Methods A retrospective study including all cases of SH performed in a tertiary referral center in Israel during 2014–2021. We searched all surgeries performed by Senior gynecological surgeons in the Gynecologic department and extracted data of surgeries coded as SH in the surgical notes. Further, the rate of minimally invasive surgery (MIS) was evaluated across years of study.

Results Overall, we included 143 SH surgeries of women with a median age of 52 years. Symptomatic myoma was the indication in 75.5% of cases. MIS SH was completed in 33 (23.1%) of cases. The rate of MIS SH decreased from 46.7% in 2014 to 8.3% in 2021. Importantly, in 5 (3.5%) SH, malignancy was evident in the final pathological report. Reoperation was performed in 5 (3.5%) of cases in a median time of 71 months with 3 cases (2.1%) of malignancy as the indication.

Conclusions Although performed, SH carries a non negligible risk of performing an incomplete surgery in gynecologic unsuspected malignancy and the necessity of future gynecological oncological surgery.

EP385/#1176 IMPLEMENTATION OF A MODIFIED MEDIAL INGUINALFEMORAL GROIN DISSECTION TECHNIQUE TO REDUCE MORBIDITY IN VULVAL CANCER SURGERY: AN UK- INDIA EXPERIENCE

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Objectives Traditional Groin node dissection techniques are associated with significant local wound related morbidity and lymphedema. Sentinel node techniques are not available widely in many LMICs and are not applicable due to tumour size at presentation or multifocal disease. Novel techniques for morbidity reduction and training is required for implementation.

Methods A technique was developed comprising of the following: Small incision above groin crease- 1 cm lateral to pubic tubercle not extending beyond pulsation of femoral artery, Saphenous-sparing, Subfasial dissection, Closure of subcutaneous fat in 2 layers to obliterate dead space, suction drains to stay according to output, early ambulatory care. Success was measured using: Would complication rates- breakdown/lymphedema, Vulval QOL, Surgeon’s/trainee satisfaction, implementation as a new standard of care, pathology , groin recurrence.

Results Since June 2019, this technique was implemented in 3 centres: 1.NGOC, Gateshead, UK 2. JCUH, Middlesbrough UK 3. CNCI, Kolkata, India Both RCOG subspecialty fellows and IGCS fellows (India/Nepal) were trained. > 25 cases have been performed. Trainees found this technique easy to learn/implement. It has been a regarded as a change of practice in all 3 institutions including plan for surgical QA. Average length of incision was 5–6 cm without compromising depth of dissection, removal of nodes medial to femoral artery/vein and visibility of the femoral triangle. There was significant reduction in local wound-related morbidity. In CNCI Kolkata, IGCS fellow has started audit on QOL. No groin recurrences have been detected till date.

Conclusions Surgical techniques to reduce morbidity in cancer surgery is a priority.

EP386/#184 MOBILE APP POST-OPERATIVE HOME MONITORING AFTER GYNECOLOGIC ONCOLOGY AND BREAST RECONSTRUCTION SURGERY ASSOCIATED WITH IMPROVED QUALITY OF RECOVERY: RESULTS OF A RANDOMIZED CLINICAL TRIAL

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Objectives A perioperative quality improvement initiative for minimally invasive (MIS) gynecologic oncology surgery at our centre improved the rate of same day discharge (SDD) from 29% to 75%. The current study aims to estimate the project implementation costs and compare costs between the pre-intervention and post-intervention cohorts.

Results The total cost per patient was $10,357.41 compared to $12,122.88 pre-intervention (p=0.01). The mean costs for readmission and outpatient clinical visits were $221.93 vs. $157.53, and $140.56 vs. $133.44 for post- and pre-intervention respectively.

Conclusions A quality-improvement ERAS initiative in gynecologic oncology MIS led to a 17% total cost reduction per patient for a total saving of $2063.24 per patient.