59%, 50% and 53% after LND, SLN and hysterectomy (p=0.115), respectively, compared to 39%, 17% and 18% (p<0.001) in women without musculoskeletal complaints. Women with LEL had worse QoL in all domains than those without LEL (p<0.001). Spearman’s correlation between questionnaires varied from 0.67 to 0.83.

Conclusion For the whole cohort, SLN implementation is not associated with increased LEL prevalence compared to hysterectomy alone, but is associated with a significantly lower prevalence compared to LND. However, this difference was not seen in women reporting musculoskeletal complaints. Available questionnaires may not distinguish between LEL and musculoskeletal disease, warranting further investigation. LEL may cause clinically worsened QoL. We demonstrate moderate to strong correlation between questionnaires measuring LEL and QoL.

Disclosures Dr Eriksson reports conflicts of interest: receiving consultation fees from Intuitive Surgical and Astra Zeneca. No other authors report conflicts of interests.

#314 SPIRITUALITY IN COPING WITH BREAST CANCER
Cyrine Mokrani, Rim Abidi, Alia Mousfi*, Khedija Ben Zid, Amani Yousfi, Chitaz Nasr. Radiotherapy departement, Salah Azaiz Institute, Tunis, Tunisia

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Introduction/Background The diagnosis and management of breast cancer remains a physical and psychological challenge despite therapeutic advances. Religion appears to play an important role in coping with cancer. The aim of this study is to describe the influence of religious beliefs and practices on the health status and therapeutic course of breast cancer patients.

Methodology A questionnaire survey among 40 patients with breast cancer undergoing radiotherapy at Salah Azaiz Institute in Tunisia, using an Arabic version of the << Santa Calara Strength of Religious Faith Questionnaire >> (SCSORFQ) to assess the degree of religious faith. A total score out of 40 points was calculated.

Results In our study, the entire population was Muslim. The average age was 56.53 years (36–73 years). One man was being treated among 39 women. 12 patients (30%) were illiterate. The main treatment received was surgery, chemotherapy and radiotherapy combined. The majority (67.5%) reported an increase of their faith since the announcement of the disease. A positive correlation was found between age and SCSORFQ total score (p=0.01). Assiduity at praying increased with age (p<0.01) regardless of the time since cancer diagnosis. Patients who had lower level of education presented a higher degree of faith (p=0.01) and more religion had an impact on therapeutic decisions (p<0.03). No correlation was found between the total score and the level of education.

Conclusion This study highlights the importance of faith in coping with cancer and the emotional comfort that religiosity brings to breast cancer patients.

Disclosures The authors declare no competing interests.

#407 FLOSEAL FOR PREVENTING SYMPTOMATIC LYMPHOCELE AFTER PELVIC AND/OR PARA-AORTIC LYMPHadenectomy in gynecoLOGICAL cancers: A RANDOMIZED CONTROLLED TRIAL

1Min-Hyun Baek, 2Jeong-Yeol Park*, 3Joo-Hyun Nam. \^1Min-Hyun Baek, 2Jeong-Yeol Park*, 3Joo-Hyun Nam. 1Asan Medical Center, Anyang, South Korea; 2University of Ulsan College of Medicine, Seoul, South Korea; 3Hallym university sacred heart hospital, Seoul, South Korea

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Introduction/Background To evaluate the role of FloSeal for preventing symptomatic lymphocele following pelvic and/or para-aortic lymphadenectomy in patients with gynecological cancers.

Methodology Between Oct 2014 and Apr 2015, 40 patients with gynecological cancers planned for surgical management were randomly placed into FloSeal and non-FloSeal groups in a 1:1 ratio. Lymphocele incidence was evaluated using intravenous contrast-enhanced, abdominopelvic computed tomography 3–6 months after surgery. The quality of life questionnaire was completed by patients at 1, 3, and 6 months after surgery. The incidence of symptomatic lymphocele was compared using a chi-square test.

Results All patients underwent bilateral pelvic lymph node dissection, and eight patients in each group (40% vs. 44.4%, P > 0.999) underwent para-aortic lymph node dissection. The
mean number of total, right pelvic, left pelvic, and para-aortic lymph nodes retrieved was similar between the groups. One patient (1/20, 5%) in the FloSeal group and three (3/18, 16.7%) in the non-FloSeal group developed lymphoceles (P = 0.328). The incidence of symptomatic lymphocele was 0% and 11% (2/18) in the FloSeal and non-FloSeal groups (P = 0.218), respectively. The mean time interval to drain removal (4.8 ± 2.0 days vs. 5.3 ± 2.2 days, P = 0.400) was shorter and the mean drain volume (1656 ± 1362 mL vs. 2022 ± 2301 mL, P = 0.550) was smaller in FloSeal group.

Conclusion The use of FloSeal after pelvic and/or para-aortic lymphadenectomy in patients with gynecological cancers is effective for preventing symptomatic lymphocele.

Disclosures This study was partly supported by the Baxter Healthcare, but it was not involved in the study design, in the collection, analysis and interpretation of data, in the writing of the manuscript, and in the decision to submit the manuscript for publication.

#440 VIBRATORS, DILATORS, LUBRICANTS AND OTHER SEXUAL AIDS FOR PATIENTS WITH SEXUAL LATE EFFECTS OF PELVIC CANCER

1,2Trine Jakobi Nøttrup*, 1,3Line Lønbro Boisen, 4,2Julie Blockmann, 1Copenhagen University Hospital, Dept. of Oncology, Copenhagen, Denmark; 2Aalborg University Hospital dept of Sexology, Aalborg, Denmark; 3Aarhus University Hospital, Dept. of Hematology, Aarhus, Denmark; 4Copenhagen University Hospital Hvidovre, The Gastrounit, Copenhagen, Denmark

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Introduction/Background Sexual late effects occur for all cancer types, but are especially pronounced in patients with cancer in the pelvic organs, due to close proximity to the genitalia. In order to relieve sexual late effects, some patients are advised to use sexual aids. The devices are many, indications are based on consensus reports or expert opinions for each device, and there is little overview.

Methodology A literature review was performed based on extensive searches in PubMed, Chinal and PsycInfo. We searched for empirical research on sexual aids tested in patients with sexual late effects of cancer or cancer treatments. The search yielded 21 papers investigating vaginal dilators, 14 examining vacuum devices, 7 regarding lubricants, 2 regarding vibrators and 2 on other devices.

Results The main findings were as follows. Vaginal dilators are widely recommended after treatment with radiotherapy for gynecological cancer since the lack of evidence that usage can reduce vaginal stenosis or improve sexual health. Vacuum and vibration was scarcely tested among women after cancer but may have a positive effect in obtaining enhanced sexual satisfaction. Lubricants could reduce discomfort during penetrative sex and enhance the pleasure of sex. The adherence to sexual aids in the trails were low. The sexual late effects had a significant negative impact on sexual function and sexual satisfaction.

Conclusion In the literature on the effect of sexual aids the general focus was not on sexual reorientation and on sexual satisfaction. Neither did they focus on the use of sexual aids in the rehabilitation of non-genital sexuality. This seems quite contradictory to the fact that many cancer survivors may never regain the ability to perform penetrative sex.

Disclosures No disclosures

#463 CANCER SURVIVORS’ PERCEIVED VALUE OF SEXUAL COUNSELING: POSSIBILITIES AND BARRIERS. – A QUALITATIVE INTERVIEW STUDY OF CANCER SURVIVORS WITH PELVIC CANCER

1Julie Blockmann, 3,4Line Lønbro Boisen, 4,2Trine Jakobi Nøttrup*, 1Copenhagen University Hospital Hvidovre, The Gastrounit, Copenhagen, Denmark; 2Aalborg University Hospital, Dept. of Sexology, Aalborg, Denmark; 3Aarhus University Hospital, Dept. of Hematology, Aarhus, Denmark; 4Copenhagen University Hospital, Dept. of Oncology, Copenhagen, Denmark

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Introduction/Background Treatment for pelvic cancer results in various late adverse effects, many of which can be detrimental to sexual health. Sexual counseling includes interventions aimed at ameliorating these. The objective of this study was to explore how cancer survivors perceived the value of sexual counseling.

Methodology Data for this descriptive qualitative study was collected through 10 semistructured interviews with patients treated for pelvic cancer. A qualitative thematic analysis was performed to inductively construct descriptive themes.

Results Twelve descriptive themes under 3 theoretical themes emerged: ‘The changed life’ encompassed feelings of loss, grief and abandonment related to sexuality. ‘The systemic possibilities and barriers’ examined the relevance, characteristics, process, and accessibility of sexual counseling. ‘The informants’ possibilities and barriers’ explored acceptance, coping, efforts to practice, and sexual renegotiations in relation to the individual’s ability to profit from counseling.

Conclusion Clinicians are obliged to inquire about sexual late adverse effects, and referral to sexual counseling should be offered as a standard following treatment for pelvic cancer. Most informants in this study sought to maintain their ability to engage in penetrative sex. Not being able to do so, affected self-esteem and relationship dynamics negatively. Accepting and coping with the permanency of sexual late adverse effects is a complex and continuous process. The process is affected by interlinked factors, both within the cancer survivor and their intimate relationship, and within the system offering sexual counseling. Ideally, sexual counseling should facilitate this process and support survivors in expanding their sexual repertoire. However, to ensure therapeutic alliance, counselors must first elucidate what the survivor hopes to gain from treatment and start from there. This requires an open-minded and empathic biopsychosocial approach, as well as professional skills within the realm of sexual rehabilitation and sexual aids. Regular and prescheduled...