

occured. In 8 patients (30.7%), early complications were recorded and in 5 (17.4%) a reoperation was required. In our series, two perioperative deaths caused by cardio-vascular and not because of surgical complications have occurred (7.4%). Two late complications – a urostomy stenosis and a parastomal hernia needed surgical repair. Over a median follow-up period of 40 months, 9 (33.3%) patients have died. Median overall survival (OS) was 33 months (range 1–96 months). The primary pelvic exenteration survival rates were 83% at 2 years and 46% at 5 years, respectively.

Conclusion Primary pelvic exenteration might be associated with a low rate of intraoperative, but with possible postoperative complications which could be lethal. Its long-term survival is relatively high in trained teams.

Disclosures None

#568 LAPAROSCOPIC NERVE SPARING TECHNIQUE IN GYNECOLOGICAL SURGERY

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Introduction/Background We aim to demonstrate the entire structure of the inferior hypogastric nerve and plexus in the female pelvis. We present our technique, surgical and patient outcomes in patients that underwent laparoscopic nerve sparing surgery in our institution.

Methodology We present data from 105 patients that were operated in St. Luke's Hospital in Thessaloniki during the last 10 years. All data were retrospectively collected and analyzed, emphasizing on intraoperative and postoperative complications.

Results This is a retrospective study of 64 patients with cervical cancer that underwent laparoscopic nerve sparing radical hysterectomy and 41 patients with deep infiltrating endometriosis. In all cases hypogastric nerve and hypogastric plexus were identified and preserved during the operation. The postoperative period was uneventful concerning voiding function.

Conclusion Preservation of the pelvic splanchnic nerve as well as from the inferior hypogastric plexus can provide satisfactory postoperative voiding function and are crucial in cases of radical hysterectomy or deep infiltrating endometriosis.

Disclosures All authors declare no conflict of interest

#585 RESILIENCE AND QUALITY OF LIFE OF PATIENTS WITH GYNECOLOGICAL CANCER IN THE CANARY ISLANDS

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Introduction/Background Resilience is conceptually defined as that personality trait that moderates the detrimental effect of stress when individuals are exposed to adversity or potentially traumatic events, such as cancer. Understanding the factors which affect a higher level of resilience can have important clinical implications and can represent a guiding

principle for designing psychological interventions that would accelerate recovery and improve the quality of life of cancer patients.

Methodology Prospective longitudinal descriptive observational multicenter study that includes 47 women diagnosed with gynecological cancer who are in the follow-up phase (more than 1 year after completing treatment) in different hospitals in Gran Canaria and Tenerife. The EORTC QLQ-C30 quality of life scale and the 14-item Wagnild and Young Resilience Scale (ER-14) were administered.

Results The mean age of the patients was 56.15 years (range 32–75). The mean follow-up time after cancer treatment was 4.57(1–10). 33.4% were endometrial Ca, 31.2% cervical Ca, and 33.4% ovarian Ca. Table I shows the scores for quality of life and resilience according to the types of cancer. The mean Resilience score was 81.7 (45–98) and the mean global quality of life according to the EORTC-30 scale was 76.28. Only 8.5% of the patients presented a low level of resilience. We found no differences in quality of life or resilience depending on age or years of follow-up.

Abstract #585 Table 1 Quality of life and resilience according to the types of cancer

		Endometrial cancer(n=16)	Cervical Cancer(n=15)	Ovarian C�ancer(n=16)
Areas	items	Mean		
Physical	1-5	46,75	34	34,25
Role	6-7	30,25	43,25	34,25
Emotional	21-24	40	45,75	40
Cognitive	20,25	50	37,25	36,5
Social	26,27	37,5	38,25	41
Fatigue	10,12,18	43,5	47	40,5
Nausea, vomiting	14,15	28,75	29	28
pain	9,19	46	41,25	37,5
Dispnoea	8	35,75	40	32,75
Sleep disturbance	11	45,25	45	51,5
Appetite loss	13	34,25	36,5	32,75
Constipation	16	32,75	31,5	39
Diarrhoea	17	35,75	33,25	32,75
Financial impact	28	33	40	35,75
Global	29-30	70,5	73,71	79,85
Resiliencia	1-14	82,18(5,87)	86,06(6,15)	77,12(5,51)

Conclusion Surviving patients of gynecological cancer in our environment have a good quality of life and a high-medium level of resilience. Women with cervical cancer are the most resilient.

Disclosures No