

## Abstracts

**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  $\geq 500$ 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)

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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 500 $\mu$ Ci of tc99m were injected at each quadrant of the cervix and lymphoscintigraphy were performed the day before surgery. VC injections were preformed 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

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

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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 SurgicalPerformance, 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

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

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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

service. However, urinary catheters are a potential source of patient dissatisfaction.

**Methods** We conducted a prospective cohort QA study of 111 patients undergoing major surgery on a gynecologic oncology service between 2016–2018. In the first cohort, the urinary catheters were removed at 6 AM on postoperative (POD) day # 1. In the second cohort, the catheters were removed 4 hours after surgery. In both cohorts, a satisfaction survey was collected in the afternoon on POD # 1. The primary outcome was patient satisfaction with several secondary clinical outcomes.

**Results** Thirty-three patients (29.7%) were excluded due to postoperative concerns, including hemodynamic instability and necessity for prolonged urinary catheterization. The majority of patients described their hospital experience as good or excellent (Cohort 1: 30/32, 93.8% vs. Cohort 2: 28/30, 93.3%). Overall, only a single patient (in Cohort 1) experienced acute urinary retention requiring urinary catheter replacement. There were no significant differences in the duration of hospital stay, frequency of urinary tract infections, and hospital readmissions. In Cohort 1, 97.7% of patients ambulated by noon on POD # 1, while 91.2% of patients in Cohort 2 ambulated by 6 AM.

**Conclusions** Patient satisfaction and clinical outcomes with early postoperative urinary catheter removal following major surgery on a gynecologic oncology service were not inferior to routine removal the following morning. We recommend early removal unless otherwise indicated by postoperative concerns.

## IGCS19-0441

### 380 COMPARTMENT SYNDROME OF THE HAND AFTER LAPAROSCOPIC GYNECOLOGICAL SURGERY

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**Objectives** Acute compartment syndrome (ACS) of the hand is a potentially devastating and infrequent condition observed after trauma, arterial injury, or after prolonged compression of the upper limb. We present the case of a patient diagnosed with compartment syndrome of the hand after laparoscopic surgery for an epithelial ovarian cancer.

**Methods** Patient of 42-year-old woman with incidental finding of high-grade ovarian serous carcinoma after an emergency surgery. On imaging evaluation, the patient was found to have evidence of residual retroperitoneal adenopathy and, was taken to the operating room for a staging procedure by laparoscopy. In the immediate postoperative period, she developed a compartment syndrome of the right hand that required multiple fasciotomies and multidisciplinary management by plastic surgery, orthopedics, and rehabilitation medicine. The patient was discharged from the hospital seven days after the laparoscopic surgery to undergo rehabilitation. Three months after surgery, she is continuing to recover, with near complete recovery of hand function. The patient has completed a total of three cycles of chemotherapy with carboplatin/paclitaxel.

**Results** The compartment syndrome of the hand is an uncommon event but it can generate major functional deficits and even death if it is not diagnosed and treated in a timely manner.

**Conclusions** Strict criteria for patient positioning in laparoscopy surgery may avoid or reduce this complication. To date this is the first case reporting such complication, associated with laparoscopic gynecologic surgery.

## IGCS19-0215

### 381 RANDOMIZED CLINICAL TRIAL COMPARING TWO METHODS OF HEMOSTASIS AFTER LOOP ELECTROSURGICAL EXCISION PROCEDURE, WITH AND WITHOUT VAGINAL PACK

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**Objectives** To compare two methods of hemostasis after loop electrosurgical excision procedure (LEEP), with and without vaginal pack.

**Methods** A randomized clinical trial was performed at Barretos Cancer Hospital (BCH) from October 2014 to June 2015 with 100 patients that underwent LEEP of the cervix, randomized to insert a vaginal pack (VP) or to not insert it (WVP) after the procedure. The primary outcome was postoperative gynecologic intervention due to vaginal bleeding after procedure. The secondary was number of days with vaginal bleeding. Only the participants were blinded to group assignment. Categorical variables were compared using a chi-square test or the Fisher exact test and used 5% of significance level.

**Results** Hormonal status, previous pregnancies and histological results were well distributed between the groups. Postoperative

**Abstract 381 Table 1** Patients characteristics and postoperative complication distributions

		WVP (%)	VP (%)	p value
Hormonal status	Pre Menopause	66	80	0.1149
	Post Menopause	34	20	
Parity	No one	6	6	0.9796
	One or more	92	94	
Cytology	No invasive	98	94	0.3074
	Invasive	2	6	
Endocervical Margin status	Negative	60	64	0.6803
	Positive	40	36	
Ectocervical Margin status	Negative	90	80	0.1614
	Positive	10	20	
Presence of postoperative Abnormal Vaginal Bleeding	No	94	98	0.3074
	Yes	6	2	
Another complications	No	92	96	0.3997
	Yes	8	4	