Results This presentation highlights the frustration associated with cancer management in rural settings in developing countries and emphasizes the need for expansion of cancer care facilities in these regions. Chorioncarcinoma is a curable disease; therefore it is unacceptable that a young woman could die today because she is not guaranteed access to cancer treatment.

Conclusion/Implications Universal health coverage is advocated to reduce out-of-pocket costs for essential cancer therapy and promote equitable access to screening, diagnosis, and management, ultimately reducing deaths from gynecological cancers in SSA. Paradigmatic shifts in governmental policies and engagement with traditional, complementary, and alternative medical practices are necessary to reduce missed diagnoses and late referrals. Tailored context-based guidelines for cost-effective cancer management algorithms are encouraged to be developed by interdepartmental working groups.

AS18. Surgical techniques and perioperative management

EP390/#403 BASELINE COMPLIANCE WITH ENHANCED RECOVERY AFTER SURGERY (ERAS) IN GYNAECOLOGIC ONCOLOGY IN LOW MIDDLE INCOME COUNTRIES (LMIC), THE SOUTH AFRICAN EXPERIENCE

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Introduction Enhanced Recovery After Surgery (ERAS) has significantly reduced complication rates and hospital stay in high income countries. There is a lack of perioperative multi-disciplinary teams, adherence to care guidelines and robust outcomes data in low-and-middle income countries (LMIC). The aim of this prospective cross sectional study was to determine baseline outcomes data, and compliance with guidelines prior to implementation of ERAS in Gynaecologic Oncology at a tertiary hospital in South Africa.

Methods Verbal consent to collect data was obtained from 50 patients, 18 years, and older undergoing elective gynaecological oncology surgery. Anonymised data was entered into the EIAS database by the ERAS Care coordinator. Data was collected on socio-demographic and patient characteristics as well as compliance to the ERAS guidelines in the preoperative, intraoperative, and postoperative period. Outcomes data on length of stay, readmission rates and 30-day follow-up were measured. Ethical approval for this study was obtained from the University of Cape Town Health Research Ethics Committee (HREC ref 068/2022).

Results Among the 50 patients, the overall compliance with ERAS guidelines was 43.9%. ERAS compliance was 16.9% pre-admission; 78.1% pre-operative, 94.2% intra-operatively and 16.9% post-operatively. The average length of stay was 5 days, readmission rate was 4.3% and 30-day complication rate was 21.3%.

Conclusion/Implications Compliance with ERAS guidelines in gynaecologic oncology at our LMIC hospital remains low despite proven benefit of these interventions. This deficit is most pronounced in our pre-admission and post-operative periods. Formal implementation of ERAS will lead to improvement in patient outcomes in LMIC.