

as wait times have increased during the COVID pandemic. In this patient preference study we investigated 1)how patients experience wait time; 2)what wait time is acceptable; 3)how it impacts quality of life.

**Methodology** Mixed methods study design; combining a qualitative interview study with a questionnaire among women with gynecological cancer. We performed semi-structured interviews with 20 women about their experiences with and preferences regarding wait time. Using thematic analysis we found factors that impact wait time acceptability and based on this developed a questionnaire. The questionnaire was administered to 100 women who had undergone surgery for gynecological cancer in two tertiary hospitals in the Netherlands.

**Results** Wait time between first appointment and surgery was more than 4 weeks for 61% of patients. Wait time was considered too long by 77% of these patients compared to 39% of patients who waited less than 4 weeks ( $p=0.01$ ). 31% of patients scored above the threshold for either anxiety or depression on the Hospital Anxiety and Depression Scale (HADS), 63% of patients had sleeping problems and 37% of patients experienced pain frequently or most of the time. Patients spent less time on working (38%) and exercise (46%) and more time on time on relaxation (38%), with friends (27%) and educating themselves on their illness (40%).

**Conclusion** Waiting for surgery is often stressful for gynecological oncology patients. Waiting over 4 weeks for surgery is considered too long by most patients. Patients reduced time working and exercising and increased time finding information on their illness. This study provides directions on how to improve quality of care the weeks before surgery from the patient's perspective.

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#### FACTORS PREDISPOSING TO MORE SEVERE PAIN AND A SIGNIFICANT INFLUENCE OF PATIENTS' ANXIETY PRIOR TO THE PROCEDURE – A STUDY ON A PERIOPERATIVE CARE IN GYNECOLOGIC ONCOLOGY

Paulina Baldyga, Lidia Natalia Kisieleska, Daria Trocka, Aleksandra Kolcz, Jakub Dobroch, Paweł Knapp. *University Oncology Center, Department of Gynecology and Gynecologic Oncology, Medical University of Białystok, Białystok, Poland*

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**Introduction/Background** The attitude towards perioperative care in gynecology is continuously evolving. A necessity of an implementation of a holistic approach is highlighted by the Enhanced Recovery After Surgery Society guidelines. The study performed by the Students' Scientific Group at the University Oncology Center in Białystok aimed to determine which factors have an impact on the more severe postoperative pain.

**Methodology** The survey involved patients undergoing gynecologic surgery from XI 2020 to III 2022. A psychosocial condition was assessed by the original questionnaire at admission. Information about pain level was provided by patients themselves using the Numeric Rating Scale (0–10) 3 times per day for 3 days. A study examined the relationship between gathered variables and pain level.

**Results** From a total of 115 patients (median age 50), 63 completed all the questionnaires. Approximately a half of them ( $n=30$ ) was diagnosed with a malignancy. Patients who

declared greater anxiety related to the procedure experienced significantly more severe pain ( $p=0,041$ ). Majority of patients declared an active lifestyle, albeit most of them discontinued it before surgery. Additional application of regional anesthesia provided a significant reduction of pain ( $p=0,017$ ). The severity of a postoperative pain was not associated with: age, BMI, type of incision, indication (malignant or non-malignant) and a scope of an operation. Averagely, the most severe pain was experienced in the evening the next day after the surgery.

**Conclusion** Reduction of patients' anxiety should be considered a priority assignment in the process of qualifying to the surgery. Desirable actions include e.g. psychological support, education and detailed information on the course of the hospitalization. To reduce the postoperative pain and the administered doses of systemic drugs, regional anesthesia should be considered. Medical staff must be aware that perioperative care begins much earlier than on the day of admission to the hospital.

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#### OUTCOMES OF GYNAECOLOGICAL CANCER SURGERY DURING THE COVID-19 PANDEMIC: RESULTS FROM THE INTERNATIONAL, MULTICENTER, PROSPECTIVE COVIDSURG-GYNAECOLOGICAL CANCER STUDY

<sup>1</sup>Christina Fotopoulou, <sup>2</sup>Tabassum Khan, <sup>3</sup>Juraj Bracinik, <sup>4</sup>James Glasbey, <sup>5</sup>Nadeem Aburustum, <sup>6</sup>Luis Chiva, <sup>7</sup>Anna Fagotti, <sup>8</sup>Kaichi Fujiwara, <sup>9</sup>Rahel Ghebre, <sup>10</sup>Murat Gutelkin, <sup>11</sup>Thomas Konney, <sup>12</sup>Joseph Ng, <sup>13</sup>Rene Pareja, <sup>14</sup>Rajkumar Seenivasagam, <sup>15</sup>Jalid Sehouli, <sup>16</sup>Shylasree Surappa, <sup>4</sup>Aneel Bhangu, <sup>2</sup>Elaine Leung, <sup>2</sup>Sudha Sundar, COVIDSurg-Cancer (Gynaecology). <sup>1</sup>Department of Surgery and Cancer, Imperial College London, London, UK; <sup>2</sup>Institute of Cancer and Genomics Sciences, University of Birmingham, Birmingham, UK; <sup>3</sup>Particle Physics Group, School of Physics and Astronomy, University of Birmingham, Birmingham, UK; <sup>4</sup>NIHR Global Health Research Unit on Global Surgery, University of Birmingham, Birmingham, UK; <sup>5</sup>Memorial Sloan Kettering Cancer Center, New York, NY; <sup>6</sup>University Clinic of Navarra, Madrid, Spain; <sup>7</sup>Università Cattolica del Sacro Cuore, Rome, Italy; <sup>8</sup>Department of Gynecologic Oncology, Saitama Medical University International Medical Center, Saitama, Japan; <sup>9</sup>Gynecology and Women's Health and Masonic Cancer Center, University of Minnesota, Minneapolis, MN; <sup>10</sup>Faculty of Medicine, Division of Gynecologic Oncology, Hacettepe University, Ankara, Turkey; <sup>11</sup>Department of Obstetrics and Gynaecology, Komfo Anokye Teaching Hospital, Kumasi, Ghana; <sup>12</sup>National University Cancer Institute, Singapore, Singapore; <sup>13</sup>National Cancer Institute, Bogotá and Astorga Oncology Clinic, Medellín, Colombia; <sup>14</sup>All India Institute of Medical Sciences Rishikesh, Rishikesh, India; <sup>15</sup>Charité Campus Virchow Klinikum, Berlin, Germany; <sup>16</sup>Tata Memorial Hospital, Mumbai, India

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**Introduction/Background** The magnitude of adverse outcomes caused by the disrupted surgical cancer care during the COVID-19 pandemic is unclear. The aim of CovidSurg-Gynaecological Cancer study was to evaluate the changes in care and short-term outcomes of surgical patients with gynecological cancers during the initial phase of the COVID-19 pandemic internationally.

**Methodology** A multicenter, international prospective cohort study including consecutive patients with gynecological cancers who were initially planned for non-palliative surgery.

**Primary outcome** The incidence of pandemic-related changes in care

**Secondary outcomes** 30-day postoperative morbidity and mortality rates

A composite outcome of unresectable disease or disease progression, emergency surgery and death