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P074

MULTIMODAL PREHABILITATION: THE IMPORTANCE OF NURSE ANESTHETISTS'S ROLE IN THE PREOPERATIVE PROCESS

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Objectives: The Nurse Anesthetists (NA) are an essential professional in anesthetic processes, performing advanced practice competences.

NA play a fundamental role in Multimodal Prehabilitation (MPH) consultation. They accompany patients from the moment surgery is indicated until after hospital discharge, reinforcing the team-patient bond of trust. They work in the optimization of the chronic pathology, functional capacity, nutritional status and emotional state.

The objective is to describe the evolution and current situation of the NA even though it is not recognized as a nurse specialty in Spain.

Methods: Systematic review in the databases: MEDLINE (PubMed), COCHRANE, WOS, DIALNET, CUIDAN, SCOPUS, papers published in English or Spanish languages. MeSH words included were: anesthesia, nurses, preoperative care, Advanced Practice. Multimodal rehabilitation as a natural language.

Results: Twenty-one reviews met the inclusion criteria: magazine article (14), book (1), clinical trial (1), meta-analysis (1), systematic reviews (4). Little scientific evidence has been found focusing on preoperative nursing care, but NA competences have been positively identified as Advanced Practice Nurse (APN) competencies.

Conclusion: The evolution and increase experienced by the NA in recent years has been significant, although there is still a lack of consolidation in the political-health context.

Their involvement in MPH programs contributes to improving patient well-being and safety, as well as the quality of care provided during the surgical process. The NA contributes to the comprehensive approach to perioperative patient care: optimizing, accompanying and educating for health, establishing competencies in the APN.

It is essential to recognize their specialty, and to make visible the role they play both in PHM units and in other areas of their usual clinical practice.

Disclosure of Interest: None declared

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DOES ROBOT-ASSISTED RADICAL CYSTECTOMY IMPROVE BOWEL FUNCTION RECOVERY COMPARED TO LAPAROSCOPIC APPROACH?

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Objectives: Since laparoscopic radical cystectomy (LRC) was developed about two decades ago, it has replaced open cystectomy in most cases. In the past few years another minimally invasive technique is getting popular because it is thought to reduce postoperative complications such as ileus and length of stay: robot assisted radical cystectomy (RARC).

The goal of the study was to compare both surgical methods to assess differences in terms of postoperative nausea and vomiting (PONV), postoperative ileus, total parenteral nutrition (TPN) use, surgical duration and hospital length of stay (LOS).

Methods: An observational cohort study including oncological patients in an ERAS programme who underwent RARC or LRC with ileal conduit and ileal neobladder between 2019 and 2022 was performed. Demographic data of both groups was collected (ASA, age, gender, BMI). Primary outcomes were obtained from patient's medical record. Statistical analysis was performed with Chi square test for qualitative variables and T-student test for quantitative variables. Statistical significance was set at $p < 0.05$

Results: 39 patients were included, 20 patients in LRC group and 19 patients in RARC group. There were no differences in demographic data between both groups. RARC group had significantly higher surgery time ($p = 0.008$). Not differences in PONV, postoperative ileus, TPN and LOS between both groups were found.

VARIABLE	LRC group (n=20)	RARC group (n= 19)	p value
Surgical time (minutes)	277.58 ± 58.86	373.79 ± 55.62	< 0.001
LOS (days)	13.40 ± 9.02	12.37 ± 6.09	0.86
n PONV (%)	5 (25)	9 (53)	0.30
N Postoperative ileus (%)	5 (25)	8 (42.1)	0.08
n PTN (%)	2 (10)	6 (31)	0.06

n= number of individuals; LRC= laparoscopic radical cystectomy; RARC= robot-assisted radical cystectomy

Conclusion: Although not statistically significant, a tendency towards an increased length of stay and higher postoperative nausea and vomiting, postoperative ileus and parenteral total nutrition rates in robot-assisted radical cystectomy group were found. This might be explained because its longer duration of surgery compared to laparoscopic group. Further studies to confirm our results are needed.

Disclosure of Interest: None declared

P076

IMPACT OF THE COVID-19 PANDEMIC IN PATIENTS WHO UNDERWENT RADICAL CYSTECTOMY DURING THE FIRST WAVE, ONE-YEAR FOLLOW-UP

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Objectives: During the onset of the COVID-19 pandemic, surgical activity decreased due to an overload of the health system and to reduce SARS-COV-2 transmission. The objective of our study was to evaluate characteristics, analyze complications and survival up to one year of patients who underwent radical cystectomy in our hospital from March 1 to May 31, 2020 (period of the first wave of the COVID-19 pandemic in Spain). We also compared the results with cystectomized patients enrolled in an ERAS program but outside the pandemic period.

Methods: Retrospective, single-center cohort study of patients scheduled for radical cystectomy from March 1, 2020 to May 31, 2020; they were matched with previously operated patients through propensity matching score 1:2. The matching variables were demographic data, preoperative and intraoperative clinical conditions.

Results: A total of 23 radical cystectomies with urinary diversion were performed in the period described. The minimally invasive approach was more frequent in the pandemic group. Three patients were diagnosed with COVID-19 during their admission. We did not find statistically significant differences in postoperative complications or in mortality up to one year of follow-up.

Conclusion: The first wave effect of the COVID-19 pandemic did not increase complications or mortality in patients who underwent radical cystectomy in our hospital, although a clear tendency was observed to have more and more severe complications. Performing the SARS-CoV-2 PCR test preoperatively was critical to control in-hospital transmission. The correct selection of surgical patients during the first wave was essential to optimize their evolution.

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Disclosure of Interest: None declared