LSU School of Medicine
Department of Obstetrics & Gynecology

Resident Research Day
Friday May 20, 2022

Human Development Center
411 S. Prieur St, 1st Floor Auditorium
New Orleans, LA

Keynote Speaker:

S. Abbas Shobeiri, MD, MBA, FACS, FACOG, CMPE
INOVA Health System Division Chief of Benign Gynecology
INOVA Health System Director of Pelvic Floor Program
Professor of Medical Education, The University of Virginia
INOVA Fairfax Hospital, Department of Obstetrics & Gynecology

Resident Research Day
Friday, May 20, 2022

8:00-8:05am	**Welcome & Introduction of Guest Speaker** Lisa Peacock MD Chairman, Department of Obstetrics and Gynecology
8:05-9:00am	**Building Health Teams in Gynecology** S. Abbas Shobeiri MD, MBA, FACS, FACOG, CMPE INOVA Health System Division Chief of Benign Gynecology INOVA Health System Director of Pelvic Floor Program Professor of Medical Education, The University of Virginia INOVA Fairfax Hospital, Department of Obstetrics & Gynecology
9:00-9:15am	**Break**
	SESSION 1- Obstetrics *Moderators: Asha Heard MD/ Tabitha Quebedeaux MD, PhD*
9:15-9:30am	**Atypical Response to Glucose Challenge Test in Pregnancy and Risk for Small for Gestational Age Neonates** ***Morgan Whalon MD, House Officer IV, LSU-New Orleans*** *Advisor: Tabitha Quebedeaux MD, PhD*
9:30-9:45am	**Blood Pressure During Hospital Stay for Delivery and Risk for Postpartum Readmission for Hypertension** ***Kaitlyn Taylor MD, House Officer III, LSU-Baton Rouge*** *Advisor: Neelima Sukhavasi MD*
9:45-10:00am	**Chorioamnionitis: Mechanism for Diagnosis and Potential for Adverse Outcomes** ***Joshua Wells MD, House Officer III, LSU-New Orleans*** *Advisor: Stacey Holman MD*
10:00-10:15am	**Drug Use among Pregnant Persons Before and During COVID-19 Pandemic** ***Maggie Cahill MD, House Officer III, LSU- Baton Rouge*** *Advisor: Sarah Buzhardt MD*
10:15-10:30am	**Marijuana Use in Pregnancy and the Risk of Preterm Birth** ***Rachel Gilbert MD, House Officer III, LSU- Baton Rouge*** *Advisor: Sarah Buzhardt MD*
10:30-10:45am	**Break**

SESSION 2- Office Practice
Moderators: Stacey Scheib MD / Neelima Sukhavasi MD

10:45-11:00am **Effectiveness of Telemedicine Visit at Three Weeks Postpartum to Increase Visit Attendance at Six Weeks Postpartum**
Rose DePaula-Cox MD, House Officer IV, LSU-New Orleans
Advisor: Stacey Holman MD

11:00-11:15am **Effectiveness of Multiple Distraction Therapies to Reduce Pain and Anxiety with IUD Placement and Endometrial Biopsy Procedures**
Ariella Price MD, House Officer IV, LSU- New Orleans
Advisor: Holly Provost MD

11:15-11:30am **Assessment of Cervical Dysplasia in Women with HPV non-16/18 and Normal Cytology**
Erika Arceneaux MD, House Officer IV, LSU-New Orleans
Advisor: Stacey Holman MD

11:30-11:45am **Attitudes and Anticipated Barriers to Breastfeeding Among Pregnant Patients in South-Central Louisiana**
Jessie Cole MD, House Officer III, LSU-Baton Rouge
Advisor: Sarah Buzhardt MD

11:45am **LUNCH**

12:45pm **Group Picture**

SESSION 3- Gynecology
Moderators: Tara Castellano MD / La'Nasha Tanner MD

1:00-1:15pm **Elective Appendectomy at Time of Benign Gynecologic Surgery**
Katherine Williams MD, House Officer IV, LSU-New Orleans
Advisor: Stacey Scheib MD

1:15-1:30pm **Views of Reproductive-Aged Female Cancer Patients on Oncofertility Care**
Akshay Goswami MD, House Officer III, LSU-New Orleans
Advisors: Amelia Jernigan MD and Jay Huber MD

1:30-1:45pm **Impact of Video-Enhanced Preoperative Counseling on Patient Satisfaction and Postoperative Care within a Teaching Institution**
Yetunde Akinde MD, House Officer IV, LSU-New Orleans
Advisor: Holly Provost MD

1:45-2:00pm **BREAK**

2:00pm **Awards Presentation and Final Remarks**

S. Abbas Shobeiri, MD, MBA, FACOG, FACS, CMPE

Professor Shobeiri is the System Chief of Gynecology for the INOVA Health System in Falls Church, Virginia, USA which is ranked #6 in Gynecology by US World News.
He obtained his Bachelor degree from the University of Washington in Seattle, MD from TUFTS University in Boston, and completed his residency and fellowship at Tulane and LSU in New Orleans.

Dr. Shobeiri has been the recipient of research and educational awards. He has been a grant reviewer for ACOG, AUGS, IUGA, and American Federation for Aging Research. He is a manuscript reviewer for Urology, Journal of Urogynecology & pelvic floor Dysfunction, American Journal of Obstetrics and Gynecology, Neurourology & Urodynamics, and Female Pelvic Medicine and Reconstructive Surgery. He has authored >200 articles in scientific journals as well as numerous chapters for textbooks standard to the field of Urogynecology. He is the editor of several textbooks standard to the field of Urogynecology: *Practical Pelvic Floor Ultrasonography: A Multicompartmental Approach to 2D/3D/4D Ultrasonography of Pelvic Floor (2nd Edition 2017), and The Innovation and Evolution of Medical Devices: Vaginal Mesh Kits (2019).*

He has chaired ultrasound workshops at the International Continence Society (ICS), International urogynecological Association (IUGA), and multiple institutions around the world. Additionally he has served on the Research and the Program committees at AUGS and IUGA. He was the Chair of AUGS Mesh SIG at AUGS.

His primary clinical and research has been elucidating the pathophysiology of birth related pelvic floor injury using 3D ultrasound and surgical repair. Dr. Shobeiri's expertise in levator ani repair after childbirth draws patients for evaluation. During the emergence of vaginal mesh kits complications in the late 2000s, his studies and lectures greatly advanced the course of patient safety.

Atypical Response to Glucose Challenge Test in Pregnancy and Risk for Small for Gestational Age Neonates

Morgan Whalon MD, Allison Lazenby MD, Eleanor Germano MD, Sara Lever MD, Mairin Guidry MS, Tina Nguyen, and Tabitha Quebedeaux MD, PhD

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Objective: Fetal glucose stimulates insulin-like growth factors that play a predominate role in fetal growth and development. Extensive research has documented the impact of gestational diabetes in pregnancy by delineating the relationship between high glucose screening values and fetal macrosomia. However, there are limited studies regarding an atypical low glucose challenge test result and pregnancy outcomes. In this study, we hypothesize that a low second trimester 1-hr glucose challenge test increases the odds of having a small for gestational age neonate.

Methods: A retrospective cohort study was completed via chart review of all deliveries at Touro Infirmary from July 1, 2018 to August 2, 2021 (n= 8775). Maternal demographic and pregnancy outcome data were collected. Inclusion criteria included singleton, live born neonate without genetic abnormality or congenital anomalies, maternal age ≥ 14yo, no pregestational diabetes, and 1-hr glucose screen obtained and record available (n=7363). Results of the GCT were stratified as low either above or below 90mg/dL. Statistical analyses included Wilcox Rank-Sum test and Chi-squared tests for continuous and categorical variables, respectively. Logistic regression was performed to adjust for potential covariates and report adjusted odds ratios (aOR) with 95% confidence intervals.

Results: Women with atypical low GCT value (<90mg/dL) had significantly higher odds of having a small for gestational age neonate than women with a with GCT>90mg/dL. (aOR = 1.38, 95% CI = 1.08-1.77). Maternal factors associated with a GCT <90mg dL included low maternal weight, African American race and public insurance.

Conclusion: An atypically low response to the 1-hour GCT was associated with increased odds of small for gestational age neonate.

Blood Pressure During Hospital Stay for Delivery and Risk for Postpartum Readmission for Hypertension

Kaitlyn Taylor MD, Emily Venable, Julia Boullt, Felicia V. LeMoine MD, Maureen Dempsey BSN/RNC-OB,
Andrew G. Chapple PhD, Elizabeth F. Sutton PhD

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Background: The postpartum period is an important target for reducing maternal mortality, as more than half of pregnancy-related deaths occur following delivery. Women with hypertensive disorder of pregnancy (HDP) are particularly vulnerable to increased risk for maternal morbidity and mortality postpartum. However, the ability to predictably identify individuals that will necessitate postpartum readmission for hypertension (PPR-HYP) remains difficult. The aim of this study was to identify risk factors for PPR-HYP, with the ultimate goal of reducing maternal morbidity and mortality in the postpartum period.

Methods: In a retrospective cohort study, 33,994 unique birthing persons delivered at Woman's Hospital, a hospital in south Louisiana, between October 1, 2015 and September 30, 2020 and had complete data for inclusion into the study. We identified PPR-HYP patients (readmitted within 30 days of delivery for hypertension-related symptoms) and compared patient demographic and clinical characteristics to those of patients not readmitted for hypertension. Logistic regression was then performed to identify risk factors for PPR-HYP.

Results: 329 (1.8%) of birthing persons experienced PPR-HYP. Regression analysis found Black race ($p < 0.001$), previous existing hypertension ($p < 0.001$), Hispanic ethnicity ($p = 0.002$), preeclampsia ($P < 0.001$), anemia at time of delivery ($p < 0.001$), increased age ($p <0.001$), increased BMI ($p<0.001$), increased admit blood pressure (<0.001), and increased 36 hour blood pressure (<0.001) to be the strongest risk factors of PPR-HYP.

Conclusion: Our study identified risk factors for PPR-HYP within 30 days of delivery. Future studies are underway to translate these findings in combination with inpatient blood pressure measurements to direct care navigation to patients at high-risk for PPR-HYP.

Chorioamnionitis: Mechanism for Diagnosis and Potential for Adverse Outcomes

Joshua Wells MD, B. Kate Neuhoff MD, Anne Tufton MD, Maya Heath MD, Staci Olister MD, Stacey Holman MD

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Louisiana State University Health Sciences Center – New Orleans

Objective: Chorioamnionitis is an intraamniotic infection and inflammation that is associated with significant maternal and neonatal morbidity. However, diagnostic criteria can vary greatly among providers, leading to unnecessary antibiotic administration and interventions in the mother and neonate. This study aims to examine adherence to ACOG-supported diagnostic criteria of chorioamnionitis prior to and following an educational intervention and to assess if there are any changes in morbidity rates to both the mother and/or neonate.

Methods: In this retrospective cohort study, which was carried out at Touro Hospital from 4/1/2018-9/30/2021, we investigated compliance with recommended diagnosis and management of chorioamnionitis before and after a given intervention. In November 2019, the following interventions were implemented: 1) Dissemination of data regarding over-diagnosis and treatment 2) Department-wide educational sessions 3) Presentation of diagnostic guidelines at work stations and via hospital share drive**.** A pre- and post-intervention study was then carried out to assess the interventions' impact on how providers were diagnosing chorioamnionitis, including adherence to ACOG-supported diagnostic criteria. We also evaluated if there were any significant changes in morbidity rate for patients and/or neonates. We looked at any patient with a documented ICD-9/10 code of peri-partum infection to assess for specific findings that were used to garner diagnoses. Relevant morbidity rates for patients and neonates with an ICD-9/10 code related to peri-partum infections were also analyzed. Statistical analyses utilized included Fisher Exact Test and Logistic Regression. A p-value of <0.05 was considered statistically significant.

Results: During the time frame studied, a total of 246 women were diagnosed with chorioamnionitis out of the 9600 deliveries. Pre-intervention diagnosis of chorioamnionitis during the study period was 145/4515, or 3.2% of deliveries. Patients receiving the diagnosis of chorioamnionitis post-intervention was significantly less (101/5085, or 1.99% of deliveries, $P<0.0002$). The incidence of diagnoses that did not meet ACOG criteria significantly decreased after the intervention (from 81/145, or 55.86% to 29/101, or 28.71% incorrect diagnoses, $p<0.0001$). The difference in maternal endometritis was not statistically significant in the pre (49) or post (36) intervention groups ($p<0.0501$). The difference in maternal sepsis was not statistically significant in the pre (29) or post (29) intervention groups ($p<0.1548$). The difference in neonatal sepsis was not statistically significant in the pre (7) or post (2) intervention groups ($p<0.0933$).

Conclusions: This study showed that movement towards a guideline-based approach to diagnosing chorioamnionitis did not come with an increased rate of maternal or neonatal morbidity. Continued educational initiatives can lead to less antibiotic use and fewer maternal and neonatal interventions without increasing morbidity.

Drug Use among Pregnant Persons Before and During COVID-19 Pandemic

Maggie Cahill MD, Kaitlyn Taylor MD, Sarah Buzhardt MD, Andrew Chapple PhD, Elizabeth F. Sutton PhD

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Introduction: Illicit substance use among pregnant persons in the United States is rising; demonstrated by a recent doubling of cannabis use (3.4% in 2002 to 7.0% in 2017). The aim of our study is to evaluate drug use in pregnant persons before and during the COVID-19 pandemic.

Methods: We conducted a retrospective cohort study in a large, tertiary referral hospital in Louisiana of women completing a urine drug screen (UDS) in pregnancy and compared use between "pre-pandemic" (10/2018-3/2020) and "during-pandemic" (4/2020-9/2021) time periods. Categorical covariates were compared using fisher exact tests, continuous covariates using t-tests, and logistic regression used to predict a positive test based on time period.

Results: The study included 5,871 pregnant persons. "During- Pandemic" persons (n=2395, 41%) were slightly less likely to be White, Hispanic, use Medicaid insurance, and slightly more likely to be employed (all $p \leq 0.001$). Any drug use (i.e. a positive UDS result for any substances) was significantly higher among the during-pandemic group compared to the pre-pandemic group (25.8% positive during-pandemic vs. 22.6% pre-pandemic, $p=0.005$). This increase was driven by a significant rise in cannabinoid use (20.2% during-pandemic vs. 16.4% pre-pandemic, $p<0.001$), with no significant change observed in any other substance. Pandemic timing (i.e. completing UDS during the pandemic) independently increased likelihood of testing positive for cannabinoids after adjusting for covariates (adjusted odds ratio 1.18; 95% confidence interval 1.0-1.4; $p=0.048$).

Conclusion: Among a racially and socioeconomically diverse cohort of pregnant persons, UDS results positive for cannabinoids were higher during the pandemic compared to before the pandemic

Marijuana Use in Pregnancy and the Risk of Preterm Birth

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Introduction: The use of marijuana among reproductive age women is rising in the United States as more states legalize marijuana. Studies have linked marijuana use in pregnancy to risk for preterm birth. Our objective is to evaluate whether marijuana use in pregnancy increases the risk of preterm births in patients in South-Central Louisiana.

Methods: We conducted a retrospective cohort study of deliveries at Woman's Hospital, Baton Rouge, Louisiana, USA from January 2015 through March 2020 (n=5,701). The primary outcome was spontaneous preterm birth defined as delivery prior to 37 weeks gestation. Odds for spontaneous preterm birth with marijuana use were calculated, and multivariable logistic regression was performed to assess the association of spontaneous preterm birth with marijuana use.

Results: Out of 5,701 deliveries, 889 (15.6%) tested positive for marijuana. Without adjusting for cofounders, patients who tested positive for THC had a significantly higher rate of spontaneous preterm birth (17.1% vs 13.5%, p=.002). After adjusting for potential confounders, marijuana use was no longer a statistically significant predictor of spontaneous preterm birth (aOR= 1.12, 95% CI = 0.93-1.35, p-value=.235). Bayesian analysis demonstrated marijuana use to be the least predictive factor in preterm birth out of selected variables.

Conclusion: Although initial statistics indicate that marijuana use during pregnancy is associated with a higher rate of spontaneous preterm birth, when controlling for confounders such as concomitant substance use, preterm birth was no longer statistically significant. Additional analyses indicate marijuana could be one of the least predictive factors in preterm birth.

Effectiveness of Telemedicine Visit at Three Weeks Postpartum to Increase Visit Attendance at Six Weeks Postpartum

Rose DePaula-Cox MD, Madison Lanza BS, Andrew Chapple PhD, Elizabeth Sutton PhD, Stacey Holman MD

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Background: The importance of postpartum care has been illustrated by the alarming statistic that fifty percent of maternal mortality occurs during the postpartum period. The American College of Obstetricians and Gynecologists (ACOG) has found that only 60% of women attend a postpartum visit. This important time immediately following pregnancy provides a unique opportunity to address and promote the overall physical and mental health of women. The recommendations state that all women should ideally be in contact with their health care provider within the first three weeks postpartum in addition to a comprehensive visit no later than 12 weeks postpartum. The initial background data showed that, at the LSU Women's Clinic University Medical Center in New Orleans (UMCNO), our postpartum follow up rates were lagging the national average at 42%.

Study Design: This is a prospective cohort study examining whether implementation of a three week telemedicine appointment increases attendance at the traditional six week postpartum visit. All UMCNO patients that delivered between August 15, 2020 and December 31, 2020 were called at three to four weeks postpartum. A standardized script was used to counsel patients. These patients were followed to see if rates of attendance at the six week visit changed from our baseline data. Given that the initial background data was from prior to the COVID-19 pandemic, decision was made to compare cohorts of those patients who were able to be contacted for a telemedicine visit at three weeks and those who did not answer their phones.

Results: A total of 49 patients from UMCNO Women's Clinic were called during this pilot. Of these, 22 patients answered the phone and participated in a three week telemedicine visit. Of those who answered, 36.4% went on to attend the six week visit. When compared to those who did not attend a three week telemedicine visit, the six week visit follow up rate was 48.1%. (p=0.563). In addition to attendance, demographics, delivery type, and medical comorbidities were also compared between the two groups with no statistically significant correlations noted.

Conclusion: Although our pilot study did not show a statistically significant difference in attendance at six weeks postpartum, it is important to note the sample size was underpowered. It is also possible that secondary to the COVID-19 pandemic more patients are hesitant to come into the hospital for appointments and by reaching out virtually and earlier they felt that they did not need to come in person. Further research should be done with a larger sample size to see statistically significant differences between the two groups.

Effectiveness of Multiple Distraction Therapies to Reduce Pain and Anxiety with IUD Placement and Endometrial Biopsy Procedures

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Background: Limited research exists on the use of distraction therapies to reduce pain and/or anxiety during common women's health procedures. This project aims to assess the effectiveness of three non-invasive strategies including the use of a soft squeeze ball, vibrating tool, and playing music during IUD placement and endometrial biopsies in women aged 18 – 80. Results from this study could help improve clinical practices in a manner that allows patients to undergo IUD placement and endometrial biopsies with minimal discomfort.

Methods: From August 2022 - April 2022, 65 patient entries have been submitted. The goal is to have a total of 100 participants, with 50 patients randomized to the distraction therapy arm and 50 patients to the control arm. Within the 50 patients receiving distraction therapy, 25 will receive distraction Therapy A (squeeze ball and vibrating tool), and 25 will receive distraction Therapy B (music). Study participants completed a pre- and post-procedure survey with pain and anxiety scales. The pre-procedure survey also included questions regarding personal history of anxiety and depression, and medication use for anxiety, depression, or chronic pain. Categorical covariates were summarized within treatment groups by reporting counts and percentages. Continuous covariates were summarized by reporting means and standard deviations. Wilcoxon rank-sum tests were used to compare distributions of continuous variables between groups, while Fisher exact tests were used for categorical co-variants. Multivariable regression adjustment was not performed since this is a randomized study. A p-value of <0.05 was considered statistically significant.

Results: This is an ongoing study and only 65 of 100 patients have been enrolled thus far. Of the 65 patients, 33 patients were randomized to the distraction therapy arm, and 32 patients were randomized to the control arm. The preliminary results do not show a statistical difference between the control group and distraction therapy arm for any of the continuous variables. There was a difference for anxiety and depression history with 56.2% of patients in the control arm admitting to a history of anxiety and depression compared to 24.2% in the distraction therapy arm.

Conclusion: Given the small sample size, a significant conclusion cannot be drawn at this time. Once 100 patients have been enrolled, the data will be reanalyzed. However, given the preliminary results that there is no clinical significance in pain and anxiety between the distraction therapy group and control arm, further investigation may be warranted in order to delineate the efficacy of these low cost interventions.

Assessment of Cervical Dysplasia in Women with HPV non-16/18 and Normal Cytology

Erika Arceneaux MD, Andrew Chapple PhD, Elizabeth Sutton PhD, Stacey Holman MD

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Louisiana State University Health Sciences Center – New Orleans

Objective: Human papillomavirus (HPV) co-testing alongside pap smears enhances the ability to stratify risk of progression of cytological findings to cervical malignancy. HPV tests with varying result output, e.g. identification of a broad spectrum of "High Risk HPV" strains, or identification of specific subtypes (HPV 16, HPV 18, etc.), increases the complexity of clinical decision making with respect to surveillance versus further colposcopic evaluation of pap smears. At the time of the initiation of this study, current ASCCP guidelines (2012) gave clear recommendations for individuals with normal cytology and HPV 16 or 18. However, guidelines did not provide clear recommendations for surveillance vs. colposcopic evaluation for individuals with normal cytology who tested positive for HPV non-16/18. The purpose of this study was to evaluate the presence or absence of cervical dysplasia and its severity by colposcopy among individuals for which guidelines were unclear, i.e. with normal cytology and HPV non-16/18.

Methods: A retrospective cohort study was performed including persons who underwent colposcopy in the LSU-UMCNO Women's Clinic from January 2018 to December 2019. Information regarding initial Pap smear, colposcopy, biopsy results, as well as demographic information was collected via manual chart review within REDCap®. Persons with Pap smears with normal cytology were identified. The presence or absence of cervical dysplasia and the severity of the dysplasia was evaluated according to whether these patients tested positive for HPV 16 or 18, or HPV non-16/18. Patients without genotyped HPV results were excluded.

Results: 463 persons underwent colposcopy during the study period. Of these 463, 43 persons had Pap smears with normal cytology. 24 of the 43 (56%) tested positive for HPV non-16/18, and 14 (33%) tested positive for HPV 16 or 18. Among those with HPV non-16/18, 11 of 24 (46%) had negative biopsies and 13 (54%) had CIN I on colposcopic biopsies. Among the 14 patients with HPV 16 or 18, 8 (57%) had negative biopsies, 5 (36%) had CIN I, and 1 (7%) had CIN 3.

Conclusions: Among this study cohort, over half of persons with normal cytology and HPV non-16/18 had evidence of dysplasia (54%), similar to dysplasia among 42% of persons with normal cytology and HPV 16 or 18. However, persons with HPV 16 or 18 had increased severity of dysplasia. Given all persons with HPV non-16/18 had either negative biopsies or CIN I, these findings align with updated recommendations by the ASCCP (2019) to forgo colposcopic evaluation among persons with normal cytology and HPV non-16/18 and proceed with co-testing in 1 year.

Attitudes and Anticipated Barriers to Breastfeeding among Pregnant Patients in South-Central Louisiana

Jessica Cole MD, Ateshi Bhatt, Emily Venable BS, Justin Nguyen, Sarah Buzhardt MD, Elizabeth F Sutton PhD

Department of Obstetrics and Gynecology
Louisiana State University-Health Sciences Center-Baton Rouge

Introduction: Rates of breastfeeding in Louisiana are significantly lower than the national average. Our study objective was to assess patient attitudes to breastfeeding.

Methods: We disseminated the Iowa Infant Feeding Attitude Scale to women at least 13 years of age attending a prenatal visit at Woman's Hospital. Responses reporting plans to exclusively bottle-feed were compared to reported intent to exclusively breastfeed or combination breast/bottle-feed.

Results: Our number of survey respondents was 100. We grouped patients based on breastfeeding plans: Group 1 - breastfeeding and combination breast/bottle-feeding (N=66), Group 2 - exclusive formula-feeding patients (N=25). 10% were Hispanic, 65% were Black. 96% use Medicaid with 40% receiving WIC benefits. 52% were unemployed. 10% of Group 1 compared to 34% of Group 2 reported knowing no one who has ever breastfed. The majority of both groups agreed that breastfeeding was less expensive than formula. More patients in Group 2 had WIC benefits. The rates of unemployment were almost doubled when comparing Group 1 to Group 2. In Group 2, 4% agreed breastfeeding was more convenient, compared to 45% of Group 1. 60% of Group 2 agreed formula is as healthy as breast milk.

Conclusion: Our survey demonstrates different attitudes about breastfeeding among those who plan to exclusively formula-feed compared to breast/bottle-feeding. With identifying barriers to breastfeeding for patients in south central Louisiana, our goal is to customize educational counseling that specifically addresses these attitudes. Future research will be needed to assess if rate of breastfeeding were affected by interventions.

Elective Appendectomy at Time of Benign Gynecologic Surgery

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Louisiana State University Health Sciences Center – New Orleans

Background and Objectives: Gynecologists frequently manage women with acute and chronic abdominopelvic pain. It has been proposed that including appendectomy at time of benign gynecologic surgery can reduce risk of future appendicitis and help simplify differential dgnoses for pain in the appropriate patient population. There are also specific patient populations where appendectomy has been shown to demonstrate microscopic pathology and/or reduce pain symptoms. Studies have demonstrated that 1 in 36 incidental appendectomies need to be performed to prevent 1 case of acute appendicitis, with number needed to treat increasing as age increases. In addition, 40% of exploratory laparoscopies in the US are performed for chronic pelvic pain. Appendectomy may significantly reduce pain in women with unexplained chronic pelvic pain. Women with deep infiltrating endometriosis experience rates of appendiceal endometriosis as high as 39%. Because of this, it is reasonable to consider it a procedure that should be offered to appropriate patients and taught in residency training programs.

Aims: This study is a single residency program, multi-center, retrospective case control study evaluating whether appendectomies were performed during non-emergent laparoscopy and what factors may contribute to that outcome.

Methods: Patient charts from Jan 2015-Dec 2019 in a single residency program across two hospitals were reviewed. Patients aged 35 years old and younger with plan for non-emergent laparoscopic benign gynecologic surgery were included in analysis. Patient demographics including race, socioeconomic status, past medical history, presenting symptoms, and indications for surgery were examined. Facility demographics including surgeon training were also evaluated. Continuous covariates were summarized by reporting means and standard deviations. Categorical covariates were summarized by reporting counts and percentages. Fisher exact tests were used to compare categorical variables between appendectomy offering groups, while continuous variables were compared using Wilcoxon rank-sum tests.

Results: 326 patient surgeries met our inclusion criteria. A total of 11 patients had an appendectomy performed (3.3% of total patients). Of these, 5 patients were offered hysterectomy and 6 not offered appendectomy prior to surgery. Endometriosis significantly affected the chance of appendectomy (21.1%, p=0.002). No other past medical history including chronic pelvic pain had a significant relationship to whether an appendectomy was performed. Surgeons who are fellowship trained were more likely to perform appendectomy (6.9 vs 0%, p-value<.001).

Conclusion: In this residency program, patients aged 35 years old and younger who underwent non-emergent benign gynecologic surgery received incidental appendectomy in 3% of cases with a preoperative diagnosis of endometriosis and fellowship-trained surgeons having a positive correlation to whether appendectomy was performed. There is clearly a role for appendectomy in the literature for patients with chronic pelvic pain and endometriosis, but that is not routinely being offered or performed in these patient populations that would benefit from the procedure. Future studies are needed to evaluate contributing factors as to whether patients are being offered appendectomy on a national level and if residents are being trained to perform this procedure.

Views of Reproductive-Aged Female Cancer Patients on Oncofertility Care

Akshay Goswami MD, Amelia Jernigan MD, Jay Huber MD

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Objective: It is reported that about half of women with cancer are unaware of how their cancer treatments can impact their fertility. We aimed to assess a diverse group of reproductive age female cancer survivors being treated at a safety net hospital in the Deep South regarding their preferences and experiences surrounding fertility preservation in the setting of their cancer treatment.

Methods: After IRB approval, a 20-item survey was administered to women <40 years of age with a cancer diagnosis who were being seen at clinic at a cancer center in a safety net hospital in the Seep South. Wilcoxon rank sum tests and Fisher exact tests were used to compare demographic and clinical factors between the discussion groups.

Results: Fifty-four patients were interviewed with a mean age of 34.28 years (SD=4.95). Over half (n=29, 53.7%) reported considering the impact of their cancer treatment on their fertility. Over a third (n=19, 35.2%) and almost half (n=25, 46.3%) reported thinking about taking steps towards fertility preservation and being aware of fertility preservation methods, respectively, prior to their cancer treatment.

Over half (n=30, 55.6%) discussed oncofertility care with a provider. About a fifth (n=12, 22.2%) were recommended to see a fertility specialist. Of those who did not have this recommendation, a third (n=13, 31.0%) reported that they would have preferred to have one. Half (n=12, 50%) of patients who were not counseled about oncofertility by any provider also noted that they would have wanted such a discussion. With regards to choosing cancer treatments, almost all of the patients reported minimizing the stress of their cancer treatment (n=48, 98.0%) and minimizing chances of death (n=52, 98.1%) as important factors. Other important factors included avoiding menopause, retaining their female organs, and being able to have biological children in the future. Patients reported the factors that made it more likely for them to pursue fertility preserving methods included their cancer prognosis (n=27, 55.1%), a desire to focus on cancer treatment (n=33, 68.8%), and a desire to survive their cancer (n=41, 77.4%).

Compared to patients who did not receive education about fertility preservation methods prior to cancer treatment, those who did were more likely to report their current financial status as a barrier to pursuing fertility preserving methods. Given the hypothetical scenario that their cancer was uncurable, patients noted there would be a 37.8% (SD=43.29) chance they would want to preserve their fertility, a 17.9% (SD=31.42) chance they would want to become pregnant, and 22.3% (SD=34.52) chance they would want to successfully become pregnant and deliver a baby over initiating cancer treatment.

Conclusion: Almost half (44.4%) of women did not discuss oncofertility with their provider. There is a demonstrated interest amongst reproductive age female cancer survivors to be counseled on fertility preservation. Providers should make a more concerted effort to provide appropriate counseling and referrals for oncofertility care.

Impact of Video-enhanced Preoperative Counseling on Patient Satisfaction and Postoperative Care within a Teaching Institution

Yetunde Akinde MD, Andrew Chapple PhD, Holly Provost MD

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Louisiana State University Health Sciences Center – New Orleans

Background: Preoperative counseling is an essential component of the patient-physician interaction during surgical planning. The delicate balance of temporal constraints and comprehensive patient education requires implementation of non-traditional methods. This study is an attempt to evaluate the effect of video-enhanced counseling on provider time, patient knowledge, patient satisfaction, additional postoperative visits, and the number of patient-initiated phone calls.

Methods: 103 patients were randomized at the preoperative visit of their scheduled minor or major gynecological case to either verbal education with a handout (standard of care at our institution) on concerns for their procedure vs allowing them to watch a 10-minute educational video with the same handout addressing the same topics. A brief patient satisfaction survey was completed at the end of the visit. Total preoperative visit times were recorded between the two groups. Chart review searched for postop visits and/or patient-initiated phone calls within the 6-week postop period.

Results: Video-enhanced counseling decreased did not increase provider time. There was no significant difference in the number of postoperative phone calls or total visits between the two groups. Also, video-enhanced counseling did not improve patient satisfaction or patient understanding. Video groupings did not result in statistically significant differences in physician time (26.16 vs 25.51, p-value=.673), or total time with patient (58.53 vs 66.82, p=.076). Patients in the video group did have significantly decreased staff time (31.82 vs 41.31, p-value=.009), which was mostly driven by the video being 10 minutes long (i.e. staff does not need to be with the patient in this time).

Conclusion: Physicians struggle with increasing demand and temporal constraints on patient care while providing effective and comprehensive patient counseling. There was no impact on provider time, patient satisfaction, patient understanding, and overall postoperative care with the use of video-enhanced counseling. The video enhanced counseling significantly decreased the total time with the provider at the preoperative visit while maintaining overall patient postoperative recovery.