

Abstract 5 Table 1 Pain intensity by hours, n(%)

Hours	No pain		Mild pain		Moderate pain		Severe pain		Very severe pain		Worst possible pain		P-Value, (Chi Square Test)
	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	
1	7 (50)	9 (64.3)	4 (28.6)	4 (28.6)	2 (14.3)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (7.1)	1 (7.1)	0.522 (2.250)
4	5 (35.7)	8 (57.1)	6 (42.9)	3 (21.4)	2 (14.3)	2 (14.3)	0 (0)	0 (0)	1 (7.1)	0 (0)	0 (0)	1 (7.1)	0.449 (3.692)
8	5 (35.7)	8 (57.1)	7 (50)	4 (28.6)	2 (14.3)	0 (0)	0 (0)	1 (7.1)	0 (0)	0 (0)	0 (0)	1 (7.1)	0.239 (5.510)
12	6 (42.9)	7 (50)	5 (35.7)	3 (21.4)	3 (21.4)	1 (7.1)	0 (0)	2 (14.3)	0 (0)	0 (0)	0 (0)	1 (7.1)	0.334 (4.577)
24	7 (50)	6 (42.9)	4 (28.6)	3 (21.4)	2 (14.3)	1 (7.1)	0 (0)	3 (21.4)	0 (0)	0 (0)	0 (0)	1 (7.1)	0.635 (2.553)

Abstract 5 Table 2 Intraoperative and postoperative bleeding

Bleeding	Minimal n (%)		Mild n (%)		Moderate n (%)		Heavy n (%)		Mean ± SD		Means comparisons*		P-value (Chi Square test)
	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	
Intraoperative	3 (21.4)	12 (80)	5 (35.7)	3 (20)	6 (42.9)	0 (0)	0 (0)	0 (0)	1.21 ± 0.8	0.2 ± 0.8	B (.000)	—	0.003
Postoperative	4 (28.6)	10 (71.4)	6 (42.9)	3 (21.4)	2 (14.3)	0 (0)	2 (14.3)	1 (7.1)	1.14 ± 1.03	0.43 ± 0.85	—	—	0.116

**Conclusion\*** Conization of the cervix under local analgesia is as effective in pain prevention as general analgetica and reduce the amount of bleeding during and possibly after the operation. More resurch is needed to conclude the preferred routh of analgesia.

**11 THE QUALITY OF LIFE OF PATIENTS WITH BENIGN AND MALIGNANT GYNAECOLOGICAL TUMORS IN HIMALAYAN REGION RISHIKESH INDIA**

<sup>1,2</sup>N Vdovichenko\*, <sup>1</sup>A Voigt, <sup>1</sup>R Bolotin, <sup>1</sup>M Braeuer, <sup>1</sup>I Arampatzis, <sup>1</sup>P Blanke, <sup>2</sup>A Bahadur, <sup>2</sup>A Yadav, <sup>2</sup>R Mundhra, <sup>2</sup>J Chaturvedi. <sup>1</sup>Gemeinschaftskrankenhaus Herdecke, Obstetrics and Gynecology, Herdecke, Germany; <sup>2</sup>AIIMS, Rishikesh, Obstetrics and Gynecology, DEHRADUN, India

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**Introduction/Background\*** QoL (Quality of life) of oncological and non-oncological patients is one of the most sensitive questions in gynecological care. We assessed the quality of life of gynecological patients with benign and malign diseases in our department and revealed the difference between the emotional, physical, spiritual, social/family, functional well-being, financial toxicity, treatment satisfaction with QoL score according to FACIT (Functional Assessment of Chronic Illness Therapy), histopathological type of cancer, BMI, marital status, main symptoms of the disease, age, education were also evaluated.

**Methodology** QoL was assessed by the first visit, after intervention (operation, chemotherapy) by using FACIT Scoring.

**Result(s)\*** 60 patients with a median age of 41,1 years (22-73) were evaluated. 32 females had histologically proven malignant and 28 had benign disease. Among malignant we found of

46,8% had endometrial, 21,8% ovary, 9,3% cervical, 9,3% vulvar, 3,1% breast cancer. The mean FACIT score in malignant group is 37,4 (34 -58,6) , lowest score observed by cervical cancer. The mean FACIT score in benign group is 37,2 (32,6-55) , lowest score observed by uterine fibroid 34,5. 85% of all patients had access to medical treatment. Lowest financial toxicity score was 5 by benign disease.

**Conclusion\*** Relative low and similar score of QoL in both group shows deficiency in disease care independently from dignity. It is required further investigation and improvement of quality of life in malignant and benign disease in gynaecological cases.

**43 FACTORS INFLUENCING PATIENT REPORTED OUTCOMES IN WOMEN WITH ENDOMETRIAL CANCER: VALIDATION OF THE SLOVENIAN EORTC QLQ-EN24 INSTRUMENT**

<sup>1</sup>E Gjuras, <sup>1</sup>D Gašpar, <sup>1,2</sup>M Sobočan\*, <sup>1,2</sup>J Knez. <sup>1</sup>University of Maribor, Faculty of Medicine, Maribor, Slovenia; <sup>2</sup>University Medical Centre Maribor, Division for Gynaecology and Perinatology, Maribor, Slovenia

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**Introduction/Background\*** Improved survival in patients with endometrial cancer has led to increased awareness about the quality of life (QoL) after treatment. QoL refers to a multidimensional assessment that includes physical, emotional, and psychological domains. An important part of QoL are patient reported outcomes (PROs). This study assessed PROs in women with endometrial cancer and assessed the impact of therapy on PROs.

**Methodology** Women with endometrial cancer treated at the University Medical Centre Maribor between January 2016 -