THE IMPACT OF AN ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOL IN PATIENTS UNDERGOING ABDOMINAL HYSTERECTOMIES IN A TEACHING HOSPITAL

**Objective** To implement and evaluate a protocol of care and rapid perioperative recovery modified for gynecological surgery in Abdominal Hysterectomy at a teaching hospital, to mitigate the physiologic stress of surgery and optimize the rehabilitation of patients.

**Methods** The modified ERAS protocol was implemented in the Hospital Israelita Albert Einstein, Gynecology, São Paulo, Brazil. Data were extracted from a database using Redcap platform. Phase I and III data were reviewed.

**Results** The characteristics of the patients before and after protocol implementation; III. Implementation of protocol in patients admitted also to Abdominal Hysterectomy with or without Salpingo-oophorectomy for benign disease, from March to December 2017 (N = 99); II. Training of the multiprofessional team for protocol implementation; III. Implementation of protocol in patients included in the study, 38% (N=24) had suspicious lymphadenectomy and 22 did not (control group). Among all patients included in the study, 38% (N=24) had suspicious lymph nodes at initial diagnosis, of these, 11 in the no-lymphadenectomy group and 1 from the lymphadenectomy group. Systematic lymphadenectomy after 6 cycles of neoadjuvant chemotherapy and para-aortic lymphadenectomy after 6 cycles of neoadjuvant chemotherapy in high-grade serous ovarian carcinoma.

**Conclusions** The implementation of the ERAS protocol in a teaching hospital in gynecological surgery reduced hospitalization time without increasing the rate of complications or re-hospitalization, and reduced the cost of the procedure.

IMPACT OF SYSTEMATIC PELVIC AND PARA-AORTIC LYMPHADENECTOMY AFTER SIX CYCLES OF NEOADJUVANT CHEMOTHERAPY IN HIGH-GRADE SEROUS OVARIAN CARCINOMA

**Objectives** Analyze the role of systematic pelvic and para-aortic lymphadenectomy after 6 cycles of neoadjuvant chemotherapy (NACT) in advanced high-grade serous ovarian carcinoma.

**Methods** From 2008 to 2016, patients with epithelial ovarian carcinoma who underwent NACT (carboplatin-paclitaxel) were reviewed. High-grade serous histology, FIGO stage IIIC-IVB, complete or optimal cytoreduction and absence of enlarged lymph nodes after NACT were the inclusion criteria. Patients who underwent systematic pelvic and aortic lymphadenectomy were compared to those who did not undergo any lymph node dissection. Patients with partial lymphadenectomy or with bulky lymph nodes were excluded. Progression-free survival and overall survival were analyzed using Cox-proportional hazard.

**Results** From a total of 132 patients surgically treated after NACT, 62 met the study criteria. Forty patients underwent lymphadenectomy and 22 did not (control group). Among all patients included in the study, 38% (N=24) had suspicious lymph nodes at initial diagnosis, of these, 11 in the no-lymphadenectomy group and 22 did not (control group). Systematic lymphadenectomy after 6 cycles of NACT may not impact survival of advanced high-grade serous ovarian carcinoma.