Methodology This is a report of a 77-year-old lady who presented with intestinal obstruction following robotic hysterectomy for high-grade endometrial cancer. The surgical notes, surgeons’ reflection and patient’s management were critically appraised and key notes were reviewed to prevent future similar complication.

Results A patient underwent a robotic total hysterectomy and bilateral salpingo-oophorectomy for presumed stage Ib endometrial cancer. Day 5 post-discharge, she re-presented with abdominal pain, vomiting and constipation. Computerised tomography scan showed dilated bowel loops, in-keeping with bowel obstruction, due to an incarcerated left incisional hernia. She had an explorative laparoscopy, which identified a left iliac fossa port site hernia. The small bowel loops were reduced and showed no evidence of ischaemia. Interestingly, the port site measured 15 mm, despite a 7 mm incision being previously performed. The port site was closed using ‘Prolene’ suture. Postoperatively, the patient’s symptoms resolved and she was discharged. On reflection, the surgeon recalls using a bevelled entry technique to insert the port, which may have increased the diameter of the incision. Furthermore, the robotic arm movement may have increased torque at the port site and the rectus sheath was not sutured when closing despite the port site being >7 mm.

Conclusion Surgeons must acknowledge the risk of lateral port site herniation, ensure lateral port site entry is always perpendicular and suture the rectus sheath if the opening is >7 mm.

Abstract 2022-RA-1410-ESGO Table 1  Class Indicator 1 (LDH tot vs. UMG) Indicator 2 (UMG vs. LDH5) Indicator 3 (p) (c) UMG > 40 – 0.05

Abstract 2022-RA-1410-ESGO Figure 1

Conclusion An accurate risk assessment in uterine lesions would suggest clinicians which is the most appropriate diagnostic and therapeutic approach for each affected woman. The new patented algorithm R.A.U.L., once validated by prospective studies, would allow to better stratify the risk of sarcoma in order to limit open approaches and offer conservative treatment in women with no or low-risk and ensure oncological safe procedures in women at high-risk.

Abstract 2022-RA-1417-ESGO EVALUATION OF THE GYNAECOLOGY ONCOLOGY SURGERIES COMPLICATIONS AT UHL

Introduction/Background University Hospital of Leicester (UHL) is a tertiary center for gynaecology oncology, we aim to evaluate the complication rates across different operative modalities that was performed by the gynaecology oncology