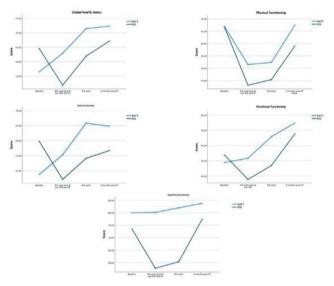
(PDS), in patients with advanced ovarian cancer (AOC). Here, we analyze effects on quality of life (QoL).

Methodology the SCORPION trial is a single-Institution, superiority, randomized phase III trial enrolling AOC women with high tumor load assessed at staging laparoscopy. They were randomly assigned to undergo either PDS followed by systemic adjuvant chemotherapy (arm A, standard), or NACT followed by IDS (arm B, experimental). QoL was assessed as a secondary endpoint, using the EORTC quality of life questionnaire QLQC-30 and QLQ-Ov28. These were completed at study entry, at the 4th cycle or before IDS (in arm A and arm B, respectively), at the 6th cycle, and 6 months after the last cycle of chemotherapy (12 months after diagnosis).



Abstract 2022-RA-972-ESGO Figure 1

Results 171 patients were enrolled in the study period (PDS=84; NACT=87). QoL questionnaires were completed by 142 (83%) patients at baseline, and by 119 (69.6%) at 12-months. Using cross sectional analysis, we observed no significant difference between treatment arms in any of the QoL functioning scales at 12 months. A significant change in diarrhea was found at 12-months between study groups (group A vs group B, difference in mean score -8.6636, 95% CI -15.2805-2.0467; p=0.009). At longitudinal analysis, we found lower global health scores for those undergoing PDS than those receiving NACT (group A vs group B, difference in mean score 6.27, 95% CI 0.440-12.11; p=0.035). Similar results were found with regard of emotional and cognitive functioning.

Conclusion We found no difference in global QoL between treatment groups at 12 months; however, patients undergoing NACT followed by IDS reported higher mean quality of life in all scores of QOL functioning scales.

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MODIFIED MARTIUS FLAP TO REPAIR A COMPLEX PERINEAL FISTULA

^{1,2}Blanca Segarra Vidal, ³Juan Cespedes Manterola, ⁴Luis Matute Tobias, ⁵Victor Lago Leal.
¹Unidad De Ginecologia Oncologica, Hospital Universitario Y Politecnico La Fe, Valencia, Spain; ²Unit of Gynecology Oncology, Hospital General Universitario y Politecnic La Fe, Valencia, Spain; ³Unit of Gynecology Oncology, Hospital Universitario Donostia, San Sebastian, Spain; ⁴Unit of Gynecology Oncology, Hospital General Universitario y politecnica La Fe, Valencia, Spain; ⁵Unit of Gynecology Oncology, Hospital Universitario y Politecnico La Fe, Valencia, Spain

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Introduction/Background The modified Martius flap is a vascularized adipose tissue flap from the labium majora between the bulbocavernosus and ischiocavernosus muscles. This pedicled flap receives arterial supply from the perineal branch of the internal and external pudendal artery and their collaterals. This procedure is a vaginal approach to repair a perineal fistula such as a vesicle-vaginal or vagino-rectal fistula.

Methodology The video presents a comprehensible 10 steps video of the surgical procedure to be reproducible easily.

Results 1. Intraoperative dentification of the fistula by a mapping substance, cistoscopy and or rectoscopy if needed. 2. Anatomical direct repair of the fistulous tract: fistula tissue is circumcised with a scalpel through the vaginal wall with a margin of healthy tissue. 3. Design Martius flap: Incision over the labium major. 4. Design Martius flap: dissection of the fat-tissue flap with the vascular pedicle. 5. Tunnel creation: subcutaneous wide enough tunnel is made from the labium major to the fistula. 6. Transposition of the flap being careful with the vascularisation of the pedicle. 7. Cover and fix with the Marius flap over the fistula reparation in vagina. 8. Colocation a subcutaneous drainage (number 10). 9. Check the reparation with a mapping substance, cystoscopy and rectoscopy. 10. Suture the labial incision with an intradermal suture. The Martius flap procedure used to repair vaginal fistulas is a simple, safe, reproducible and effective technique with excellent functional aesthetic results.

Conclusion The Martius flap procedure used to repair vaginal fistulas is a simple, safe, reproducible and effective technique with excellent functional aesthetic results.