

as well as lack of progress in labour. Nevertheless, none of these parameters reached a statistical significance. Primiparas both ≤ 30 and >30 year-old had a much greater risk of lack of progress in labour (OR = 11.3; $p = 0.0015$ and OR = 19.5; $p = 0.00027$) as well as emergency caesarean section (OR = 5.6; $p = 0.00056$ and OR = 2.5; $p = 0.027$) and a lower risk of elective C-section (OR = 0.4; $p = 0.0027$ among women ≤ 30 years old) when compared to multiparas. These results met statistical significance criteria.

Conclusion: Advanced maternal age can undoubtedly be associated with several adverse perinatal outcomes. However, the results of the study do not seem to be unequivocal. Further investigation of the influence of maternal age on the course of pregnancy and delivery should be conducted.

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PS118

Varicose veins surgical treatment: Endovenous laser ablation versus open surgery



Tomas Liaudginas*, Vaida Kazlauskaitė

Faculty of Medicine, Vilnius University, Vilnius, Lithuania

E-mail address: tliaudginas@gmail.com (T. Liaudginas).

Aim: Compare long-term outcomes of varicose veins treatment between endovenous laser ablation and open surgery.

Introduction: 25–33% of the Western population adults is suffering from varicose veins and surgical treatment is characterized by high recurrence rate of 60% after 5 years follow-up observation. That leads to look for the most effective treatment option.

Methods: A retrospective study of 182 patients who had varicose veins endovascular or open surgery during 2015–06–2015–12 were made. Patients' demographic and clinical data were registered. Patients were contacted and asked to evaluate surgery outcomes subjectively. Patients were divided in two groups: I – ones who had endovenous laser ablation and II – those who had open surgery.

Results: 136 (74.7%) patients agreed to participate in the study: 26 (19.1%) men and 110 (80.9%) women; average age – 48.36 years (± 1.087). 65 (47.8%) – group I, (41 (63.1%) were operated because of the symptoms, 24 (36.9%) were operated because of the esthetical reasons), 71 (52.2%) – group II, (58 (81.7%) were operated because of the symptoms, 13 (18.3%) were operated because of the esthetical reasons.) The symptoms renewed: group I – 9 (22%) patients, group II – 25 (43.1%). Esthetical relapse: group I – 3 (12.5%), group II – 5 (38.5%). Patients assessed esthetical view: group I – 48 (73.8%) were completely satisfied with the results, 15 (23.1%) were partly satisfied and 2 (3.1%) were unsatisfied, respectively in group II the results were 44 (62%), 26 (36.6%) and 1 (1.4%) ($p = 0.202$). Patients also evaluated their symptoms after treatment. Group I: 53 (81.5%) patients were completely satisfied, 9 (13.8%) – partly satisfied, 3 (4.6%) – unsatisfied, respectively in group II – 52 (73.2%), 14 (19.7%) and 5 (7%) ($p = 0.513$). According to the EQ-5D-3L questionnaire patients treated in group I evaluated their health – 80.29 (± 13.199), II – 74.56 (± 16.615).

Conclusion: Chronic venous insufficiency symptoms more often renewed to patients who had open surgery. Patients' were more satisfied after endovenous laser ablation. Also, those patients who were treated with endovascular procedure evaluated their health better.

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PS147

Patients' quality of life after surgical treatment of oral cancer



A. Petrović

Faculty of Medicine, Novi Sad, Serbia

E-mail address: andjus007@gmail.com.

Aim: To evaluate the quality of life of patients after surgical treatment of oral cancer.

Introduction: Oral cancer surgery may have resulted in damage to the act of chewing, swallowing, speech and communication, lead to social incompetence and decline in the quality of life of patients.

Methods: The study included 30 surgically treated patients previously diagnosed with oral cancer at the Department of Maxillofacial Surgery, Clinical Center in Novi Sad. The survey and assessment of Karnofsky index of patients was conducted within the regular control visits to a specialist clinic for maxillofacial surgery. The questionnaire is in addition to general information included questions related to the primary tumor localization, harmful habits, stomatognathic system function and psychosocial condition after surgical treatment of oral cancer.

Results: Mean age of patients was 63 years, of which 73.3% were male and 26.7% female. The most common localization of oral cancer was under the mouth of 9 (30%) patients. Alcohol and cigarettes were consumed by 70% of patients. In 50–60% of patients, stomatognathic system function was reduced to varying degrees of severity. Chewing function was statistically significantly worse in patients after marginal resection of the mandible ($p < 0.05$). Depression was observed in 18.2% of men and 12.5% women, and the problem of appearance in public places had 40% of patients. Karnofsky index of 25 (83.3%) patients was 100% while the remaining was lower as a result of comorbidity.

Conclusion: The quality of life in terms of stomatognathic system function and psychosocial status was reduced to varying degrees of expression in many patients after surgical treatment of oral cancer. Therefore, the detection of diseases in an early stage is crucial to the survival and quality of life for patient.

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PS221

Long-term outcomes in simultaneous pancreas-kidney transplant recipients: Retrospective single centre study



Gniewkiewicz Michał^{1,2},
Czerwińska Magdalena^{1,2,*}

¹ Student Scientific Group of Transplantation Medicine and Nephrology, Poland

² Department of Transplantation Medicine, Nephrology and Internal Medicine, Medical University of Warsaw, Poland

E-mail address: mczerwinskam@gmail.com (C. Magdalena).

Aim: The aim of this study is to present long-term outcomes of SPKT.

Introduction: Simultaneous pancreas-kidney transplantation (SPKT) is the treatment of choice for patients with end-stage renal failure due to type 1 diabetes mellitus (DM1).

Since the 1980s, pancreas transplant has become the most effective strategy to restore normoglycemia in patients with DM1.

Methods: We performed a retrospective analysis of 73 SPKT recipients who underwent transplantation between 1988 and 2015.

Results: 50.68% of patients were male. During the time of surgery the mean age was 37.8 ± 7.44 years. DM1 was diagnosed average 25 ± 6.08 years before SPKT. For 21.9% it was pre-emptive transplant. 60.9% and 17.19% were on haemodialysis and CADO respectively (the mean dialysis time was 29.05 months). Reoperation due to pancreatic and kidney complications amounted respectively 23.3% vs 8.3%. DGF was observed in 9.6% of kidney graft recipients. Mean HLA - A, - B, - DR mismatches were: 1.42, 1.58, 1.27. All patient received induction of immunosuppression (polyclonal immunoglobulins: ATG/Thymoglobulin – 64% or monoclonal: daclizumab/basiliximab – 36%). Kidney graft survival at 1, 5, 10, 15 years 100%, 97%, 85% and 67%; and pancreas survival is 95%, 92%, 87% and 67% respectively. There was noticed tendency to increase creatinine level (from 1.18 at 1 year to 1.78 at 15 years) and decrease of haemoglobin level (from 13.84 at 1 year to 12.65 at 15 years). Patients with longer time of dialysis were more commonly infected by HCV ($p=0.004$), more often hospitalized due to cardiovascular complications ($p=0.004$) and had shorter survival time ($p=0.03$). HBV infection correlated with longer time of hospitalization during transplantation procedure ($p=0.006$), more often delay grant function of pancreas ($p=0.008$), higher serum level of CRP ($p=0.04$) and more frequent hospitalizations in subsequent years ($p=0.003$).

Conclusion: Shorter dialysis time improves patient prognosis after SPKTx. HBV and HCV infection is associated with more frequent complications and worse prognosis. Cardiovascular complications are more likely to affect dialysis patients.

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PS031

The impact of suturing hemostasis on ovarian reserve during conserving surgeries on the ovaries



A.A. Solomatina, E.A. Tumasyan*, I.Z. Khamzin

N.I. Pirogov Russian National Research Medical University, Russia

E-mail address: elizavetatumasyan@gmail.com (E.A. Tumasyan).

Aim: To determine the effects of using suturing hemostasis in cases of cystectomy of unilateral endometriomas and mature teratomas (MT).

Introduction: Nowadays there is a noticeably growing rate of benign ovarian tumors requiring urgent treatment. It is known that ovarian tumors lead to diminished ovarian reserve (OR). Conserving surgeries bring to a further reduction of OR.

Methods: The study involved 66 patients with endometriomas and 69 with MT. The mean age was 28.07 ± 5.3 . All patients underwent laparoscopic cystectomy. The methods to stop bleeding were: ligature hemostasis with absorbable polyglycolic suture, USP 2-0 (I group) and bipolar coagulation (BPC) – Autcon II 350, current power 35 W – (II group). Before and 6–12 months after surgery serum levels of Antimüllerian hormone (AMH) were evaluated; by ultrasound (Toshiba Aplio 500, 3.6–8.8 MHz) we measured the volume of healthy ovarian tissue (V_{cm^3}), antral follicle count (AFC), their site and diameter.

Results: At the pre-surgical stage patients with endometriomas had reasonably lower ultrasound and biochemical markers than patients with MT. 6 months after suturing hemostasis patients with endometriomas had a 1.8 times higher AFC, its diameter and, as a

result, the volume of ovarian tissue of the operated gonad compared to the group after BPC. Studying similar indices by the patients with MT showed the difference of 1.3 times respectively. Deformed follicles with small diameter (3–4 mm) ousted to the periphery were located on the echograms. Six months after laparoscopy the AMH level of all patients decreased, the biggest reduction (1.7 and 1.9 times correspondingly to groups) was noted by the patients with endometriomas.

Conclusion: To preserve women's reproductive potential after conserving surgeries on the ovaries, intracorporeal suturing is a preferred hemostatic method over bipolar energy. Enucleation of endometriomas and MT leads to diminished OR regardless of the energy type used as a hemostasis.

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PS102

Complications after open surgery for the abdominal aorta and its branches depending on patients' age



Kaszuba Aleksandra*, Gajdosz Anna, Iwańska Anna, Kacorzyk Radosław

Student Scientific Society at the Second Department of Internal Diseases UJ CM, Poland

E-mail address: aleksandra.kaszuba.94@gmail.com (K. Aleksandra).

Aim: Age is one of the risk factors for postoperative complications in open surgery of the aorta. The awareness of their frequency may lead to earlier diagnosing and referral for procedure in order to avoid negative results of surgery and further therapy.

Introduction: The aim of our study was to assess the dependent of age frequency of postoperative complications among patients undergoing primary open surgical procedure within abdominal aorta due to aneurysm (AAA) or/and peripheral arterial disease (PAD).

Methods: The study group consisted of 249 patients (84.7% men), aged 69.1 ± 8.2 with AAA or/and PAD who underwent open abdominal aorta surgery between August 2015 and January 2017. Patients were divided into three groups depending on age group I < 65 years (61 patients, aged 58.8 ± 5), group II 65–74 yrs (118 patients, aged 68.5 ± 2.8) and group III > 74 yrs (70 patients, aged 79.1 ± 3.4). We considered coexistent diseases, smoking habit, Revised Cardiac Risk Index for Pre-Operative Risk (Lee index), some laboratory tests, type and mode of surgery (elective vs urgent/emergent). Statistical analysis was performed with Kruskal Wallis and Chi2 tests.

Results: Frequency of some complications such as myocardial infarction, pneumonia, sepsis, stroke or bleeding was similar in compared groups. Nevertheless, we observed a statistically significant difference in the frequency of acute kidney injury demanding dialysis (respectively, for groups I–III: 3.28% vs. 17.80% vs. 20.00%; $p=0.013$), multi-organ failure (1.64% vs. 10.17% vs. 14.29%; $p=0.039$) and intrahospital mortality (1.64% vs. 11.86% vs. 18.57%; $p=0.009$). The groups were comparable regarding the coexistent diseases – the only differentiative feature was hypertension that occurred less in group I (62.30%) than in other groups (82.20% and 81.43%, $p=0.01$). There was no significant difference between groups in preoperative risk determined by Lee index and mode of surgery procedure. However, older patients had higher mean creatine level on admission than younger patients (72.2 ± 21.5 vs. 91.3 ± 34.2 vs. 94.4 ± 37.7 $\mu\text{mol/l}$, $p<0.005$), lower eGFR (109 ± 31 vs. 84.5 ± 29.1 vs. 73.8 ± 24.7 ml/min/1.73 m^2 , $p<0.001$) and more