

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.

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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.

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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	