Measurements/Results: A total of 891 hysterectomies meeting inclusion criteria were identified (285 pre-FDA statement, 606 post-FDA statement). Mean age was 47 years old and mean body mass index was 30.7 kg/m^2. Overall total laparoscopic hysterectomy (40.0%, n = 355) was the most common route of hysterectomy performed followed by total vaginal hysterectomy (32.3%, n = 288) and total abdominal hysterectomy (11.5%, n = 102). Supracervical, laparoscopic-assisted vaginal, and robotic-assisted routes were infrequently performed. No statistically significant difference was noted in the pre-operative work-up between the two groups when considering number of pelvic ultrasounds, CTs, MRIs, or endometrial biopsies performed. An increase in pre-operative MRIs obtained in the post-FDA statement group was noted, 6.4% versus 3.4%, but not statistically significant (p = .12). Post-FDA statement total abdominal hysterectomies were more frequently performed, 6.0% versus 14.0%. The frequency of laparoscopic supracervical hysterectomies decreased, 17.2% versus 3.5%. Postoperatively more patients in the post-FDA statement group underwent re-operation than pre-FDA statement, 1.5% versus 0% (p = .04). Rate of other post-operative complications was comparable between the two groups.
Conclusions: After the FDA statement on power morcellation, surgical route of hysterectomies performed for benign indications shifted with an increased frequency of abdominal hysterectomies and a decline in laparoscopic supracervical hysterectomies observed. Preoperative work-up was comparable between the groups. Postoperative reoperation rates however were higher among the post-FDA group than the pre-FDA group.

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3:39 PM – GROUP A

Combined Treatment Techniques in Women with Cervical Ectopic Pregnancy: 58 Cases

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Objective: To evaluate current strategies for preserving fertility in patients with cervical pregnancy.
Design: Canadian Task Force classification II-2; prospective and retrospective analysis.
Settings: Department of Operative Gynecology, V.I Kulakov National Medical Research Center of Obstetrics, Gynecology, and Perinatology, Ministry of Health of the Russian Federation.
Patients: 58 women with cervical pregnancies (ages 25–43 years), treated during the last 12 years.
Interventions: Standard diagnostic clinical protocol was carried out in all patients.
Patients with cervical pregnancy received intravenous methotrexate at an average of 50 mg/every 48 hours and 6 mg of intramuscular leucovorin rescue injection at 28 hours after methotrexate administration.
Measurements/Results: In 55 cases, diagnostic hysteroscopy and subsequent resectoscopic removal of the chorion and coagulation of the vessels were performed. Thirty-three women in early pregnancy underwent combined therapy with preoperative systemic methotrexate and resectoscopic excision. 14 patients had chorionic invasion into the cervix and required selective uterine artery embolization (SUAE), followed by minimally invasive surgery (resectoscopy). Additional laparoscopic removal of ovarian teratoma was performed in one case. The gestational age on admission ranged from 5 to 9 weeks, with the mean gestational age being 6.4 ± 0.8 weeks. Surgical procedures were started when the patients had decreasing levels of β-hCG of 4000-7000I U/l. Bilateral SUAE was utilized in 12 cases, through the right femoral approach and in 2 cases through the right radial artery. The blood loss in all cases was less than 25 cc, including patients with chorionic invasion.
Conclusions: The results of our study suggest that resectoscopic removal of embryos with previous cytostatic therapy with methotrexate allows for the preservation of fertility in young women with early cervical pregnancy. SUAE allows for minimal operative blood loss and shorter hospital stays, and preserves reproductive potential in women with chorionic cervical invasion.

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3:46 PM – GROUP A

Improved Postoperative Pain Control by Addition of Oral Phenazopyridine before Total Laparoscopic Hysterectomy

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Objective: To determine if the addition of preoperative oral phenazopyridine reduces post-operative pain and narcotic use.
Design: Retrospective chart review.
Settings: Four academic affiliated and community-based hospitals.
Patients: Patients undergoing total laparoscopic hysterectomy (TLH) for benign gynecologic indications performed by a single surgeon from December 3rd, 2013 to June 6th, 2017.
Interventions: Addition of oral phenazopyridine in the preoperative protocols for TLH.
Measurements/Results: The control preoperative pain regimen included oral acetaminophen, gabapentin, and a non-steroidal anti-inflammatory drug and was given to 316 patients. Starting in 05/03/2016, oral phenazopyridine was added to the combination, and given to 125 patients. Average surgical durations were shorter by 10.4 minutes for patients receiving the drug (p < .05) and cystoscopy was performed more often for patients receiving phenazopyridine (45% vs. 19%, p < .0001), but other surgical parameters were similar. The addition of preoperative phenazopyridine was associated with a significant reduction in post-operative injectable narcotic use (p = .041), a trend of reduced total (oral and injectable) narcotics use (p = .079) among all patients, and a significant reduction of total narcotic use among those patients receiving cystoscopy (p = .032).
Conclusions: Oral preoperative phenazopyridine significantly reduces narcotic use for patients receiving cystoscopy and trends a reduction in narcotics for all hysterectomy patients.

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3:57 PM – GROUP B

Impact of Anemia Severity on Postoperative Complications Following Laparoscopic Hysterectomy

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Objective: To determine (1) impact of preoperative anemia on postoperative outcomes and complications following laparoscopic hysterectomy and (2) impact of anemia severity on postoperative outcomes and complications.
Design: Retrospective cohort study.
Settings: Academic centers that participate in the American College of Surgeons National Surgery Quality Improvement Program.
Patients: Patients undergoing laparoscopic hysterectomies from 2007–2016.