

Compared with ddTC, ddTC+Bev improved PFS ( $p<0.01$ ). Multivariate analysis suggested that regimen, histological type, initial treatment, and debulking were independent variables. The frequency of adverse events grade 3/4 of -anemia ( $p=0.02$ ), -hypertension ( $p=0.02$ ) and -proteinuria ( $p<0.01$ ) were higher in ddTC+Bev.

ddTC+Bev significantly prolonged PFS. Although the frequency of AE of ddTC+Bev is higher than ddTC, it is totally tolerable. ddTC+Bev is an effective 1st line regimen for AOC.

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### PERIOPERATIVE COMPLICATIONS AFTER CYTOREDUCTIVE SURGERY (CRS) AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) – AN EXPERIENCE FROM THE TERTIARY CARE CENTRE IN NORTH INDIA

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**Introduction** In recent decades, Cytoreductive Surgery (CRS) with Hyperthermic Intraperitoneal Chemotherapy (HIPEC) has become the treatment of choice for resectable peritoneal carcinomatosis (PC).

**Methods** A total of one hundred eighty-eight patients underwent CRS and HIPEC from May 2014 – May 2019 and data was recorded from a prospectively maintained computerized database. Peritoneal Cancer Index (PCI), Completeness of Cytoreduction (CC), Duration of hospitalization, Postoperative morbidities and mortalities were reviewed. Morbidities were graded according to the Clavien Dindo classification.

**Results** Median Peritoneal Cancer Index (PCI) was 14 (range; 8–25) and completeness of cytoreduction (CC) of 0 and 1 (CC-0 and CC-1) was achieved in all patients, with CC -0 in 87 patients (90%) and CC-1 in 10 patients (10%). The

median intensive care unit (ICU) was 2 days (range; 1–8 days), and the mean hospital stay was 7 days. Four (4.12%) patients died in the postoperative period. Overall 30-day morbidities after CRS and HIPEC were found in 33 patients (34%), whereas 26 patients (26%) developed Clavien Dindo major complications (III and IV). Paralytic ileus occurred in 9 patients (9%), whereas Deep Venous Thrombosis (DVT) developed in 10 patients (10%), and subacute intestinal obstruction in 11 patients (11%) in late (21–30 days) postoperative period. The most common cause of hospital re-admission was a subacute intestinal obstruction (SAIO) and managed conservatively.

**Conclusion** CRS & HIPEC can be performed with acceptable morbidities and mortality by experienced surgeons. Perioperative and postoperative outcomes can further be improved by proper patient selection and quality of team management.

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### A SIMPLE SURGICAL TECHNIQUE OF GROIN DISSECTION IN GENITOURINARY CANCERS: A SINGLE CENTRE EXPERIENCE

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**Introduction** Groin dissection is associated with varying morbidities. Various incision modifications have been described in the literature but to date, morbidity still ranges widely up to 30–52%. Thereby, this study aims to share our experience with the new technique.

**Methods** We used 'River Flow incision' technique for 188 groin dissections surgeries in consecutive 104 (bilateral in 84 and unilateral in 20) patients from July 2012 to June 2019. Two, 5–7 cm curvilinear incisions parallel to inguinal ligament were made and flap raised keeping the dissection level just below the membranous layer of the groin (figure 1 A, B).



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