A prospective cohort study was carried out involving patients presenting to the University Hospitals of Leicester with AOC and undergoing CRS. The aim is to assess the surgical complexity score and the postoperative outcomes in AOC patients who underwent CRS.

Results CRS was performed for the 26 patients: 17 had interval CRS and 9 had primary CRS. Complete cytoreduction (R0) was achieved in 57.7% of the patients and suboptimal cytoreduction (R1) was performed in 15.4% of the patients. Open and close surgery were done in 26.9%. The average surgical complexity score was 4.42.

Stomas were performed in around one quarter of the patients with more patients having colostomy than ileostomy. The average duration of surgery was 292 minutes and estimated blood loss was 467 ml. The average hospital stay was 9.6 days. Most of the patients (96.2%) were admitted to the HDU following surgery and the average stay in HDU was 1.7 days. After histopathology, BRCA testing showed that 73.1% were negative and 26.9% were positive.

Conclusion In Leicester, high complete cytoreduction rates were achieved. Moreover, the postoperative complication rates were acceptable and comparable in both primary and interval CRS.

Disclosures None
blood transfusions (33% vs 51%; p=0.46), gastrointestinal complications (15% vs 21%; p=0.36), infection (16% vs 13%; p=0.62), respiratory complications (12% vs 12%; p=0.87), urinary complications (6% vs 12%; p=0.062), or thromboembolic events (5% vs 3%; p=0.25). Similarly, no differences were found in ICU admissions (89% vs 28%; p=0.06), reoperations (8% vs 7%; p=0.50), or deaths (3% vs 3%; p=0.77).

Conclusion Overall complications have not changed over time for patients undergoing HIPEC in the setting of primary or recurrent ovarian cancer.

Disclosures Authors declare no conflicts of interest.