

Abstract 220 Table 1 Comparison of postoperative ERAS protocol interventions before and after its implementation

	Before ERAS N=80	After ERAS N=80	P-value
Opioid analgesic use	77 (96.3%)	47 (58.8%)	<0.001
Postoperative nasogastric tube	23 (28.7%)	7 (8.8%)	0.001
Intraoperative surgical drain administration	23 (28.7%)	18 (22.5%)	0.365
Duration of surgical drain postoperative ^a	1.11±1.97	0.74±1.54	0.292
First postoperative day indwelling urinary catheter removal	64 (80.0%)	75 (93.8%)	0.01
Duration of indwelling urinary catheter postoperative ^a	1.64±2.05	1.1±0.43	0.009
Ambulation within 6 hours from return to department	1 (1.3%)	25 (31.3%)	<0.001
Duration until ambulation from return to department (hours) ^a	21.42±8.59	13.93±6.56	<0.001
Fluid drinking within one day postoperative	17 (21.3%)	48 (60.0%)	<0.001
First postoperative day feeding	3 (3.8%)	73 (91.3%)	<0.001
Duration until feeding from surgery (days) ^a	2.24±1.05	1.08±0.34	<0.001
First postoperative day intravenous fluid cessation	48 (60.0%)	77 (96.3%)	<0.001

Abstract 220 Table 2 Comparison of postoperative clinical outcomes before and after implementation of the ERAS protocol

	Before ERAS N=80	After ERAS N=80	P-value	
Hospitalization after surgery duration (days) ^a	4.89±2.56	4.09±1.65	0.01	
Nausea ^a	18 (22.5%)	7 (8.8%)	0.017	
Vomiting	No	73 (91.2%)	0.225	
	First-day postoperative	2 (2.5%)		0 (0%)
	Second-day postoperative and beyond	3 (3.8%)		5 (6.2%)
	Bowel obstruction requiring a nasogastric tube	2 (2.5%)		0 (0%)
Postoperative complications	12 (15.0%)	10 (12.5%)	0.646	
Re-hospitalization within 30 days of surgery	11 (13.8%)	8 (10.0%)	0.463	

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THE IMPACT OF URINE BLADDER CATHETERIZATION AFTER RADICAL HYSTERECTOMY – UNDERSTANDING PATIENTS' EXPERIENCE

NJ Schuur*, M Vrijhof, CB Van den Berg, HJ Van Beekhuizen, HC Van Doorn. *Erasmus MC Cancer Institute, University Medical Center Rotterdam, Department of Gynecologic Oncology, Rotterdam, Netherlands*

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Introduction/Background* Postoperative bladder dysfunction is a common phenomenon after radical hysterectomy (RH) in patients with cervical cancer. Post-operatively, women receive a transurethral or suprapubic catheter.

The objective of our study was to evaluate patients' experience of urine bladder catheterization after RH.

Methodology A questionnaire with 19 items was sent to 62 women who underwent RH between January 2017 and July 2020 at the Erasmus MC Cancer Institute in Rotterdam, the Netherlands. Questions regarding information received, catheter-related problems, and emotional distress were surveyed

using a four-point Likert scale. For analysis, the two lowest and two highest outcomes were combined. Further, women were encouraged to share any comments. The study was approved by the ethical board of the Erasmus MC.

Result(s)* Forty-seven women responded (75%). Insufficient information on catheter use was reported by approximately 20%. A high or very high score was given for frustration by 36%, shame by 21%, fear by 11%, and movement restrictions by 28%. Overall, these were more common in women with a transurethral (n = 29) compared to a suprapubic catheter (n = 18). Additional information in the free text box made it clear that postoperative micturition and catheter-related problems have a significant impact on quality of life.

Conclusion* Women in this study reported more sorrow and problems related to postoperative catheterization after radical hysterectomy than expected. These results emphasize the need to discuss these issues with our patients pre- and postoperatively, to learn more about their needs, and ultimately to improve the perioperative protocol and thereby reduce the patients' perceived discomfort.