

rate of preoperative moderate to severe anemia and potential for improvement. This represents an opportunity for patient-safety initiatives.

EPV270/#88

OPTIMIZING THE SCREENING AND MANAGEMENT OF PREOPERATIVE ANEMIA PRIOR TO GYNECOLOGIC ONCOLOGY SURGERY (OPRA): A QUALITY IMPROVEMENT INITIATIVE

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Objectives Preoperative anemia is an established negative prognostic factor in gynecologic oncology patients. However, it is often undetected and inadequately treated. The aim of this quality-improvement initiative was to increase the treatment rate of preoperative anemia in gynecologic oncology patients undergoing surgery at a large tertiary centre.

Methods This was a time-series study between October 1, 2019-April 1, 2021. All gynecologic oncology patients consented for surgery at our institution were included. From October to December 2020, three interventions were implemented: a tracking system for patients consented for surgery, standardized screening for preoperative anemia, and automatic referral to patient blood management program (PBMP). The primary outcome was the treatment rate of patients with anemia receiving intravenous iron or erythropoiesis-stimulating agent prior to surgery. Secondary outcomes were perioperative blood transfusion rate, postoperative nadir hemoglobin (Hb) level and length of stay (LOS). Process measures included screening and PBMP referral rates. Balancing measures included treatment complications and patient satisfaction.

Results of the 151 pre-intervention and 229 post-intervention patients, 32% (n=121) had anemia. After intervention, screening rates and PBMP referral rates increased from 2% to 82% (p<0.00001) and 9% to 80% (p<0.00001), respectively. The treatment rate increased from 7% to 31% (p<0.009). The transfusion rate decreased from 20% to 12% (p=0.027). The postoperative nadir Hb level increased from 92 to 96g/L (p=0.049). There was no difference in LOS across all surgeries. No treatment associated complications were reported. The median patient satisfaction score was 4.5 on a five-point Likert scale.

Conclusions Optimizing treatment of preoperative anemia in gynecologic oncology patients significantly decreased transfusion rate, without affecting LOS.

EPV271/#98

EFFECT OF SURGICAL MODALITY ON THE OCCURRENCE OF VAGINAL VAULT DEHISCENCE

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Objectives This study aimed to analyze the incidence and risk factors of vault dehiscence after hysterectomy with respect to the mode of operation and the time to occurrence.

Methods We conducted a retrospective study including 6,530 patients who underwent hysterectomy at Severance Hospital

Abstract EPV271/#98 Table 1 Baseline cohort characteristics before vaginal vault dehiscence

	TAH + MIH (n=53)	TAH group (n=12)	MIH group (n=41)	p-value [†]
Age (yr) [‡]	46.6 ± 7.2	47.0 ± 7.6	46.5 ± 7.2	0.847
Menopausal status [§] (n, %)				
Premenopause	43 (81.1)	10 (83.3)	33 (80.5)	0.825
Postmenopause	10 (18.9)	2 (16.7)	8 (19.5)	
BMI (kg/m ²) [‡]	22.5 ± 4.0	22.4 ± 4.3	22.5 ± 3.9	0.959
Diagnosis [§] (n, %)				
Benign	34 (64.2)	4 (33.3)	30 (73.2)	0.011
Malignant	19 (35.8)	8 (66.7)	11 (26.8)	
Parity [‡]	1.8 ± 0.9	2.1 ± 1.3	1.7 ± 0.8	0.254
Initial Hb (g/dL) [‡]	11.8 ± 1.8	11.7 ± 1.9	11.8 ± 1.8	0.867
Uterine weight (g) [‡]	243.6 ±	144.7 ± 94.0	273.8 ± 564.4	0.457
Chemotherapy [§] (n, %)				
No	48 (90.6)	9 (75.0)	39 (95.1)	0.036
Yes	5 (9.4)	3 (25.0)	2 (4.9)	

Continuous variable are presented as mean ± standard deviation.

MIH, minimally invasive hysterectomy; TAH, total abdominal hysterectomy; BMI, body mass index; Hb, hemoglobin.

[†]p-value was obtained by comparing TAH and MIH group only.

Abstract EPV271/#98 Table 2 Comparison between early and late occurrence in patients with vaginal vault dehiscence

	Early occurrence < 8 weeks	Late occurrence ≥ 8 weeks	p-value
Baseline cohort characteristics			
Age (yr)	45.3 ± 1.3	48.3 ± 1.5	0.130
Menopausal status			
Premenopause	27 (93.1)	16 (66.7)	0.031
Postmenopause	2 (6.9)	8 (33.3)	
BMI (kg/m ²)	23.2 ± 0.8	21.6 ± 0.6	0.123
Uterine weight (g)	322.3 ± 645.2	137.3 ± 91.2	0.211
Diagnosis			
Benign	18 (62.1)	16 (66.7)	0.728
Malignant	11 (37.9)	8 (33.3)	
Chemotherapy			
No	26 (89.7)	22 (21.7)	1.000
Yes	3 (10.3)	2 (8.3)	
Mode of hysterectomy			
Minimally invasive surgery	21 (72.4)	20 (83.3)	0.344
Open	8 (27.6)	4 (16.7)	
Management after vaginal vault dehiscence			
Surgical repair[†]			
Yes	15 (51.7)	23 (95.8)	0.000
No	14 (48.3)	1 (4.2)	
Method of dehiscence repair			
Minimally invasive surgery	2 (6.9)	13 (54.2)	0.000
Open	1 (3.4)	1 (4.2)	
Vaginal	12 (41.4)	9 (37.5)	
Embolization	1 (3.4)	0 (0.0)	
Conservative	13 (44.8)	1 (4.2)	
Hospitalized days after dehiscence (day)	7.1 ± 5.2	4.9 ± 2.6	0.149

Continuous variable are presented as mean ± standard deviation.

BMI, body mass index; MIS, minimally invasive surgery.

[†]Surgical repair includes Minimally invasive surgery, Open and vaginal approach for repair.