concomitant TAH nor MIH were associated with increased odds of postoperative complications when compared to those without hysterectomy (aOR = 1.37, 95% CI = 0.91-2.01 and aOR = 0.90, 95% CI = 0.31-2.11). ASA classes 2 and 3 (aOR = 1.96, 95% CI = 1.47-2.64 and aOR = 3.55, 95% CI = 2.60-4.93) along with current smoking status (aOR = 1.33, 95% CI = 1.07-1.63) were associated with increased odds of postoperative complications. Black race was associated with a decreased odds of complications (aOR = 0.81, 95% CI = 0.67-0.97).

CONCLUSION: Abdominoplasty can be safely performed at the time of any route of hysterectomy without increased risk of complications. While concomitant minimally invasive hysterectomy at the time of abdominoplasty results in longer operative time, this approach leads to considerably shorter hospital stay when compared to concomitant hysterectomy.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Tsung Mou: Nothing to disclose; Oluwateniola Brown: Nothing to disclose; Deepanjana Das: Nothing to disclose; Christina Lewicky-Gaupp: Nothing to disclose; Kimberly Kenton: Nothing to disclose; C. Emi Bretschneider: Nothing to disclose.
DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
Tsung Mou: Nothing to disclose; Deepanjana Das: Nothing to disclose; Oluwateniola Brown: Nothing to disclose; Margaret G. Mueller: Nothing to disclose; Kimberly Kenton: Nothing to disclose; C. Emi Bretschneider: Nothing to disclose.

The clinical utility of postoperative hemoglobin and creatinine after surgery for pelvic organ prolapse

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OBJECTIVES: To determine the clinical utility of postoperative hemoglobin (Hb) and creatinine (Cr) testing after reconstructive surgery for pelvic organ prolapse (POP).

MATERIALS AND METHODS: This is a retrospective cohort study of patients who had surgery for apical prolapse between 2017 and 2019. All subjects were admitted to the hospital for overnight observation. Subjects were divided into 2 groups: symptomatic and asymptomatic. Symptomatic patients were defined as having one or more of the following: BP < 90/60, HR > 100, UOP < 30 cc/hr, subjective dizziness, unilateral flank pain, or abdominal pain. Patients with cancer, acute or chronic kidney injury and no preoperative Hb and/or Cr were excluded. Demographic, infraoperative/postoperative data, and postoperative Hb/Cr values were recorded. Hemoglobin and BMP were obtained. The cost for these at our institution is $90.00 and $450.00, respectively. Spearman correlation coefficient was used for percent change in Hb and Cr. Fisher’s exact and Mann-Whitney tests analyzed categorical and continuous data respectively. A P value < 0.05 was considered significant. Analysis performed with STATA version 16.

RESULTS: The final analysis included 325 subjects. All subjects had apical reconstructive surgery for POP. Anterior and/or posterior vaginal wall repairs were performed in 296 of total patients (91.08%). In the symptomatic and asymptomatic groups 89 and 124 had concomitant hysterectomy respectively. Anti-incontinence surgery was performed in 103 patients in the asymptomatic group and 70 patients in the symptomatic group. One hundred twenty patients (36.9%) had postoperative symptoms suggestive of anemia. Patients with symptomatic anemia had a marked decrease in POD1 Hb from preoperative Hb compared to asymptomatic patients with a mean decrease of -18.11 g/dl and -15.49 g/dl, respectively (P < 0.001). There was no significant difference in intravenous fluids (IVFs) (P < 0.85), infraoperative use of hemostatic agents (P < 0.75), or longer operative time (P < 0.08). No (n = 0) symptomatic or asymptomatic patients required transfusion. Hb testing cost in this population was $61,745. Two patients (0.61%) had postoperative symptoms suggestive of acute kidney injury including flank and abdominal pain. Patients with symptomatic acute kidney injury had a marked increase in POD1 Cr compared to asymptomatic patients with a mean increase of 0.23 g/dl and -3.07 g/dl, respectively (P < 0.05). Additionally, symptomatic patients received additional imaging (P < 0.05). One symptomatic patient with flank pain underwent reoperation. No asymptomatic patients underwent reoperation for AKI. Cr cost in this population was $131,812.

CONCLUSION: Routine postoperative Hb and Cr testing after reconstructive surgery for apical POP is not clinically necessary in asymptomatic patients. Postoperative Hb and Cr should be reserved for symptomatic patients. Limiting testing for those with symptoms can reduce overall healthcare cost.