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

**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

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

2) 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 7 TH 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 4 TH 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±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>

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

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
pelvic exenteration from 2012 to 2021 for surgical and survival outcomes.

Results A total of 65 patients were included. Mean age of the patients was 46.17 (18–70 years). Predominant primary sites were rectum, ovary and cervix. All were curative intent resections. Majority of patients underwent supralevator posterior exenteration. Mean duration of surgery was 342.30 min (150–600 min). Mean blood loss was 614.89 ml (100 ml to 2500 ml). Length of hospital stay was on average 11.16 days (5–45 days). R0, R1 resection rates were 97.5% and 2.5% respectively. In-hospital mortality was 3.6%. Urinary leak rates (5.6%), GI anastomotic leak (7.27%), enteric fistula (9.09%). Follow up data was available for 38 patients, 14 expired due to disease (26.9%), with median time to death from surgery of 14.3 months (2.3–57.53 months). Overall, 58.3% of the patients were alive at the end of 3 years (with available follow up data).

Conclusion Long term outcomes are favourable with pelvic exenteration from 2012 to 2021 for surgical and survival outcomes.

Introduction/Background We compared survival outcomes of minimally invasive surgery (MIS) and open surgery for radical hysterectomy (RH) in early-stage usual-type adenocarcinoma (UAC) and adenosquamous carcinoma (ASC) of the cervix.

Methodology From the two centers’ cervical cancer cohorts, cervical cancer patients with 2009 FIGO stage IB who underwent Type C RH between 2007 and 2021 were identified. Patients with UAC and ASC were included in the analysis after pathologic review according to the updated WHO Classification of Tumors. Patients’ clinicopathologic characteristics and survival outcomes were compared by surgical approach.

Conclusion MIS is safe and for tumor size ≤20 mm with a very low rate of local recurrence; for tumors size >30 mm relapse rates are high and should be treated with concomitant radiochemotherapy and brachytherapy. For sizes between 20 and 30 mm, further data are needed to define management recommendations. Previous conization allow us to have a better accuracy regarding the tumor size in order to tailor the treatment.

Abstract 2022-RA-1462-ESGO Figure 1

Results A total of 161 patients were included in this analysis: 136 and 25 had UAC and ASC, respectively. No differences...