate was 100% for 3 methods combined: ICG 100%, Tc99m 100%, PB 77%. Bilateral detection was 100% for 3 methods combined: ICG 88%, Tc99m 88%, PB 38%. No adverse effects related to either tracer were shown.

Conclusions Our study is the first reported experience in Argentina to compare ICG to gold standard tc99m for the detection of SLN in Gynecologic Cancers. ICG sensibility rate is comparable to tc99m, adding the possibility of

direct visualization during the procedure. The later facilitates surgeons' task reducing morbidity and surgical duration.

IGCS19-0060

378 SALPINGECTOMY AT THE TIME OF HYSTERECTOMY FOR BENIGN GYNAECOLOGIC DISEASE: A COMPARISON OF SURGICAL APPROACHES

¹H Obermair*, ²E Borg. ¹Liverpool Hospital, Obstetrics and Gynaecology, Sydney, Australia; ²Caboolture Hospital, Obstetrics and Gynaecology, Brisbane, Australia

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Objectives Due to a growing body of evidence demonstrating the involvement of the fallopian tubes in serous ovarian malignancies, prophylactic salpingectomy has been recommended to be discussed with or offered to patients undergoing hysterectomy for benign indications. This study aimed to compare rates of bilateral salpingectomy at the time of hysterectomy for benign indications across different surgical approaches.

Methods This study was performed through a retrospective review of data collected for clinical audit via Surgical Performance, a web-based audit project which collects data from individual surgeons. Of 11477 hysterectomy records available, 6608 were eligible for analysis.

Results During hysterectomy, salpingectomy was performed in 3856 of 6608 cases (58%) overall. Based on surgical approach, salpingectomy occurred in 65% of cases using an open approach, 70% with laparoscopic approach, 78% with laparoscopic assisted vaginal hysterectomy, 73% with robotic, 73% with conversion to open and 13% with vaginal. There was a significant difference in the rates of salpingectomy during vaginal hysterectomy compared to other approaches ($p \leq 0.001$). When adnexal surgery was performed at the time of hysterectomy, those under the age of 50 more frequently underwent salpingectomy alone, whereas those over the age of 50 more frequently underwent bilateral salpingo-oophorectomy.

Conclusions Salpingectomy at the time of hysterectomy for benign indication occurred significantly less frequently when the operation occurred using a vaginal approach, compared to other approaches. While the data presented here are hypothesis generating, they justify further prospective research into barriers to salpingectomy when a vaginal hysterectomy approach is performed.

IGCS19-0339

379 THE EFFECT OF EARLY POSTOPERATIVE URINARY CATHETER REMOVAL ON PATIENT SATISFACTION IN GYNECOLOGIC ONCOLOGY

¹M Pearl*, ²A Menzies, ²S Dayton, ¹W Burke, ¹G Gossner. ¹Stony Brook Medicine, Gynecologic Oncology, Stony Brook, USA; ²Stony Brook Medicine, Obstetrics and Gynecology, Stony Brook, USA

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Objectives Patient satisfaction is an important aspect of quality health care. A urinary catheter is routinely maintained for the first night following major surgery on a gynecologic oncology