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.

<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±41.25</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 4 MONTHS FROM SURGERY)</td>
<td>37.88±12.2</td>
<td>39.18±8.92</td>
<td>0.726</td>
</tr>
</tbody>
</table>

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.

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**PELVIC EXENTERATION – BOON OR A BANE? ANALYSIS FROM TERTIARY CARE CANCER CENTRE**

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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...