minimally invasive surgery still has an important role in the treatment of early stage cervical cancer.

**2022-RA-1431-ESGO**

DEMYSTIFYING NOVEL BLADDER RETROFILLING APPROACH IN NERVE SPARING RADICAL HYSTERECTOMY: A NEW KID ON THE BLOCK IN THE ERA OF ERAS FOR RADICAL SURGERIES

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**Introduction/Background** RECENT STUDIES HAVE SHOWN THAT PATIENTS UNDERGOING VOIDING TRIAL BY BLADDER RETROFILLING ARE DISCHARGED FROM THE HOSPITAL FASTER. BUT NONE, SO FAR HAVE INCORPORATED THIS TECHNIQUE FOR NERVE SPARING RADICAL HYSTERECTOMY (NSRH).

THIS NOVEL BLADDER RETROFILL METHOD CAN BE A PRACTICE CHANGING APPROACH FURTHER REDUCING THE HOSPITAL STAY AND THUS BE A NEW KID ON THE BLOCK IN THE ERA OF ERAS FOR RADICAL SURGERIES.

**Methodology** WE CONDUCTED A PILOT STUDY TO

I) COMPARE THE NOVEL RETROGRADE BLADDER FILLING TECHNIQUE WITH CONVENTIONAL BLADDER TRAINING FOR VOIDING TRIAL.

II) INVESTIGATE THE BLADDER FUNCTION RECOVERY AND QUALITY OF LIFE (QOL) IN PATIENTS UNDERGOING NERVE-SPARING RADICAL HYSTERECTOMY (NSRH).

**STUDY PERIOD:** JAN 2019 - DEC 2021

**TYPE:** PROSPECTIVE

**INCLUSION CRITERIA:** PATIENTS WHO UNDERWENT NSRH PATIENTS WITH NORMAL PREOPERATIVE BLADDER FILLING AND VOIDING FUNCTION.

**EXCLUSION CRITERIA:** DISTANT METASTASIS

AS PER THE CONVENTIONAL CLAMPING METHOD OF VOIDING TRIAL FOLEYS WAS REMOVED ON 7TH DAY AFTER INTERMITTENT CLAMPING ON DAY 5 AND 6.

WHILE IN THE RETROFILLING APPROACH FOLEYS WAS REMOVED ON POD 5. BLADDER FUNCTION RECOVERY WAS COMPARED IN THESE TWO GROUPS IN TERMS OF PREVOID VOLUME AND POST VOID RESIDUAL VOLUMES ON DAY 5, DAY 14 AND 4TH MONTH FOLLOW UP.

**Results** THERE IS NO SIGNIFICANT DIFFERENCE BETWEEN BLADDER FUNCTION RECOVERY USING THE CONVENTIONAL CLAMPING METHOD AND THE RETROFILLING APPROACH.

**Conclusion** USING THE RETROFILLING APPROACH PATIENT CAN BE DISCHARGED ON POST OPERATIVE DAY 5, FURTHER REDUCING HOSPITAL STAY IN NSRH CASES.

ALSO IN RETROGRADE FILLING APPROACH, PREVOID VOLUME COULD BE MEASURED SIMULTANEOUSLY WITHOUT NEEDING USG FOR SAME.

OURS IS THE FIRST EVER STUDY TO HAVE INCORPORATED THIS TECHNIQUE FOR NSRH.

**Abstract 2022-RA-1431-ESGO Table 1**

<table>
<thead>
<tr>
<th>ASSESSMENT INDICATORS</th>
<th>CLAMPING GROUP</th>
<th>RETROGRADE FILLING GROUP</th>
<th>P VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVOID VOLUME</td>
<td>232.94±63.02</td>
<td>244.71±61.25</td>
<td>0.524</td>
</tr>
<tr>
<td>RESIDUAL URINE VOL ON PODS</td>
<td>71.76±27.44</td>
<td>55.47±18.88</td>
<td>0.052</td>
</tr>
<tr>
<td>RESIDUAL URINE VOLUMES AT 14 DAYS FROM SURGERY</td>
<td>36.18±15.86</td>
<td>40.06±8.84</td>
<td>0.385</td>
</tr>
<tr>
<td>RESIDUAL URINE VOLUMES AT 2 MONTHS FROM SURGERY</td>
<td>37.88±12.2</td>
<td>39.18±8.92</td>
<td>0.726</td>
</tr>
</tbody>
</table>

**Abstract 2022-RA-1431-ESGO Figure 1** Kaplan meier curve for duration of hospital stay among 2 groups

**Abstract 2022-RA-1431-ESGO Figure 2** Intraoperative images of nerve sparing radical hysterectomy

**Abstract 2022-RA-1436-ESGO**

PELVIC EXENTERATION – BOON OR A BANE? ANALYSIS FROM TERTIARY CARE CANCERCENTRE

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**Introduction/Background** Pelvic exenteration is a complex procedure and usually the only viable salvage option in recurrent cervical and rectal cancer. However, postoperative morbidity is deemed unfavourable by many groups. Our aim of the study is to analyse the patient profile and perioperative outcomes with survival data in our cohort.

**Methodology** An analysis of prospectively maintained computerized database was performed including patients undergoing