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

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

Konstantina Papadatou, Vasilios Pergialiotis, Eleftherios Zacharias, Dimitrios Haidopoulos,
Alexandros Rodolakis, Nikolaos Thomakos. National and Kapodistrian University of Athens,
First Department of Obstetrics and Gynecology, Athens, Greece
10.1136/ijgc-2022-ESGO.853

Introduction/Background High dependency surgical units repre-
sent 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 dis-
orders 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 differ-
ces in the perioperative cognitive performance of patients
was performed with the Quick Mild Cognitive Impairment
tool (QMCI).

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 com-
parable 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
postoperative 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

Konstantina Papadatou, Vasilios Pergialiotis, Eleftherios Zacharias, Ioannis Rodolakis,
Athanasios Viachos, Dimitrios Haidopoulos, Alexandros Rodolakis, Nikolaos Thomakos.
National and Kapodistrian University of Athens, First Department of Obstetrics and
Gynecology, Athens, Greece
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 sur-
gi cal 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 omis-
sion of cases with severe memory disability was performed
with the Short Portable Mental Status Questionnaire (SPMSQ).
Evaluation of differences in the perioperative cognitive per-
fomance of patients was performed with the Quick Mild
Cognitive Impairment tool (QMCI).

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) com-
pared 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 per-
formance during the perioperative period.