Conclusion Our study offers a unique comparison of surgeon-administered cTAP blocks, showing similar analgesic effects with secondary benefits. Further prospective studies are needed to assess utilization of the cTAP block as routine post-operative analgesia.

Introduction/Background Approximately 10% of all malignancies in women originate from the internal genitalia. Surgery is the main therapeutic approach. These procedures tend to be extensive multivisceral interventions and are associated with up to 15% wound infection rates (O’Donnell et al, 2019). The aim of the study was to determine perioperative risk factors for surgical site infections (SSI). A potential relationship between the perioperative antibiotic prophylaxis, the occurring pathogen spectrum, the antibiotic treatment versus surgical revision and the oncological outcome was investigated to identify risk factors and to improve the outcome by optimizing these factors.

Methodology In a monocentric study, a retrospective explorative analysis of epidemiological, clinical histopathological and microbiological data was performed. 700 women over the age of 18 with malignancies of the internal genitalia who underwent surgical treatment were included. Follow-up time was 30 days after surgery.

Results Within the patient population and according to the CDC-classification, 10.1% (71/702) SSIs and 3.3% (23/702) cases of a superficial wound dehiscence were diagnosed. In total 86.6% (608/702) underwent a laparotomy and 13.4% (94/702) a laparoscopy. There was a significant association between obesity (p<0.001), staples versus sutures (p=0.019) and laparotomy (p=0.017) and an increased risk for SSIs. The main pathogens detected were Escherichia coli, Enterococcus faecalis and Pseudomonas aeruginosa. Therapeutically, the wound infections were mainly treated by surgical revision (47.9%, 34/71) and pure antibiotic administration (36.6%, 26/71).

Conclusion An increased body mass index (BMI), staples for wound closure and a laparotomy are associated with an increased risk of SSIs. The pathogen spectrum is dominated by enterobacteriales. Decreasing SSIs is important in order to optimize the outcome of adjuvant therapy and minimize the rehospitalisation rates.

Introduction/Background Presenting the method of laparoscopic retransplantation of the ureteron the case of deep infiltrating endometriosis (DIE) with the technique of Boari flap technique.

Methodology 39–year old lady with the history of multiple intervention due to DIE. The last medical surgery with the huge rectovaginal nodule and ureteric dissection due to the infiltration of parametrium and extended hysterectomy due to DIE. She had protective JJ stenting of the right ureter. 3 months later after removing of the stent she had stenosis of right ureter and repair surgery was needed.

Results The patient had proposed the laparoscopic procedure of repairing the ureter. She had CT scan of the pelvis and the location of the stenosis was localized. Due to lack of the lumen of the ureter on a UroCT on the 5 cm middle length of the ureter the Boari flap technique of the ureter retransplantation was proposed. And performed. JJ stent was removed from the ureter 6 weeks after surgery.

Conclusion The patient was completely free of complaints and the proper lumen and function of the ureter was confirmed on urography and in cystoscopy. Laparoscopy is aperfect method to repair the ureteric complication even with use of morecomplicated method.