

exploring the optimisation of vision in Nipple Skin sparing Mastectomy during prophylactic Mastectomy

Methods this is a continuous series of a single institution and a single surgeons study. 25 patients with fully validate indications of prophylactic mastectomy underwent for assisted total laparoscopic skin sparing mastectomy and immediate reconstruction by a fully train single surgeon in reconstructive surgery and also fully train surgeon with more than 400 procedures of laparoscopic abdominal single port ‘ myomectomy, borderline ovarian staging, laparoscopic assisted vaginal hysterectomy) We are describing our step by step technics the procedure is first described Dissection of the outter quadrant of the breast with scissors, then we put the single port and then we follow the procedure with endoscopic assistance and bipolar The first 7 patients was done by single port with assistance of an additionnal 3 mm port the second serie of 7 patients underwent laparoscopic assistance for the dissection of the NAC and inner part of the breast The last and recent serie of 11 patients underwent fully assisted procedure The removal of specimen is done in endobag without morcellation the insertion of the implant is challenging

Results All the patients underwents a complete procedure without a major opréative time-No immediate or Late complication occurs due to the technics patiente satisfaction is good

Conclusion/Implications The operation is safely feasible more cases are needed to validate that very interesting new technics

EP392/#415

LOW PRESSURE LAPAROSCOPIC PROCEDURES IN OBESE GYNECOLOGICAL PATIENTS USING A NEW SUBCUTANEOUS ABDOMINAL WALL-RETRACTION DEVICE

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Introduction Treatment of obese female patients represents a challenge, due to cardiac function and hemodynamic changes during minimally invasive surgery with pneumoperitoneum and steep Trendelenburg position. Main reasons for LPT conversion in obese patients were inadequate exposure due visceral adiposity and an intolerance of Trendelenburg. The aim of this prospective study was to assess conversion to laparotomy and perioperative complications after of low pressure laparoscopy (LPL) surgery using a new subcutaneous abdominal wall-retraction device in morbidly obese patients.

Methods 30 consecutive obese patients (BMI > 35 kg/m²) were eligible for the study. 20 patients had endometrial cancer, 4 atypical endometrial hyperplasia and 6 BOT/adnexal mass.

Results The mean age was 69, with a mean BMI of 39 kg/m². The exposure of the operating field was optimal in 28 out 30 cases (93.3%). Laparotomy conversion rate was 6,6% (2/30). One intraoperative complication occurred. An hematoma related to insertion of the subcutaneous needle of the

Abstract EP392/#415 Table 1 Type of surgery

Measure	Value
Indication for surgery	
Endometrial hyperplasia	6/30 (20%)
Endometrial cancer	18/30 (60%)
Adnexal mass	6/30 (20%)
TLH* [†] -BSO [‡]	4/30 (13.3%)
TLH* [†] -BSO [‡] -SNL [§] biopsy	22/30 (73.3%)
MSO [§]	1/30 (3.3%)
BSO [‡] and omentectomy	1/30 (3.3%)
TLH* [†] -BSO [‡] -SNL [§] biopsy and complete peritoneal staging	2/30 (6.6%)
Histology	
Endometrial cancer	20/30 (66,6%)
Hiperplasia	4/30 (13.3%)
BOT	2/30 (6.6%)
Other	4/30 (13.3%)

data are expressed as number (percentage).
*Total Laparoscopic Hysterectomy; †Bilateral Salpingo-Oophorectomy; ‡Sentinel Lymph Node; § Monolateral Salpingo-Oophorectomy

Abstract EP392/#415 Table 2 Type of surgery

Measure	Value
Operative time (min)	170 (111 – 249)
Conversion to laparotomy	7/30 (23.3%)
Specimen extraction	3/30 (10%)
Advanced disease	2/30 (6.6%)
Difficult visualization	2/30 (6.6%)
Complete surgical staging	29/30 (96.6%)
Intra-operative complications	1/30 (3.3%)
Hospital stay (days)	4 (3 – 13)
30-days complications	7/30 (23.3%)
Clavien Dindo classification	
grade 1	2/30 (6.6%)
grade 2	5/30 (16.6%)
No complications	23/30 (76.6%)

data are expressed as median (range) or number (percentage)

wall lifter occurred. According to the Dindo Classification \geq a 2, early complications rate was 16%.

Conclusion/Implications LPL technique using the LaparoTensor device is safe and feasible in obese patients. The subcutaneous retractor is a way to create a large intra-abdominal operative space without the need of intraperitoneal high pressure and offers greater benefit to obese patients with no effect on the hemodynamic and respiratory functions. LPL technique may assist both surgeon and anesthesiologist to reduce conversions rate. Prospective studies could confirm our results.