Results Fifty-six patients were included. Patients' characteristics are showed in table 1. Vascularization was considered optimal (+++) in right ureter in 29 (51.8%) and in left ureter in 22 (39.3%) patients. Optimal right ureter perfusion was associated with risk reduction of >G2 right hydronephrosis (OR: 8.05, 95%CI: 1.95–33.08; p=0.004); no association between left ureter perfusion and risk of >G2 left hydronephrosis was noted (OR: 1.87, 95%CI:0.51–6.95; p=0.347). 29 (51.8%) patients had good (++-/+++) bilateral ureter perfusion and none of them experienced ileal conduit anastomotic leak. All three (5.3%) patients undergoing UD anastomosis leak had a poor (+–/—) ICG perfusion.
Conclusion The use of ICG to assess perfusion of UD anastomoses was a useful tool to predict benign ureteric stenosis and UD leak. Patients with poor ICG perfusion could benefit from intra-operative actions and more intense post-operative surveillance.
Disclosures None

#1042 SPECIALISED ENDOUROLOGICAL TRAINING AND TEACHING OF OPTIMISED GYNECOLOGY COMPLICATION MANAGEMENT BASED ON THE UROGENITAL TRACT INTERVENTION TRAINER (UTIT)

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Introduction/Background The subject-specific training system for urogenital diseases and gynecology complications is intended to convey an understanding of urological diagnostics and therapy options from the interdisciplinary perspective of everyday clinical practice. On the specially developed phantom, adapted through the exchange of variable background images, disease scenarios, typical primary and secondary complications of the urogenital system and all endourological therapy options and techniques can be demonstrated and directly trained on the model.
Methodology The Urogenital Tract Intervention Trainer - UTIT consists of 3 transparent acrylic plates (two cover plates, a milled out urogenital system and unlimited interchangeable subject-specific background images). The background image depicts various clinical pictures and their typical, rare injuries of the urogenital system. This makes it easier to learn therapy options on the realistic urogenital tract model with kidneys, ureters and bladder. On the UTIT, all interventions (rigid and flexible cystoscopy, rigid and flexible ureterorenoscopy, antegrade and retrograde splint insertion, special stone extraction, nephrostomy, suprapubic insertion, dilatation, ablation (laser, TUR), and transurethral surgery (TUS-NOTES) etc.) can be trained systematically as in vivo. The training programme also includes short 90-second maximum step-by-step video instructions for each technique.

The basic training was conducted by 12 students and 6 doctors. Validation was done through questionnaires.
Results Causes, diagnostics and forms of therapy could be shown on the model. Diagnostics and therapy could be taught practically. After the training, students, assistants and specialists were able to perform the procedures they had learned.
Conclusion All procedures can be easily learned and practised on the Urogenital Tract Intervention Trainer (UTIT). The understanding of standard urological interventions, their specifics and the understanding of complication management improved due to the adaptation of the backgrounds to the specific specialties.

Abstract #1042 Figure 1 UTIT

Disclosures none

#1060 THE ROLE OF LYMPHADENECTOMY IN ENDOMETRIAL STROMAL SARCOMA

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Introduction/Background Endometrial stromal sarcoma is a rare mesenchymal uterine neoplasms and represents less than 1% of all uterine malignancies. The role of lymphadenectomy in case of endometrial stromal sarcoma is controversial. According to literature the risk of node metastases ranges between 0 and 44%.
Methodology Retrospective study was conducted in a total of 16 patients treated in our institution between years 2016 and 2023. Patients with histologically proven uterine endometrial stromal sarcoma who underwent surgery were considered eligible for the analysis. Pelvic systematic lymphadenectomy or sentinel lymph node biopsy was performed based on the