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

**abstract 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 96 g/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.

**Abstract EPV271/#98**

**Baseline cohort characteristics before vaginal vault dehiscence**

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**

**Comparison between early and late occurrence in patients with vaginal vault dehiscence**

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.