aortic erosion, stenosis and obstruction. This systematic review and meta-analysis aimed to compare the use or not of mesh as a reinforcement in the laparoscopic repair of giant hernias and to determine which technique has the best results in recurrence and complication rates.

Methods: A search was conducted using databases and included prospective and randomized studies. The studies should include patients with giant hernias who have undergone laparoscopic treatment comparatively analyzed between cruroplasty and suture associated with prosthetic reinforcement.

Results: Of the 768 articles analyzed, 8 were selected for systematic review, and 7 were included in the meta-analysis. The meta-analysis showed no statistically significant differences in favor of any of the intervention methods (mesh versus suture cruroplasty) for the different outcomes evaluated: recurrence (RD -0.06, CI [−0.13,0.01], I2 22%, p 0.27); postoperative complications (RD 0.04, CI [−0.01,0.9], I2 5%, p 0.30); deaths (RD -0.01, CI [−0.04, 0.02], I2 0%, p 74); intraoperative complications (RD -0.03, CI [−0.07, 0.1]); reoperation (RD -0.04, CI [− 0.10, 0.02], p 0.14).

Conclusion: There is no evidence supporting that routine mesh reinforcement in laparoscopic repair of giant hernias decreases recurrence and other complications. Systematic review registration number at PROSPERO: CRD42019147468.

302 IS 18F-FDG PET/CT PARAMETERS USEFUL IN PREDICTING PATHOLOGICAL RESPONSE TO NEOADJUVANT CHEMORADIOTHERAPY FOR ESOPHAGEAL CARCINOMA?

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The 18F-fluorodeoxyglucose positron emission tomography (FDG-PET/CT) provides an ability to functionally evaluate metabolic activity improving patient selection for surgical treatment. The value of SUVmax, MTV and TLG from FDG PET/CT of primary tumor and lymph nodes in the setting of neoadjuvant chemoradiotherapy for esophageal cancer in predicting pathological response to neoadjuvant therapy is the aim of this study.

Methods: A retrospective cohort study was performed, assessing the correlation of SUVmax and volumetric parameters (MTV and TLG) of 18F-FDG PET/CT prior and post to neoadjuvant therapy for esophageal carcinoma with the pathological response as outcomes.

Results: One hundred and seventeen patients were included. The higher AUC values in predicting pathological complete response were obtained for the primary tumor, on post neoadjuvant therapy. These variables showed high sensibility, but low specificity (SUVmax: AUC: 0.71, 95% CI: 0.55–0.87; MTV: AUC: 0.7, 95% CI: 0.54–0.86; TLG: AUC 0.71, 95% CI: 0.55–0.87).

Conclusion: PET-Scan functionally evaluates metabolic activity, and the absolute values and changes of SUVmax and volumetric variables provide important information for pathological tumor response to neoadjuvant chemoradiotherapy.

304 DOES INTRAOPERATIVE FLUID MANAGEMENT INFLUENCE THE POSTOPERATIVE HOSPITALIZATION IN PATIENTS UNDERGOING ROBOTIC-ASSISTED ESOPHAGECTOMY

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Esophageal resection is a formidable surgery which is often associated with high morbidity and mortality rate despite an improvement in postoperative care. Fluid administration has been described to be a major factor that contributes to the development of postoperative complications after esophagectomy. The aim was to study the relationship between intraoperative fluid administration and the postoperative hospitalization stay

Methods: After hospital ethical committee approval, 69 patients who underwent Robotic-assisted esophagectomy dated from January 2011 to till date were accessed from the hospital electronic databank. Single lung ventilation was used in all of the patients during the thoracic approach. 69 patients were divided into two groups with respect to patients in first group who received 4 litres and below and the second group who received 4litres and above of crystalloids. Variables studied were ASA status, demographic data, intraoperative fluids administered, ventilator mode, positioning, postoperative parameters studied were icu stay, sepsis, ionotropic support, respiratory distress, reexploration, readmission to icu.

Results: None of the variables studied except fluid administration were shown as risk factor.

Conclusion: Anesthetic regimen directed at a restrictive intraoperative fluid of less than 4 litres has reduced the postoperative morbidity rates and the duration of hospital stay in patients undergoing Robotic esophagectomy.

314 LONG-TERM QUALITY OF LIFE FOLLOWING TRANSTHORACIC AND TRANSHIATAL ESOPHAGECTOMY FOR ESOPHAGEAL CANCER

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Both a transthoracic (TTE) and a transhiatal (THE) esophagectomy may be possible in patients with a distal esophageal or gastroesophageal junction (GEJ) cancer. A number of studies report conflicting results in long-term health-related quality of life (HR-QoL) following these operations. This study investigates long-term HR-QoL in TTE and THE in a tertiary referral center.

Methods: Disease-free patients after a TTE or THE for distal esophageal or GEJ carcinoma with a follow-up >2 years were included. Patients who visited the outpatient clinic of a tertiary referral center in the Netherlands between 2014–2018 were asked to complete the EORTC QLQ-C30 and EORTC QLQ-OG25 questionnaires. Outcome measures were all 31 HR-QoL domains.

Results: During the study period, 132 patients underwent a TTE and 56 a THE. A better HR-QoL score was found for "problems with hair loss" (mean score 85.0 vs 114.4, p = 0.016) following TTE. Patients after minimally invasive TTE had better scores in ´physical functioning´ compared to minimally invasive THE (mean score 103.2 vs 88.6, p = 0.020). Patients following neoadjuvant therapy and TTE reported better "social functioning" compared to patients after neoadjuvant therapy and THE (mean scores 76.1 vs 59.9, p = 0.040).

Conclusion: Long-term HR-QoL results are largely comparable in disease-free patients following TTE or THE for distal esophageal or GEJ carcinoma. Some domains in the whole cohort and in subgroups differed at the advantage of a TTE. These findings may aid in providing information to esophageal or GEJ cancer patients on what can be expected following treatment.

324 INTRALUMINAL CONTINUOUS DECOMPRESSION USING A COMPUTER-CONTROLLED PORTABLE VACUUM PUMP FOR CONTROLLING CERVICAL ANASTOMOTIC LEAKAGE AFTER SUBTOTAL ESOPHAGECTOMY

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Anastomotic leakage is one of the major complications that can occur after an esophagectomy. Usually, preemptive surgical intervention with prompt open drainage by cervical incision is the first choice. In our department, on the other hand, we perform intraluminal continuous decompression (ILCD) using a computer-controlled portable vacuum pump system (Thopaz®) as first-line therapy for leakage of the cervical anastomosis. In this study, we examine the effectiveness of this management.

Methods: Thirty-eight patients who underwent esophagectomy and cervical anastomosis and were diagnosed with leakage between May 2005 and October 2019, were studied. Until July 2014, cervical incision was generally performed, and ILCD or nasoesophageal extraluminal drainage (NEED) was added in some cases (conventional group). Since August 2014, we have