telemedicine visit than those who did not (P = 0.019 and P = 0.001 respectively.)

CONCLUSION: We found that most women presenting for synchronous telemedicine urogynecology care had a positive visit experience and would continue with telemedicine beyond the COVID-19 crisis. Most patients reported that telemedicine allowed decreased travel and wait time, and more time spent with their providers. Potential disadvantages to telemedicine, including forming a relationship with a provider, finding a private space for the visit, or difficulty with technology utilization, were not commonly reported. We should continue to investigate patients’ perceptions of telemedicine care further, as it may be a sustainable alternative healthcare model in urogynecology.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
Youngwu Kim: Nothing to disclose; Rachael Acker: Nothing to disclose; Marcus Ortega: Nothing to disclose; Kathrene D. Valentine: Nothing to disclose; Elnaz Ayati: Nothing to disclose; Emily Von-Bargen: Nothing to disclose.

10 The influence of a multidisciplinary fibroids clinic on uterine fibroid management and inter-specialty perceptions
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OBJECTIVES: To compare patient demographics, practice patterns, and specialty-specific perceptions of fibroid management between Minimally Invasive Gynecologic Surgery (MIGS) and Interventional Radiology (IR) before and after creating a multidisciplinary fibroids clinic.

MATERIALS AND METHODS: A retrospective cohort of 2,532 patients seen by MIGS for symptomatic uterine fibroids at a single urban academic institution from January 2015 to March 2020 was analyzed for the number of IR referrals and fibroid procedures performed before and after development of a multispecialty clinic in 2017. Fibroid procedures included uterine fibroid embolization (UFE), myomectomy, and hysterectomy. Descriptive characteristics were compared between the two groups (before January 2018 vs after January 2018) using a chi-squared or Fisher’s exact test for categorical variables, a t-test for normally distributed continuous variables, or Wilcoxon signed-rank test for not normally distributed variables. This was supplemented with qualitative interviews with the four clinicians who treated these patients. Interviews were performed by the same researcher approximately two years before and two years after the clinic was founded about perceptions of fibroid treatments and specialty-specific practice patterns.

RESULTS: Compared to before creation of the multidisciplinary clinic, the proportion of fibroid patients referred to IR and uterine fibroid embolizations (UFEs) remained the same. However, the proportion of myomectomies and hysterectomies declined overall, consistent with national trends. There was an increased percentage of vaginal hysterectomy and laparoscopic-assisted vaginal hysterectomy likely attributable to the hiring of an expert vaginal surgeon. The proportion of patients seen by MIGS of Black/African American race and with insurance paid by Medicaid increased after development of the clinic. Previous data from our institution published in 2016 suggested that a disproportionately higher percentage of Medicare/Medicaid patients were seen by IR than by MIGS1, but this disparity was no longer observed. There were no other demographic differences observed between the two groups. Prior to formation of the multidisciplinary clinic, there was perceived tension between specialties in the management of patients with fibroids. After clinic development, while perceptions of the other specialty as a whole remained mixed and unchanged, perceptions of the clinic and the involved clinicians were universally positive. Clinicians described decreased turf wars and increased collaboration despite the consistency among procedures performed.

CONCLUSION: Development of a multidisciplinary fibroids clinic at our institution improved a disparity in care among Black and Medicaid patients, and improved perceived tension between IR and MIGS specialties, although referral rates and number of procedures typically remained stable or consistent with national trends.
### Results from the first-in-human clinical trial of a new robot-assisted surgical system for total laparoscopic hysterectomy

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**OBJECTIVES:** Versius is a novel tele-operated robotic surgical system designed to assist surgeons in performing minimal access surgery (MAS). The surgical system has been developed, broadly in line with recommendations from the IDEAL-D (Idea, Development, Exploration, Assessment, Long-term study) collaboration for surgical research1, to address an unmet need in MAS.2,3 Here, we report the results of the first-in-human clinical study of Versius, which aimed to investigate the safety and effectiveness of the device in total laparoscopic hysterectomy (TLH) procedures.

**MATERIALS AND METHODS:** All procedures were completed between March 12, 2019 and January 24, 2020 at the Deenanath Mangeshkar Hospital and Research Center, Pune, India. The study was reviewed and approved by the Institutional Ethics Committee (DCGI registration No. ECR/15/Inst/Maha/2013/RR-16). All surgeons completed the validated 3.5-day Versius training program prior to the start of the study in addition to an online program and simulator time. All potentially eligible patients were identified from hospital surgical lists and approached directly by their surgeon or clinical team. Patients provided written and videotaped informed consent and completed a pre-operative screening visit prior to the start of surgery. Patients were followed up on post-operative Day 30 (±2 days) and Day 90 (±7 days).

**RESULTS:** In total, 120 TLH procedures were performed using Versius (Table 1). Patients were aged 28–68 years (median = 44.0 years) and had a range of body mass indices (BMIs), 14–48 kg/m² (median = 25.9 kg/m²). Two procedures (1.7%) were converted from robotic MAS to laparoscopic surgery. The median operative time was 165.0 minutes (range = 50–385 minutes) and the median length of hospital stay was 4.0 days (range = 1–12 days). All patients had an estimated blood loss < 500 ml; no patients required a blood transfusion. Overall, seven patients (5.8%) experienced adverse events (AEs), four (3.3%) were serious. None were fatal at 90 days or considered device-related. According to the Clavien-Dindo system, all AEs were classified as Grade I or II, except for 1 (0.8%) which was Grade IIIb and 1 (0.8%) for which the grade was not known.

**CONCLUSION:** Surgeons and surgical teams were able to successfully complete TLH using the Versius system without experiencing any device-related AEs or life-threatening complications. These first-in-human clinical trial results demonstrate the safe and effective use of Versius in TLH and support the use of Versius in more diverse surgical procedures in line with the IDEAL-D framework.

**REFERENCES**