

## IGCS20\_1151

165 **APPLICABILITY OF DUKE ACTIVITY SCALE INDEX (DASI) IN PERIOPERATIVE PREDICTION OF POSTOPERATIVE COMPLICATIONS FOR GYNAEONCOLOGY PATIENTS**

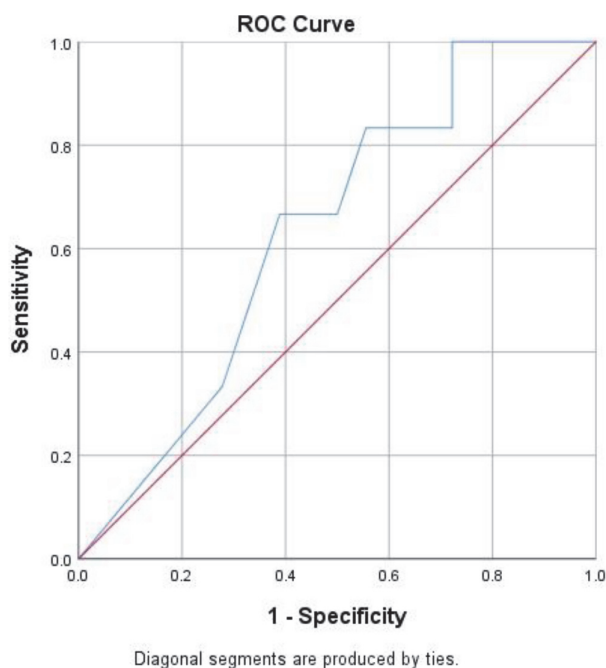
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10.1136/ijgc-2020-IGCS.143

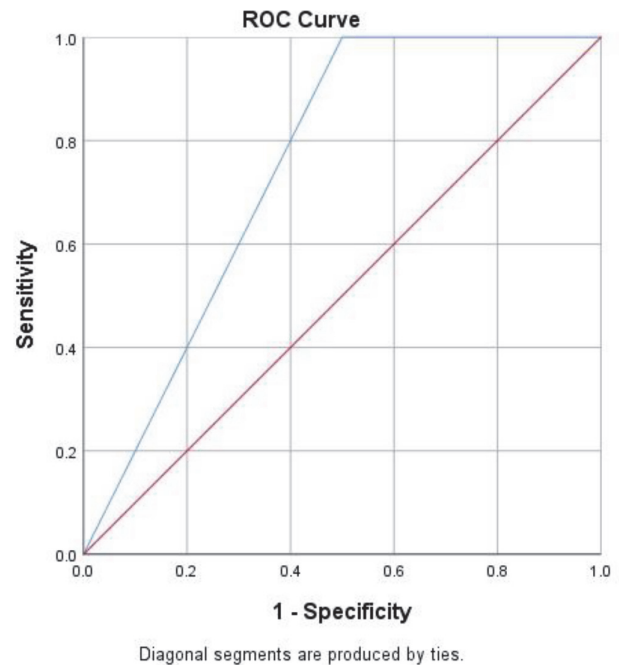
**Introduction** Due to increasing number of patients with multiple comorbidities requiring gynaecological interventions there is an unmet need for an accurate perioperative risk prediction stratification. DASI is a 12 item self-reported questionnaire based around commonly performed activities. DASI determines functional capacity through conversion to Metabolic Equivalent of Tasks (METs), which have been shown to indicate fitness for surgery. In our study we explore the accuracy of DASI in prediction of postoperative outcomes in the context of gynaecology.

**Methods** A retrospective data for 141 patients was collected using a dedicated database or patients' notes at a tertiary oncology centre. All of the patients had filled DASI questionnaire prior to surgery, which we used for the analysis. Actual postoperative complications which occurred within 30 days of the surgery were also recorded. DASI score was then compared with the occurrence of postoperative complications.

**Results** N=141. DASI has not found to be a statistically significant model for prediction of postoperative complications in the general population of the gynaecology patients (AUC-0.433). However we were able to show that a 25 point higher DASI score is predicted to deliver 1 day less in hospital. We also found that DASI score could be promising for patients with ovarian and cervical malignancy (AUC-0.634 and AUC 0.750 respectively), but there were not enough patients to validate the findings.



Abstract 165 Figure 1



Abstract 165 Figure 2

**Conclusions** DASI could be useful in perioperative estimation of postoperative complications for ovarian and cervical cancer patients. A study with a larger sample size and multi-centre prospective study are currently underway to validate the findings.

## IGCS20\_1152

166 **NERVE SPARING RADICAL HYSTERECTOMY WITH A PRECISE DEFINITION OF PARAMETRIUM AND PARACOLPIUM: SHORT-TERM ONCOLOGIC, SURGICAL AND FUNCTIONAL OUTCOMES**

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10.1136/ijgc-2020-IGCS.144

There is an obvious prevalence of disparity in opinions concerning the technique of nerve-sparing radical hysterectomy and its application despite agreement on the need to spare the pelvic autonomic nerve system during such radical operation. Understanding the precise three-dimensional anatomy of paracolpium and its close anatomical relationship to the components of pelvic autonomic nervous system is the key to perform the nerve-sparing radical hysterectomy. 42 consecutive patients with primary cervical cancers, who were operated in our institution between January 2017 and June 2019 were analyzed with concerning on surgical, urinary functional and short-term oncologic outcomes. Two thirds of patients had locally advanced tumor ( $T > 40$  mm or  $pT \geq$  IIA2) with a median tumor size of 44.1 mm. The nerve-sparing radical hysterectomy combined with the complete recovery of bladder function in 90% of patients directly after surgery and in 97% of them in the first two weeks. The recurrence rate in a median follow-up time of 18 months was 9.5%. The nerve-sparing radical hysterectomy approach, which depends on the