

infundibulo-pelvic pedicle stump, followed by the development of the retroperitoneal space with the identification of the umbilical artery, the iliac vessels and laterally the psoas muscle with the genito-femoral nerve. Paravesical and para-rectal spaces are developed down to the pelvic floor. A radical pelvic lymphadenectomy is performed bilaterally. Once lymph node involvement is excluded, we proceed to parametrectomy.

Radical parametrectomy is started with the dissection from the posterior leaf of the broad ligament. The anterior division of the internal iliac artery (IIA) is identified and the uterine artery and vein are transected proximally at their origin using a vascular sealing system or Hem-O-Lok clips. The ureters are then mobilized from their attachments and separated from the medial leaf of the peritoneum down to the ureteral tunnel below the uterine artery and to their entrance into the bladder. Aided by the vaginal probe, the bladder peritoneum is incised, and the bladder is dissected and mobilized inferiorly down to the middle third of the vagina. After dissection of the bladder pillar, the vesico-vaginal space is joined to the paravesical space, completely separating the bladder from the anterior vaginal wall. In cases of anatomical distortion or bladder adhesions, instillation of 300cc of saline solution associated with Methylene blue dye in the bladder might be required to guide the dissection. Posteriorly, the peritoneum is incised at the level of the cul-de-sac of Douglas and the rectovaginal space is developed isolating the uterosacral ligaments. The proximal parametrium and para-vaginal tissues are finally dissected as in a Type B1 Querleu Morrow radical hysterectomy.

The same procedure is performed on both sides. A circular incision is made about 3 cm below the vaginal cuff aided by upward vaginal traction.

**Results** When compared to Radiation therapy RP presents a lower rate of late complications, making it the preferred approach to treat younger patients. Traditionally performed via laparotomy, minimally invasive approach is now proven feasible and effective.

**Conclusion** This article presents a focused anatomic review and describes the surgical technique of the five-port robotic assisted radical parametrectomy.

**Disclosures** Eric Lambaudie and Gilles Houvenaeghle report grants and personal fees from Intuitive Surgical, outside the submitted work.

The other authors have no other conflicts of interest to declare.

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#### ENHANCED RECOVERY AFTER SURGERY (ERAS) FOR PARA-AORTIC LYMPHADENECTOMY-A NEW TREND TO CONSIDER?

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10.1136/ijgc-2020-ESGO.46

**Background** Enhanced recovery after surgery (ERAS) is a multimodal approach aiming to improve rehabilitation after surgery. In gynecologic malignancies, para-aortic lymphadenectomy (PAL) is indicated for either diagnostic or

therapeutic finalities. Minimally invasive surgery (MIS) constitutes the cornerstone for ERAS programs.

**Methods** This retrospective study conducted between November 2006 and January 2018, aims to analyze the role of ERAS implementation for patients undergoing PAL. Starting 2016, an ERAS protocol was implemented for all the patients in our institution. All patients who underwent PAL for gynecologic malignancies were included in this study. To analyze the impact of this implementation on the surgical outcomes (length of hospital stay (LOS)) and the post-operative complications, we compared the patients who underwent PAL within ERAS protocol between 2016 and 2018 'ERAS Group' to the patients who underwent PAL prior to this implementation (between 2006 and 2015) 'Prior to ERAS group'.

**Results** A total of 193 patients were identified. 'ERAS Group' was associated with a significant decrease of median LOS (2 days vs. 3 days,  $p < 0.001$ ) and a significant increase in earlier post-operative discharges: OR=29.62 [13.58–64.64],  $p < 0.001$ . Two factors were independently associated with early postoperative discharge: Implementation of the ERAS protocol (OR=25.64 [8.14–80.71],  $p < 0.0001$ ) and the endorsement of the extraperitoneal technique for PAL (OR=5.92 [2.10–16.68],  $p = 0.0008$ ). There was no difference in intra-operative complications rate between groups ( $p = 0.497$ ). More postoperative complications were found in the 'ERAS group' (23% vs 10%,  $p = 0.017$ ) but this difference was not significant for severe complications ( $p = 0.277$ ) and lymphocele rate ( $p = 0.248$ ).

**Conclusions** Implementing ERAS protocols for patients undergoing minimally invasive PAL is an independent factor improving early recovery and decreasing the LOS without increasing severe complications.

**Disclosures** Drs Isabelle Masquin, Mellie Heinemann, Christophe Zemmour, Camille Jauffret-Fara, Guillaume Blache, Laura Sabiani, Clément Brun, Marion Faucher and Houssein El Hajj have no conflicts of interest or financial ties to disclose. Gilles Houvenaeghel and Eric Lambaudie are proctors for Intuitive Surgical.

## Diagnostics

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#### A NEW PROPOSAL FOR THE CLINICAL CLASSIFICATION OF VULVAR LICHEN SCLEROSUS: AN OBSERVATIONAL PROSPECTIVE STUDY

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10.1136/ijgc-2020-ESGO.47

**Introduction/Background** Vulvar Lichen Sclerosus (VLS) is a chronic inflammatory disorder which commonly affects the female anogenital epithelium, leading to scarring, anatomical