

630

VESICOVAGINAL FISTULA REPAIR IN A CASE OF CANCER CERVIX: A ROBOTIC ASSISTED TECHNIQUE

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Introduction/Background* Vesicovaginal fistula (VVF) is a rare complication of simple hysterectomy, however urinary fistulas can occur in patients when cervix and surrounding tissue is distorted due to fibroids or cervical cancer

Methodology A 43 years old lady was referred to our centre with complaints of continuous urinary incontinence post-surgery. She had undergone simple hysterectomy with salpingo-oophorectomy for undiagnosed cervical cancer.

Clinical examination, cystoscopy and staging contrast CT scan showed 2 cm defect in posterior wall of urinary bladder communicating with vagina. There was no evidence of parametrial, vaginal or lymph node disease. Review histopathology confirmed squamous cell carcinoma of cervix.

Da Vinci Xi system was used with port placements at the level of umbilicus. Prior to docking, bilateral ureteric catheters along with catheter in the fistula track was placed cystoscopically. Dome of the bladder was opened to visualise fistulous track completely. Bladder and vaginal wall were identified around the fistulous margin and mobilized. Vaginal edges were sutured in transverse direction and bladder edges were sutured in longitudinal direction so that both the suture lines were perpendicular to each other to reduce tissue tension and better healing. Continuous V-lock sutures were used for both vagina and bladder repair and an omental flap was placed at the fistula site for healing and preventing adhesions. Blood loss was 200ml. She had an indwelling bladder catheter for 2 weeks along with a prescription of bladder relaxants

Result(s)* Her postoperative period was uneventful and CT cystogram on day 14 showed no urinary leak. She was referred for further adjuvant treatment in view of incompletely treated cervical cancer and presence of few peritoneal nodules diagnosed during repair. At 6 months follow up of VVF repair, patient is continent with no urinary complaints, however she has progressive disease.

Conclusion* In conclusion, Urinary fistula repair through minimal access route is feasible and allows early recovery with reduced morbidity.

635

TRANSVERSE VERSUS MIDLINE ABDOMINOPELVIC INCISIONS: A SYSTEMATIC REVIEW

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Introduction/Background* Abdominal gynecological surgeries are conducted using three different basic incision types including midline vertical incisions, suprapubic transverse incisions (i.e. Pfannenstiel, Maylard, and Cherney), and infra/supraumbilical incisions. Choosing the type of incision in gynecological malignancies can be quite challenging and depends on a variety of factors including patient-oriented factors and surgeon

preference. Each type of incision has its own risks and benefits compared to its counterparts. This presses for further assessment and comparison of the data published prior to this date.

Methodology A systematic literature search was conducted on the CENTRAL, MEDLINE and EMBASE databases using the following keywords individually and in combination: 'midline incision', 'transverse incisions', 'Pfannenstiel', 'Maylard', 'Cherney', 'gynecologic cancers', 'ovarian cancer', 'cervical cancer', 'vaginal neoplasms', and 'uterine cancer'. The studies included were the ones outlining or comparing between surgical incisions' outcomes. All review articles, editorials, video articles, and abstracts were excluded.

Result(s)* The preliminary literature search reported 232 articles, after extensive screening it was filtered down to 11 articles that were fully compliant with the eligibility criteria. Throughout the literature, the 'midline incision' was reported 10 times while a single study compared 'paramedian incision' with different transverse incisions.

Conclusion* The dominance of the vertical midline incisions over transverse incisions is in constant question. Some texts remain doubtful of the applicability of the transverse incision as a valid alternative. Other articles promote the equivalence of the transverse approach to the midline regarding access to anatomical spaces, with cosmetic superiority and lowered relative risks of clinical outcomes if utilized appropriately.

639

CERVICAL CANCER PREVENTION POLICY ATLAS EUROPE

N Datta, M Davidashvili*. *EPF European Parliamentary Forum on Sexual and Reproductive Rights, Brussels, Belgium*

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Introduction/Background* The Cervical Cancer Prevention Policy Atlas is a comparative map that scores

46 countries across geographical Europe (not only the European Union) on prevention policies of cervical cancer. The Atlas compares the countries on:

1. Primary prevention of cervical cancer through HPV vaccination
2. Secondary prevention of cervical cancer through screening programs, and
3. Online information on HPV, cervical cancer and accessing vaccination

It does not reflect the prevalence rate of cervical cancer in the countries or programmatic performance. The Atlas aims to serve as a baseline to compare policies on HPV in Europe and concretely to:

- Establish the need for HPV prevention by highlighting inequity of access.
- Educate national stakeholders on the issue
- Spark debate with key policy makers at the most appropriate levels (national, regional and international)

Methodology We scored 46 European countries based on 3 headings, 9 criteria and 14 sub-criteria using the Analytic Hierarchy Process (AHP). AHP method is about setting a general, overall goal and further breaking it down the headings, criteria and sub-criteria, resembling the 'tree and the branches'. Each final 'branch', the smallest sub-criteria has its specific weight and based on the answer will receive a