cases (N: 14). Mean time of hospitalization was 7.84 days (4.16 SD; max:15, min:1). Few patients had complications: surgical urologic complications: 12.0% N:3; post-surgery complications: urological (N:2), abdominal wall infection (N:2), eventration (N:1), vascular (N:1).

Conclusion* Ovarian cancer in premenopausal women is a threatening condition, diagnosed in most cases in advanced stages, that needs a combination of chemotherapy and surgery. Surgical approach must be aggressive in order to achieve a complete resection of the tumor.

491 THE IMPACT OF ERAS IN CYTREDUCTION FOR ADVANCED OVARIAN CANCER

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Introduction/Background* Complete cytoreduction is the cornerstone of the treatment for advanced ovarian cancer (AOC). To achieve this goal multiple organ resection is required, with an important impact on the patient’s overall health. These patients may benefit from the implementation of enhanced recovery after surgery (ERAS). The aim of this study is to evaluate the possible benefit in the patient’s postoperative morbidity.

Methodology Retrospective analysis of women with AOC from the 1st Department of Obstetrics & Gynecology AUTh at “Papageorgiou” Hospital (ESGO Certified Center for AOC), 2014 – 2019. From 2014 to 2016 conventional management (CM) was applied, while from 2017 to 2019 patients were managed with ERAS protocol. Patient & tumor characteristics, treatment options and follow-up information were collected. Primary outcomes where ICU admittance, post-operative complications (Clavien – Dindo classification) and hospitalization.

Result(s)* 142 patients met the inclusion criteria. Patients underwent either primary debulking surgery (PDS) or interval debulking surgery (IDS). 84 patients were treated with conventional management and 58 with ERAS protocol. The mean age for the ERAS group was 60 ± 13 vs. 61 ± 13 years old for the CM group (p=0.8313). Furthermore, there was no difference between the type of surgery operation duration between the 2 groups. (CM group: 210min vs. ERAS group: 240min, p=0.1497/CM group: 50% PDS – 50% IDS vs. ERAS group: 38% PDS – 62% IDS, p=0.1554). However, the occurrence of ICU admittance (32% vs. 14%, p=0.01263), overall postoperative complications (32 vs. 22.6, p=0.004) and hospitalization (9 vs. 7 days, p<0.001) were significantly reduced by the implementation of the ERAS protocol. Last but not least, concerning 30day mortality: 3 patients died during conventional management, while only 1 died during ERAS protocol.

Conclusion* The implementation of the ERAS program in the management of AOC improves patient’s postoperative morbidity, reducing the interval time between surgery and systematic therapy. Less need for the ICU and fewer days in the hospital can decrease healthcare costs in high-volume gynecological – oncological centers.