

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	

abnormal vaginal bleeding requiring intervention had no statistical difference between VP and WVP patients group ( $p=0.3074$ ) as other complications as well (table 1). Median of related days of vaginal bleeding after the procedure were 7.4 days (SD 8.75) in VP group and 7.34days (SD 8.52) in WVP group, with no statistical difference ( $p=0.912$ ).

**Conclusions** Insert a vaginal pack or not, after LEEP, do not affect the number of postoperative gynecologic intervention due to vaginal bleeding or the amount of postoperative bleeding days. Previous pregnancies, hormonal status, cytology or LEEP specimen characteristics did not affect the disclosure. We also could not find any risk factor associated to abnormal bleeding. Based on that, the use of vaginal pack can be omitted with no further complications.

## IGCS19-0405

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### LATERALLY EXTENDED ENDOPELVIC RESECTION (LEER) AND NEOVAGINE, PATIENT WITH RECTAL ADENOCARCINOMA AND RECURRENCE IN CERVIX, VAGINA AND PELVIC WALL: A PURPOSE OF A CASE

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**Objectives** Exenteration is used to treat cancers of the lower and middle female genital tract in the irradiated pelvis. Höckel described laterally extended endopelvic resection (LEER) as an approach in which the resection line extends to the pelvic side wall.

**Methods** A 49-year-old patient diagnosed with rectal adenocarcinoma 10 years ago, managed with chemotherapy plus radiotherapy. Tumor relapse at 3 years, management with low abdominoperineal resection and definitive colostomy. Second relapse 4 years later, compromising the posterior aspect of the coccyx and right side of the pelvis with irresectability criteria, management was decided with chemotherapy with capecitabine, oxaliplatin and bevacizumab. New relapse at 2 years in the cervix, vagina and pelvic wall. Images without distance disease, type LEER management with extension of pelvic floor margins and resection of muscle pubococcygeus and right lateral iliococcygeus with neovagina (Singapore flap) and non-continent urinary derivation with bilateral cutaneous ureterosomy, achieving adequate lateral margin with curative intent. During follow-up with favorable evolution.

**Results** LEER combines at least two procedures: total mesorectal excision, total mesometrial resection or total mesovesical resection. It may even require resection of the pelvic wall, internal obturator muscle, pubococcygeus, iliococcygeus, coccygeus or internal iliac vessels. In combination with neovagina, it would offer better results in non-gynecological cancer relapses.

**Conclusions** LEER with neovagina can be offered as a new therapy to a selected subset of patients with relapse in adjacent gynecological organs with good oncological, functional and aesthetic results.

## Symptom Management – Supportive Cancer Care

### IGCS19-0706

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### PHOTOBIMODULATION AND MANUAL LYMPH DRAINAGE FOR NIPPLE NECROSIS TREATMENT IN BREAST CANCER: A CASE REPORT

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**Objectives** Recently, breast reconstruction after mastectomy with nipple preservation became an option of breast cancer surgery. Despite its efficacy and aesthetic superiority, the nipple preservation is associated with several complications in the postoperative period. The photobiomodulation therapy, formerly known as low-intensity laser therapy, demonstrated tissue promotion repair by cellular repair biostimulation, angiogenesis and anti-inflammatory effects. These characteristics suggest a potential role for repair of chronic wounds and may be applicable in necrosis treatment. Our aim was to report the effects of the physiotherapeutic intervention through photobiomodulation therapy in a patient with nipple necrosis after risk reducing mastectomy.

**Methods** We report a case of a breast cancer surgery with nipple necrosis treated with low-level laser therapy. The patient was a 36-year-old women who developed skin nipple necrosis in the right breast after bilateral reconstructive mastectomy. She had 6 sessions of low-level laser therapy.

**Results** A female subject developed a nipple necrosis of more than 40% on the right breast after mastectomy and reconstruction. She was referred to Physical Therapy (PT) and the PT sessions were composed by manual lymph drainage, manual therapy for de AWS, exercises of strength and flexibility, followed by LLLT with laser 660 nm, 2 joules per point at every 1 cm. Therapy was implemented for 12 times in total, from May 2016 to June 2016. A re-evaluation was performed monthly from July 13, 2016 to November 2017. After 18 months of follow-up, the sustained effects of LLLT were found.

**Conclusions** Low-level laser therapy is effective for the skin cicatrization after nipple necrosis.

### IGCS19-0446

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### CONTRACEPTION AND FERTILITY COUNSELING IN PATIENTS RECEIVING CHEMOTHERAPY

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**Objectives** Cancer care advances allow more patients to pursue fertility. Unfortunately, treatments may have detrimental effects on fertility and fetus should pregnancy occur. This study examines physician documentation and patient perceptions of fertility and contraception counseling.