15 Differences in surgical complications between laparoscopic and vaginal hysterectomy performed with concurrent pelvic reconstructive surgery

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OBJECTIVES: The objective of this analysis was to assess differences in rates of major and minor complications between laparoscopic and vaginal hysterectomy when performed with concomitant pelvic reconstructive surgery using a large, diverse national surgical database.

MATERIALS AND METHODS: Cases were identified in the National Surgical Quality Improvement Program (NSQIP) database through current procedural terminology (CPT) code and categorized by route of hysterectomy: vaginal (TVH) or laparoscopic (TLH). Laparoscopic assisted vaginal hysterectomy (LAVH) and individuals with a gynecologic malignancy were excluded from the analysis. Supplemental CPT codes identified individuals who underwent pelvic reconstructive surgery, defined as either an apical suspension procedure, enterocele repair, or anterior or posterior colporrhaphy. Individuals with a CPT documenting a concurrent procedure other than adnexal surgery, midurethral sling placement or pelvic reconstructive surgery were excluded. The primary outcome was occurrence of a composite measure of complication within 30 days of surgery. Complications were divided into major complications (Clavien-Dindo grade 3 or above) and minor complications (Clavien-Dindo grade 1 or 2). Secondary outcomes were operative time and rates of minor complications excluding urinary tract infection (UTI). Pooled bivariate analysis and logistic regression compared operative total operative times increased with TVH and decreased with TLH, except for mid urethral slings (3 vs 10, P = 0.11). There were no significant differences in the median scores between the >100 score group and ≤100 score group (120 vs 100, P = < 0.001). Women in the >100 score group had significantly lower post-void residual volumes compared to women in the ≤100 score group (0 mL vs 15 mL, P = 0.003). There was no difference in time.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
Douglas Luchristt: Nothing to disclose; C. E. Bretschneider: Nothing to disclose; Kimberly Kenton: Nothing to disclose.

16 Postoperative clinical assessment of voiding function using force of stream in women with acute postoperative urinary retention following pelvic reconstructive surgery

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OBJECTIVES: The primary objective of this study was to evaluate and compare in-office retrograde fill voiding trial pass rates to the subjective scores on the urinary Force of Stream visual analog scale in the clinical setting in women with acute postoperative urinary retention managed with transurethral catheterization following pelvic reconstructive surgery.

MATERIALS AND METHODS: This was a prospective cohort study conducted across two fellowship clinical training sites between October 2017 and April 2019. Women with acute postoperative urinary retention managed with transurethral catheterization following pelvic reconstructive surgery who had been consented and randomized to the parent study were included. Women presented for an in-office retrograde fill voiding trial 1-7 days postoperatively after failure of voiding trial prior to hospital discharge. Immediately following a timed voiding attempt, each participant completed a urinary Force of Stream visual analog scale (Figure 1), with a score of “100” equivalent to voiding function prior to surgery. Following subjective assessment with the Force of Stream visual analog scale, the voided amount was measured and post-void residual was obtained by a portable bladder scanner. The primary outcome was urinary Force of Stream score. Secondary outcomes included postoperative urinary tract infections. Descriptive statistics were utilized.

RESULTS: Data was collected on 156 women during the study period. Study participants were divided into two groups: scores >100 (n = 81) and scores ≤100 (n = 75). No demographic differences were observed. The median duration of catheterization was 3 days in each group (P = 0.11). There were no differences in types of surgical procedure between groups, except for mid urethral slings (3 vs 10, P = 0.03). There were significant differences in the median scores between the >100 score group and ≤100 score group (120 vs 100, P = < 0.001). Women in the >100 score group had significantly lower post-void residual volumes compared to women in the ≤100 score group (0 mL vs 15 mL, P = 0.003). There was no difference in time.