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

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Objectives To implement and evaluate a protocol of care and rapid perioperativerecovery modified for gynecological surgery in Abdominal Hysterectomy at ateaching hospital, to mitigate the physiologic stress of surgery and optimize therehabilitation of patients.

Methods The modified ERAS protocol was implemented inthe Hospital Moyses Deutsch - Mboi Mirim, in partnership with Hospital IsraelitaAlbert Einstein. The study was divided into 3 phases: I. Retrospective data collectionof patients that went through 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 consecutive patients submitted also to AbdominalHysterectomy with or without Salpingo - oophorectomy for benign disease and itstarted in July 2018 (N = 58). Data were extracted from a database using Redcapplatform. Phase I and III data were compared with Student's t, Mann Whitney andchi-square tests.

Results The characteristics of the patients before and after ERASimplantation were statistically similar ($p > 0.05$). There was success in theimplementation of the protocol, reaching statistically significance in reduction inlength of hospital stay ($p < 0.001$), postoperative infection ($p = 0.001$), intraoperativecomplications ($p = 0.027$) without increase in postoperative complications orreadmission, and cost reduction ($p < 0.001$).

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

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

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

Methods From 2008 to 2016, patients with epithelial ovarian carcinoma who underwent NACHT (carboplatin-paclitaxel) were reviewed. High-grade serous histology, FIGO stage IIIC-IVB, complete or optimal cytoreduction and absence of enlarged lymph nodes after NACHT 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 NACHT, 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. Patients' characteristics, blood transfusion and complications were equivalent. Twelve patients (28%) had histologically positive lymph nodes. Surgical time was higher in the lymphadenectomy group, 229 vs 164 minutes ($P = < 0.0001$). Median overall survival: 55.6 (95% CI 45.9–65.3) and 61.2 (32.2–90.2) months ($P = 0.8$) and progression-free survival: 8.1(95% CI 5.8–10.4) and 8.3 (4.8–11.7) ($P = 0.9$) were similar in the lymphadenectomy and control groups respectively. Exclusive lymph node recurrence occurred in 3 patients of the lymphadenectomy group and 1 from the control group.

Conclusions Systematic lymphadenectomy after 6 cycles of NACHT may not impact survival of advanced high-grade serous ovarian carcinoma.