Abstract EPV260/#451 Figure 2

preoperative imaging, this approach is safe and effective to achieve complete surgical resection, avoiding relapse. Other risk factors include incontinence and sensory deficit. The procedure requires an in depth knowledge of the pelvic anatomical spaces, their contents and boundaries.

EPV261/#46

TOTAL LAPAROSCOPIC HYSTERECTOMY IN MORBIDLY OBESE PATIENTS – REDUCING THE RISK

E Van Der Zanden, F Testa, C White, S Kaushik, P Larsen-Disney, F Drews, S Baron*. Brighton and Sussex University Hospital NHS Trust, Gynaecological Oncology, Brighton, UK

10.1136/ijgc-2021-IGCS.332

Objectives To evaluate whether a consultant ‘buddy’ operating approach improves on intra-operative and post-operative outcomes in patients undergoing total laparoscopic hysterectomy (TLH) for endometrial cancer who are extremely and morbidly obese.

Methods A prospectively selected cohort of 25 patients with a BMI 47–70 undergoing TLH was divided into two groups according to whether the first assistant to the Gynae-Oncology consultant was a registrar, or a consultant (‘buddy operating’). Anaesthetic time, operating time, intraoperative estimated blood loss (EBL), requirement for high dependency unit (HDU) bed and length of stay (LOS) were compared.

Results Average ‘buddy’ operating time was significantly shorter compared to the registrar-assistant group (01:31h vs 01:59h respectively; $p < 0.001$); a similar trend was seen with the average total anaesthetic time (02:48h vs 03:23h respectively; $p < 0.001$). EBL was less in the ‘buddy operating’ group (39 mls) vs registrar-assistant group (169 mls; $p < 0.001$). Post-

operatively, LOS was shorter in the ‘buddy operating’ group as compared to the registrar-assistant, though not significantly so (1.13 vs 1.59 days; $p = 0.109$). 2 of the total patients (8%) required a one-night stay in HDU for observation due to their co-morbidities, both in the registrar-assistant group. Mean BMI, age, ASA and comorbidities were similar in the two groups.

Conclusions In patients with a significantly raised BMI, TLHs by two consultants vs consultant and registrar are associated with better intra and post-operative outcomes, including reduced overall anaesthetic time, operating time, and EBL. There is an association with a reduced length of overall hospital stay, though this was not significant.

EPV262/#462

FUNCTIONAL NEOVAGINA FORMATION USING VERTICAL RECTUS ABDOMINIS MUSCULOCUTANEOUS (VRAM) FLAP FOLLOWING PELVIC EXENTERATION

¹S Smyth*, ¹C Pappa, ¹H Jiang, ²R Mykula, ¹M Alazzam. ¹Oxford University Hospitals NHS Foundation Trust, Gynaecological Oncology, Oxford, UK; ²Oxford University Hospitals NHS Foundation Trust, Plastic Surgery, Oxford, UK

10.1136/ijgc-2021-IGCS.333

Objectives Cervical cancer is common in younger women, with risks of surgery for advanced disease including altered body image and psychosexual dysfunction. This specialist technique highlights multidisciplinary management whilst minimising complications.

Methods A 42-year-old female with a stage 1B2 lymph node positive cervical adenocarcinoma managed with primary chemoradiotherapy underwent total pelvic infralevator exenteration for recurrence; with vulval sparing and VRAM reconstruction of the pelvic floor, perineum and neovagina formation.

Results Following preoperative marking and perforating vessel Doppler identification of the anterior abdominal wall; the anterior rectus sheath was preserved to the medial row and exenteration procedure completed with staggered urostomy

Abstract EPV262/#462 Figure 1