Results A total of 27 women took part in the study. The mean age of the patients was 50.55 [18–80]. The mean reflection time between the announcement of the surgery and the operation was 61 days [11- 168]. The main concern of women regarding breast surgery is cancer recurrence (88.88%). When asked about their worries regarding their femininity, 55.55% of the women answered that they were not concerned and 66.66% associated the breast with femininity. Among the participants, 62.96% think that the intervention will neither change their partners’ opinions about them nor the quality of their sex life. When asked about their reproductive life, 14.81% fear a negative impact of the surgery on their fertility, and 11.11% fear a negative impact on their contraception. The fear of a negative change in their professional life is present in 40.74% of the participants.

Conclusions Prior to a non-reconstructive breast cancer surgery, women have general reservations about having the surgery because of the fear of the recurrence of cancer per se associated with individual risks due to breast surgery such as a negative impact on body image and their professional life.

EP380/#421 PERIOPERATIVE GLYCEMIC MANAGEMENT PROGRAM (PGMP) PILOT IN A CANADIAN TERTIARY CENTRE

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Objectives Postoperative hyperglycemia occurs in two-thirds of non-cardiac surgery patients and is associated with increased morbidity and mortality. We implemented a multi-disciplinary perioperative glycemic management pathway with the aim of reducing postoperative hyperglycemia and improving patient outcomes.

Methods Our study evaluated the implementation of the PGMP in gynecologic oncology patients. The PGMP encompasses glycemic management across the outpatient and inpatient surgical journey. We report changes in process measures (blood glucose measurement), outcome measures (hyperglycemia) and clinical measures (length-of-stay) pre- and post-implementation. Single-cohort interrupted time-series analysis was used to compare pre- (April 1, 2018 – September 30, 2019) and post- (October 1, 2019 – March 31, 2021) intervention means and trends.

Results 949 gynecologic oncology patients were evaluated pre-intervention, and 878 post. After implementation, the proportion of patients who were screened with HbA1c increased by 11.3% (95% CI: 5.0, 17.7%; p=0.02). The proportion of patients with diabetes who had at least one blood glucose measurement in the first 24-hours after surgery increased by 15.3% (95% CI: -3.2, 33.8%; p=0.10). Median length-of-stay for all postoperative patients decreased by 0.42 days (95% CI: -0.91, 0.07 days; p=0.09). There was no change in 30-day readmissions, regardless of diabetes diagnosis.

Conclusions Implementation of PGMP increased the identification of patients at high-risk for hyperglycemia. Our pilot reveals challenges experienced in evaluating perioperative glycemic management. Our study also showcases the need to measure both process and outcome measures and the need to perform robust statistical analysis when evaluating quality improvement initiatives.

EP381/#543 SENTINEL LYMPH NODE BIOPSY TECHNIQUES IN DIFFERENT GYNAECOLOGICAL CANCERS: HOW MUCH DO OBGYN RESIDENTS KNOW?

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Objectives The applicability and accessibility of sentinel lymph node biopsy (SLNB) in gynecological cancers has increased in recent years. We aim to assess OBGYN residents’ understanding on this topic to identify gaps in their knowledge.

Methods A 10-question survey was designed to assess their background clinical exposure, understanding and applied knowledge of the use and techniques of SLNB.

Results Of the 45 residents surveyed, 38 responses (82.6%) were received. Most residents had observed SLNB procedures (97.2%) and attended gynae-oncology tumor board discussions (94.4%). Mean total score was higher in senior residents as compared to junior residents (7.71 ± 2.40 vs 6.65 ± 2.62, p=0.06), residents who had observed SLNB procedures (7.34 ± 2.26 vs 4.00 ± 4.00, p=0.31), attended SLNB teachings (8.50 ± 1.73 vs 6.91 ± 2.57, p=0.37) or attended tumor board (7.21 ± 2.36 vs 6.00 ± 4.00, p=0.15). Most residents were aware that SLNB can be used in endometrial cancer (97.4%), but only 6 (15.8%) were aware of its use in cervical and vulvar cancer. While most residents knew of the optimal tracer injection site (81.6%), only 12 residents (31.6%) could match the optimal tracer for each gynaecological malignancy. Two residents (5.3%) were aware that blue dye is contraindicated in pregnancy. Significantly, only 3 residents (7.9%) were able to select the correct options in the SLNB algorithm for endometrial cancer.

Conclusions Majority of residents have a basic understanding of the use of SLNB, but the lack of clinical knowledge and surgical techniques should be addressed in a formal setting.

EP382/#1139 EFFECT OF BLEEDING DISORDERS ON PERIOPERATIVE HYSTERECTOMY TRANSFUSIONS: A NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM (NSQIP) STUDY

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Objectives Perioperative management varies for patients with bleeding disorders. We sought to determine the association between bleeding disorders and perioperative transfusions for hysterectomy patients.

Methods We included patients undergoing non-emergent hysterectomy between 2014–2019 from the NSQIP, a validated, risk-adjusted database from 700 hospitals. We compared 30-day perioperative transfusions between patients with and without bleeding disorders (chronic, persistent, acute hematologic disorders). Transfusions ≤1day were immediate, and after ≥2days were delayed. Covariates were age, race/ethnicity,