Conclusion 1) Healing of anastomosis differs between both groups according to different character of the diseases. 2) Possibility to save mesorectum and bowel vascularization in minimal invasive ‘tailored’ technique in patients with DIE doubtless has significant impact on anastomosis quality – reduces its risk. 3) ICG vascularization control, securing materials usage reduce bowel anastomosis leak risk. 4) Bowel anastomosis distance from the ‘Z’ line has lower impact on its quality than other analyzed features – significantly lower in patients with DIE.

**Abstracts**

**2022-RA-1145-ESGO** COGNITIVE FUNCTION PERFORMANCE IN GYNECOLOGICAL CANCER PATIENTS ADMITTED TO THE HIGH DEPENDENCY UNIT POSTOPERATIVELY


10.1136/ijgc-2022-ESGO.853

Introduction/Background High dependency surgical units represent a major advance in the perioperative management of patients undergoing major abdominal surgical operations, including those performed for gynecologic oncology. Cognitive impairment has been established in the setting of prolonged hospitalization in intensive care units however, remains poorly explored in the HDU setting.

Methodology We performed a prospective observational study to evaluate the impact of HDU hospitalization on cognitive function of gynecological cancer patients. Prior to inclusion in the study, we screened eligible patients for depressive disorders using the Patient Health Questionnaire-9 (PHQ-9) and for severe cognitive dysfunction with the Hopkins verbal learning test. Identification and omission of cases with severe memory disability was performed with the Short Portable Mental Status Questionnaire (SPMSQ). Evaluation of differences in the perioperative cognitive performance of patients was performed with the Quick Mild Cognitive Impairment tool (QMICI).

Results Overall, 40 patients were enrolled in the present study. Of those 14 patients were hospitalized in the HDU for a period of 2 days (1–4). Differences in cognitive function were subtle and did not reach statistical significance in either group. However, a subtle decrease in cognitive function was observed among patients admitted to the HDU (presurgical score 68 (64 – 71) vs postsurgical 71 (64–91), p=.202) whereas a comparable decrease was observed among patients admitted to the NICU (presurgical score 62 (55.37 – 66.37) vs postsurgical score 59.25 (53.37–77), p=.227. Of note, the difference in postsurgical scores among the two groups was significant (p=.021).

Conclusion Subtle differences are observed among patients admitted to the high dependency unit even for a short follow-up period. This should be kept in mind by physicians which should restrict HDU hospitalization in the minimum required interval. Further studies in specific populations (octogenarian, patients admitted for prolonged duration) are needed to help optimize their cognitive performance.

**2022-RA-1151-ESGO** COGNITIVE FUNCTION PERFORMANCE IN PATIENTS UNDERGOING MAXIMAL EFFORT CYTOREDUCTION SURGERY FOR GYNECOLOGICAL CANCER MANAGEMENT


10.1136/ijgc-2022-ESGO.854

Introduction/Background Gynecological cancers account for approximately 20% of the 5 million estimated new cancer cases yearly internationally. More than half of these cases are surgically treated with a perioperative morbidity ranging between 2 and 40%. To date, the impact of the extent of surgical operations on cognitive functions of patients remains unknown.

Methodology We performed a prospective observational study to evaluate the burden of surgical extent (based on the Mayo Clinic classification) on perioperative cognitive function of gynecological cancer patients. Prior to inclusion in the study, we screened eligible patients for depressive disorders using the Patient Health Questionnaire-9 (PHQ-9). Identification of potential cases with severe cognitive dysfunction was assessed with the Hopkins verbal learning test. Identification and omission of cases with severe memory disability was performed with the Short Portable Mental Status Questionnaire (SPMSQ). Evaluation of differences in the perioperative cognitive performance of patients was performed with the Quick Mild Cognitive Impairment tool (QMICI).

Results Overall, 40 patients were enrolled in the study. Of those 12 patients had an intermediate complexity score, whereas the remaining had a low complexity score. None of those had severe depression (median PHQ-9 3 (2–4)) or severe cognitive dysfunction (median Hopkins scale 17 (14–19)). The SPMSQ battery tool revealed 3 cases with mild memory disability. Differences in the perioperative cognitive performance was significant between pre- and post-operative scores in all patients. The result was more evident in patients with intermediate complexity scores (presurgical score 69.5 (64.87–76.64) vs postsurgical 22 (19.75–59.25), p=.007) compared to patients with low complexity score (presurgical score 61 (56–65) vs postsurgical score 55.5 (46.5–63.5).

Conclusion Maximal surgical cytoreduction significantly affects the cognitive function of gynecological cancer patients. To date, relevant evidence in gynecologic oncology is scarce and efforts must be made to improve the quality of cognitive performance during the perioperative period.