

and post-surgery (1-9 months) visual evaluation were analyzed. Results: 40 eyes were included (20 patients). The median age was 61 years (range:43-84) and 90% of patients were female. The LogMAR visual acuity was not significantly modified post-surgery (from +0.25 to +0.21; $p=0.7$). Color vision (# errors reading Ishihara/16-plates) was not modified post-surgery (from 2.6 to 3.2; $p=0.6$). Visual field (Humphrey, 32-2) was not significantly modified post-surgery (from 78.1% to 81.9%; $p=0.7$). Conclusions: The prevention of visual pathway injury during surgery by FVEP monitoring prevents visual deficits after endoscopic meningioma resection.

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Characteristics of a large cohort of patients with acromegaly with surgical outcome by geographic living location

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doi: 10.1017/cjn.2023.230

Background: Acromegaly is a rare disease caused by a growth hormone-secreting pituitary adenoma which results in potentially debilitating skeletal, cardiac and gastrointestinal disease. Surgical resection can be curative, but in Southern Alberta, skull base surgeons and multi-disciplinary pituitary teams work at a single centre, raising the question of whether rurally-dwelling patients experience worse outcomes. We aim to characterize post-surgical remission rates by living location in acromegaly patients at our institution. Methods: A retrospective chart review supplemented a single surgeon database of patients with acromegaly treated at our centre (February 2011-April 2022) with demographic, endocrinological, and surgical variables. Statistical analysis was performed using Stata Version 17. Results: Our cohort included 47 cases of acromegaly (53% male), all treated with endoscopic transsphenoidal surgery. The average age at first operation was 46.7 years (20-69 years), 77% were macroadenomas, and the average adenoma size at initial MRI was 16mm. 54.55% of the urban cohort achieved immediate post-surgical remission, versus 28.57% of the rural cohort (OR:3.0(95%CI:0.67,15.51)). Conclusions: The characteristics of our cohort agree with the literature. The odds of immediate post-surgical remission in urban-dwelling patients was 3.0 times that of rurally-dwelling patients. Our results failed to meet statistical significance likely due to lack of power secondary to sample size.

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Exploring end-of-life decision making and perspectives on Medical Assistance in Dying through the eyes of individuals living with cervical spinal cord injuries in Nova Scotia

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doi: 10.1017/cjn.2023.231

Background: Individuals with spinal cord injuries (SCI) are invariably faced with decisions around management of their

injury; from life prolonging to palliating interventions. End-of-life (EOL) decision-making has recently come to include conversations around Medical Assistance in Dying (MAID), as legislation changes have expanded access. The intersection between SCI and MAID, and other EOL decision-making has yet to be explored. We sought to discuss awareness and perspectives on MAID and EOL decision-making. Methods: We conducted hour-long semi-structured interviews with 15 individuals living with cervical SCI. Interviews took place over the telephone or virtually, and transcripts were analyzed using an iterative coding process and thematic analysis. Results: There was a global lack of awareness of options, that changed with time as participants assumed more independent roles in decision making. Participants possessed general awareness of MAID, but variable understanding of who legislation applies to. The way individuals with SCI could interact with MAID legislation brought forth interesting discussions around bodily autonomy and self-determination. Some voiced their own desire initially for MAID, while others vacillated or were more strongly opposed. Conclusions: This study emphasizes the importance of engaging with difficult conversations, and striking the balance of respecting autonomy and self-determination, within the constraints of each individual's situation.

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Awake craniotomy in pregnancy: a systematic review

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doi: 10.1017/cjn.2023.232

Background: Awake Craniotomy during pregnancy is a rare but urgent procedure. Since pregnancy can both accelerate the progression of a tumor and mask other diagnoses, cases may lead to premature termination of pregnancy. From a neurosurgical, anesthetic, and obstetrical perspective, these operations may be challenging. Methods: In accordance with the PRISMA guidelines, MEDLINE, Scopus, and Web of Science databases were searched from inception to January 3rd, 2023. Studies were included if they included pregnant patients who underwent awake craniotomy. Results: Nine papers fit the criteria for the final analysis. All investigations were case studies. A total of nine patients were included. Mean age at surgery was 26.9 years, and mean gestational age at craniotomy was 20.9 weeks. Eight (88.9%) patients underwent craniotomy for tumor resection and the other had a pseudoaneurysm repair. Glioma was the most common tumor pathology (n=5), followed by meningioma (n=1), and glioblastoma (n=1). None of the patients experienced significant intraoperative or immediate postoperative complications. There were no obstetrical complications or significant changes in fetal status during or after surgery, and all reported deliveries were successful with healthy infants. Conclusions: Awake craniotomy during pregnancy can be a safe procedure with appropriate pre-operative patient selection and extensive multidisciplinary planning.