rates between groups following sling procedures (Table 1). From 2014 to 2018 complication rates remained stable in Black women for both apical support procedures and slings over time, but there was a slight decrease in complication rates among women who had apical support procedures in other racial/ethnic groups (Table 2). After adjusting for confounders, Black women still experienced a higher odds of any complication (aOR = 1.16, 95% CI = 1.06-1.30), particularly a vascular complication (aOR = 2.48, 95% CI = 2.03-3.03) when compared with other racial/ethnic groups following apical support procedures. Regression analysis showed no significant differences between groups for sling procedures.

CONCLUSION: Black women are at higher risk of postoperative complication after apical prolapse procedures. While complication rates have largely remained stable over time for Black women, complication rates have gone down for women of other racial/ethnic groups. Further study is needed to understand the reasons behind these disparities. The lack of change over time highlights the urgency in developing a plan to identify and address the root causes for disparities in our field.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Nancy E. Ringel: Nothing to disclose; Oluwateniola Brown: Nothing to disclose; Kristin J. Moore: Nothing to disclose; Erin Carey: Nothing to disclose; Alexis Dieter: Nothing to disclose.

08 The influence of race on pelvic organ prolapse surgery repair and complications
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OBJECTIVES: Studies indicate variations exist in surgical route and outcomes for treatment of gynecologic conditions among different races. The aim of this study was to investigate the difference in route of pelvic organ prolapse (POP) surgery and subsequent complications among women of different races and ethnicity in the United States.

MATERIALS AND METHODS: Data from the American College of Surgeons National Surgical Quality Improvement Program (NSQIP) was used to estimate surgical route and complication rates. A total of 48,712 patients underwent a POP repair between 2014 and 2018, based on CPT codes. Based on the NSQIP database, patients were grouped by race and Hispanic ethnicity, and the route of POP repair was assessed. Primary outcome was the difference in surgical route (vaginal, laparoscopic, and abdominal) between groups. Secondary outcomes were differences in concomitant procedures and post-operative complications among women of different races and ethnicity in the United States.
RESULTS: While a vaginal approach was the most common route across all groups, there was a significant difference in the route of POP repair among women of different races and ethnicities ($P < 0.001$; Table 1). Analysis revealed significantly more Black women undergoing laparoscopic procedures ($P < 0.001$), and more Hispanic women undergoing an abdominal approach ($P < 0.001$) than other groups. Black, Asian, and Hispanic women were more likely to undergo a hysterectomy than White women at the time of POP repair ($P < 0.001$). Black women were less likely to receive a concomitant sling than all other groups ($P < 0.001$). While readmission rates were not statistically different ($P = 0.06$; Table 2), the occurrence of one or more adverse event was significantly different between races ($P < 0.0001$), as was reoperation rate ($P = 0.04$). Black and Hispanic women were transfused 2-fold more often than White women, although the rates of transfusion overlapped with other non-White races ($P < 0.001$).

CONCLUSION: Surgical approach to and outcomes of POP surgery differed significantly between races and Hispanic ethnicity. While more is needed to assess the impact of pre-existing co-morbidities on routes of surgery, reasons for why differences exist may not be fully elucidated from this dataset. Findings may reflect variations in prevalence of concurrent disorders among racial/ethnic groups, provider biases, patient preferences, and access to subspecialty-trained surgeons.

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**DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:**
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**Oral Presentations**

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**09 Sacrocolpopexy with autologous rectus fascia:**

**Three-year outcomes**

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**OBJECTIVES:** To evaluate objective and subjective outcomes of patients who underwent sacrocolpopexy with autologous rectus fascia.

**MATERIALS AND METHODS:** Our cohort study included women who underwent abdominal sacrocolpopexy using autologous rectus fascia between June 2014 and December 2019 at a single academic medical center. Patients were recruited for a follow up visit including completing the Pelvic Floor Distress Inventory (PFDI) and Pelvic Organ Prolapse Quantification (POPQ) exam. Demographic and clinical characteristics were also collected.

**RESULTS:** A total of 73 women underwent sacrocolpopexy with autologous rectus fascia during the study period. Mean follow up time was 2.3 years, ranging from less than a year to 6.2 years. Mean age was 59.1 years ($SD = 9.0$) and 80.6% were postmenopausal. Mean body mass index was 25.2 $kg/m^2$ ($SD = 5.3 kg/m^2$). This was the initial prolapse repair for most (71.2%) of the patients. At the time of the procedure, 54.8% of patients underwent a total hysterectomy, 16.4% had a supracervical hysterectomy, 63.0% underwent a concomitant Burch colposuspension, and 56.2% underwent a posterior colporrhapy. Mean operative time was 201 minutes ($SD = 50.8$). PFDI scores were significantly improved from baseline (98.9 ± 54.0) to follow up (43.1 ± 42.7; $P < 0.001$). These improvements remained similar for patients with at least 3 years of follow up (115.5 ± 50.8 vs. 48.4 ± 48.9; $P < 0.001$). Preoperatively, 30.1% of patients presented with stage II prolapse, 63.0% with stage III prolapse and 5.5% with stage IV prolapse. On follow up, 20.8% had stage II prolapse, 1.4% had stage III prolapse and none had stage IV prolapse. All POPQ measurements except for total vaginal length were significantly improved from baseline ($P < 0.001$), and these improvements remained similar for patients with at least 3 years of follow up ($P < 0.05$). Complications included 20.6% with urinary tract infections, 6.8% with ileus or small bowel obstruction (1 patient requiring surgery), 2.7% with pneumonia, and 1.4% requiring blood transfusion. There were no surgical site infections. Immediate postoperative voiding dysfunction was present in 26.0% of patients. Five patients (6.8%) underwent subsequent surgery for stress urinary incontinence; one patient underwent additional surgery for prolapse.

**CONCLUSION:** Sacrocolpopexy with autologous rectus fascia is a safe and effective alternative to synthetic mesh. Our results showed significant improvements in objective and subjective outcomes that were sustained over three years, with low rates of repeat surgery for prolapse.

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**DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:**
Andrew L. Sackrison: Nothing to disclose; Caroline A. Brandon: Nothing to disclose; Benjamin M. Brucker: Nothing to disclose.