

Conclusions Women in Botswana with vulvar cancer have a high rate of HIV infection and present at a young age. While decreased survival was associated with older age, HIV status did not impact survival. One-fifth of patients received surgery, which was associated with improved survival. Future efforts to identify patients early with limited disease burden and increase surgical capacity may improve outcomes.

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STANDARDIZATION OF CAREGIVER AND NURSING PERIOPERATIVE CARE ON GYNECOLOGIC ONCOLOGY WARDS IN A RESOURCE-LIMITED SETTING

¹J Wong*, ²P Mulamira, ³J Arizu, ²M Nabwire, ²D Driwaru, ²D Mugabi, ²S Nabolime, ²E Nankya, ²R Batumba, ²A Okoth, ²JL Namugga, ²J Ajeani, ²C Nakisige, ⁴SM Ueda, ³LH Havrilesky, ³PS Lee. ¹Duke University School of Medicine, USA; ²Uganda Cancer Institute, Uganda; ³Duke Cancer Center, USA; ⁴University of California San Francisco, USA

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Introduction In Kampala, Uganda, there is a cultural practice for patients to have a caregiver present for the duration of a hospitalization. At the same time, nursing support is limited. This quality improvement project aimed to standardize caregiver and nursing perioperative care at the Uganda Cancer Institute and Mulago Women's Hospital gynecologic oncology wards.

Methods We developed and evaluated a multidisciplinary intervention involving standardization of nursing care, patient education, and family member integration from October 2019 – July 2020. Data were abstracted from medical records and patient interviews pertaining to the following outcomes: 1) pain control; 2) infections during hospitalization; 3) nursing documentation of medication administration, pain quality, and patient checks, and 4) patient and caregiver education. Descriptive statistics, Fisher's exact test, and independent sample t-test were applied.

Results Data were collected from 25 patients undergoing major gynecologic procedures (table 1). Pre- (N=14) and

Abstract 333 Table 1 Comparison of pre- and post-intervention outcome measures

	Pre-intervention, n (%)	Post-intervention, n (%)	
Pre-operative measures	N = 9	N = 10	
Patient or family purchased pain medications before surgery	0 (0%)	1 (10%)	p = 0.582
Received antibiotics before surgery	1 (11.1%)	0 (0%)	--
Received wound care education	0 (0%)	8 (80%)	p = 0.001
Received education on what to expect after surgery	0 (0%)	6 (60%)	p = 0.011
Post-operative measures	N = 9	N = 10	
Family member/caregiver documenting on the attendant flowsheet on POD1	0 (0%)	0 (0%)	--
Presence of post-op infection by day of discharge	0 (0%)	0 (0%)	--
Documentation in the chart	N = 14	N = 11	
Number of documented nursing checks by POD1, median (range)	3 (1 – 8)	5 (1 – 8)	p = 0.266
Documentation of pain quality by POD1	5 (35.7%)	4 (36.4%)	p = 0.689
Documentation of pain score at least once by POD1	0 (0%)	0 (0%)	--
Documentation of pain medication administration on POD0 and POD1	13 (92.9%)	11 (100%)	p = 1.00
Documentation of intraoperative antibiotic administration	9 (64.3%)	10 (90.9%)	p = 0.180
Documentation on new post-op order sheet	0 (0%)	5 (45.5%)	p = 0.009

post- (N=11) intervention comparison demonstrated significant increases in preoperative patient education (0% to 80%, p = 0.001) and utilization of a comprehensive postoperative order form (0% to 45.5%, p = 0.009). Increased frequency in nursing documentation of patient checks and intraoperative antibiotic administration in patient charts were noted but did not reach significance. There was no change in infection rate, pain score utilization, caregiver documentation, or preoperative medication acquisition.

Conclusion Our findings suggest that patient- and family-centered perioperative care can be improved through standardization of nursing care, improved education, and integration of caregivers in a nursing-limited setting.

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DETERMINANTS OF GYNECOLOGIC – ONCOLOGY REFERRAL AND MANAGEMENT OF OVARIAN MASSES IN THE PHILIPPINE GENERAL HOSPITAL (PRELIMINARY RESULTS OF THE OVERA STUDY)

¹C Velayo, ²K Reforma, ²R Sicam*, ²M Hernandez-Diwa, ²A Sy. ¹University of the Philippines, Philippines; ²Philippine General Hospital, Philippines

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Introduction Timely referral to a gynecologic-oncologist (GO) in the management of an ovarian mass could make a significant difference in the prognosis and survival of patients. Understanding the factors affecting referral decisions in a teaching institution will improve strategies for supervision of trainees as well as overall patient outcomes.

Methods This is an ongoing randomized controlled trial using OVERA among Filipino women with ovarian masses in a university hospital. OVERA results were made available pre-operatively to high risk (M) and low risk - disclosure (BD) groups, but not to the low risk - Non-Disclosure (BND) group. The impact of clinical and biochemical factors on the decision for GO referral was evaluated through a questionnaire.

Results There were 347 women included in this analysis. Only 30.84% (n: 107, CI: 26.01–35.99%) were referred to a GO prior to surgery. More than half of the women assigned in the M group (79, 54.48+) were referred in contrast to BD (17, 17+) and BND (11, 10.78+) groups (χ^2 : 66.22, p<0.01). Only three women (0.87+, CI: 0.18–2.53%) had post-operative complications, less than a tenth (n: 13/335, CI: 2.08–6.54%) had a gynecologic-oncologist as the primary surgeon, and more than a quarter (n: 77/252, CI: 24.93–36.65%) of patients needed intra-operative referral to a specialist. Among all the factors investigated, only HE-4 levels (z: 2.45, p: 0.01) influenced non-referral to an oncologist.

Conclusion Subspecialty referral is underutilized even in the presence of key determinants of increased malignancy risk. Recognition of available assessment factors will help optimize patient care.