**Factors Influencing Short-Term Postoperative Health-Related Quality of Life Deterioration in Patients Undergoing Gynecologic Oncologic Surgery**


10.1136/ijgc-2022-ESGO.844

**Introduction/Background** The aim of the study was to identify potential personal, disease- or treatment-related factors that could negatively impact the short-term health-related quality of life (HRQoL) in patients treated surgically for gynecologic cancer.

**Methodology** Patients scheduled for elective surgical treatment of a malignant neoplasm originating from the uterine cervix, endometrium and/or ovaries at the Department of Gynecological Oncology at the University clinic of Gynecology and Obstetrics, University ‘Ss. Cyril and Methodius’, Skopje, Republic of North Macedonia from March 2017 until April 2019 were screened for eligibility and approached for participation in the study.

HRQoL was quantified using the Functional Assessment of Cancer Therapy-General (FACT-G) questionnaire initially before the surgical treatment and at 1 month postop.

**Results** We analyzed data from a total of 149 patients. Ninety (60.4%) patients had endometrial cancer, 31 (20.8%) had cervical cancer and 28 (18.8%) patients had ovarian cancer. We identified a clinically relevant decline in HRQoL in 54 (36.2%) of the patients 1 month after surgery. The bivariate analysis identified smoking, comorbidities ECOG-PS, disease stage, surgical radicality, systematic lymphadenectomy, residual disease after surgery and postoperative complications as factors that influence the HRQoL 1 month postop. Independent predictors of a statistically significant and clinically relevant decline of HRQoL 1 month after surgery in the multivariate analysis were smoking, (OR=5.07, 95%CI 1.54–16.69, p=0.01), low ECOG performance status (OR=3.34, 95%CI 1.37–8.1, p=0.001 for each increase in ECOG-PS), advanced stage disease (OR=1.74, 95%CI 1.02–2.98, p=0.04 for each increase in disease stage) and residual disease after completing the surgical treatment (OR=4.08, 95%CI 0.95–17.51, p=0.05).

**Conclusion** Certain patient- and disease-related factors potentially negatively influence short-term postoperative HRQoL in gynecologic oncologic patients, irrespective of the specifics of the surgical treatment.

**Follow-Up of Patients with High Risk of Ureteric Postoperative Complications – Presentation of Our Prophylactic Method**

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10.1136/ijgc-2022-ESGO.845

**Introduction/Background** It is said that lymphedema develops in 20–40% of patients after pelvic lymphadenectomy in gynecological surgery. While several risk factors have been shown, many patients develop lymphedema without them. We therefore hypothesized that innate lymphatic function and morphology contribute to the development of lymphedema. In this study, to elucidate the mechanism of lymphedema from the aspect of lymphatic function, we evaluate the changes in the lymph duct before and after surgery using indocyanine green (ICG) fluorescence lymphangiography.

**Methodology** From November 2019, we started the study as a specified clinical trial. We planned to perform ICG fluorescence lymphangiography four times, preoperatively and 1, 3.9 months after operation, to the patient who were scheduled pelvic lymphadenectomy due to the gynecological malignant cancer. In