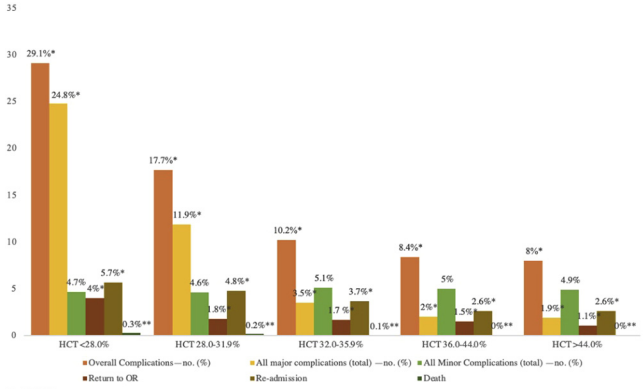
Degree of anemia was associated with increased rate of return to operating room, re-admission, and mortality. The relationship between complication rate and degree of anemia was present in all different apical suspension techniques. The association between degree of anemia and overall and all major complications remained statistically significant on multivariable logistic regression.

CONCLUSION: Anemia is an independent risk factor for 30-day perioperative complications in POP surgery. Degree of anemia has a direct correlation to complication rates.



*p<0.0001
**p=0.002

Figure 1. 30-day perioperative complication rate in POP procedures with varying hematocrit values

Table 1. Patient Demographics

Variable	ALL (n=67538)	HCT <28.0% (n=299)	HCT 28.0-31.9% (n=942)	HCT 32.0-35.9% (n=5660)	HCT 36.0-44.0% (n=54630)	HCT >44.0% (n=6007)	p-value
Age, years—no. (%)							<.0001
18-49	16784 (24.9)	134 (44.8)	406 (43.1)	1815 (32.1)	13454 (24.6)	975 (16.2)	
50-64	24602 (36.4)	78 (26.1)	228 (24.2)	1500 (26.5)	20325 (37.2)	2471 (41.1)	
65+	26152 (38.7)	87 (29.1)	308 (32.7)	2345 (41.4)	20851 (38.2)	2561 (42.6)	
Race/Ethnicity—no. (%)							<.0001
American Indian or Alaska Native	501 (0.7)	3 (1.0)	9 (1.0)	62 (1.1)	395 (0.7)	32 (0.5)	
Asian	1941 (2.9)	12 (4.0)	43 (4.6)	234 (4.1)	1514 (2.8)	138 (2.3)	
Black or African American	3345 (5.0)	58 (19.4)	163 (17.3)	676 (11.9)	2332 (4.3)	116 (1.9)	
Native Hawaiian or Pacific Islander	239 (0.4)	3 (1.0)	6 (0.6)	26 (0.5)	195 (0.4)	9 (0.1)	
White	49805 (73.7)	189 (63.2)	591 (62.7)	3813 (67.4)	40274 (73.7)	4938 (82.2)	
Hispanic	7164 (10.6)	54 (18.1)	167 (17.7)	892 (15.8)	5574 (10.2)	477 (7.9)	
Non-Hispanic	49330 (73.0)	219 (73.2)	673 (71.4)	4025 (71.1)	39668 (72.6)	4745 (79.0)	
Current Smoker—no. (%)	6415 (9.5)	23 (7.7)	90 (9.6)	460 (8.1)	4805 (8.8)	1037 (17.3)	<.0001
Insulin Dependent Diabetic	1416/7547 (18.8)	21/54 (38.9)	66/189 (34.9)	276/1119 (24.7)	966/5658 (17.1)	87/527 (16.5)	<.0001
Hypertension (requiring meds) —no. (%)	26378 (39.1)	114 (38.1)	435 (46.2)	2770 (48.9)	20650 (37.8)	2409 (40.1)	<.0001

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Kyrstin Christensen: Nothing to disclose; Lei A. Qin: Nothing to disclose; Ann D. Tran: Nothing to disclose; Kelly Wang: Nothing to disclose; Kimia Menhaji: Nothing to disclose.

26 Do gender differences exist in letters of recommendation for gynecology surgical fellowship applicants?

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OBJECTIVES: We aimed to evaluate if there are gender differences in the letters of recommendation (LOR) written for residents applying for gynecology surgical fellowships.

MATERIALS AND METHODS: We analyzed LOR for applicants to urogynecology, gynecology oncology, and minimally invasive gynecology fellowships at a single institution during the 2019-2020 application cycle. The linguistic content of the letters was analyzed for the presence of 4 summary variables and 21-word categories based on previous studies using a validated computerized text analysis software, Linguistic Inquiry, and Word Count. Multivariable analysis using linear mixed models was used to compare letter linguistic characteristics by applicant gender. Concurrently, we performed a qualitative content analysis on a random sample of LOR and compared the frequency of code themes by gender. The mixed-method design was planned a priori to analyze domains that are not captured in the text analysis, for example, surgical skills and leadership.

RESULTS: Among 680 letters written for 186 applicants, 124(18.2%) LOR were written for men, and 556 (81.8%) LOR were written for women applicants. Men authored 384(56.5%) LOR. There were no gender differences in the median (interquartile range) number of letters submitted for men and women (4(3-4) v. 4(3-4); p=.18). There were no differences in the least square mean (SE) word counts for LOR written for men and women applicants, 465(20.0) v. 458(9.4) words, p=.74 On multivariable analysis, controlling for USMLE Step2 scores, residency program ranking, and letter writer gender, LOR written for men had higher authentic tone and more risk words (p=.005 and p=.03 respectively) (Figure 1). Whereas LOR written for women contained more communal (relationship-oriented) words (p=.006) compared to LOR for men.

On the qualitative analysis of a random sample of 340 letters, the most common codes applied were ability and interpersonal traits (Figure 2). Comments about surgical skills and leadership potential were found more in letters for men. In contrast, comments on work ethic were found more in letters written for women.

CONCLUSION: Despite having more risk words, LOR for men had more mentions of surgical skills and leadership compared to LOR for women. These gender differences in LOR written for gynecology fellowship applicants indicate the presence of subtle gender bias.

Figure 1: Multivariable analysis of letters of recommendation linguistic content by gender

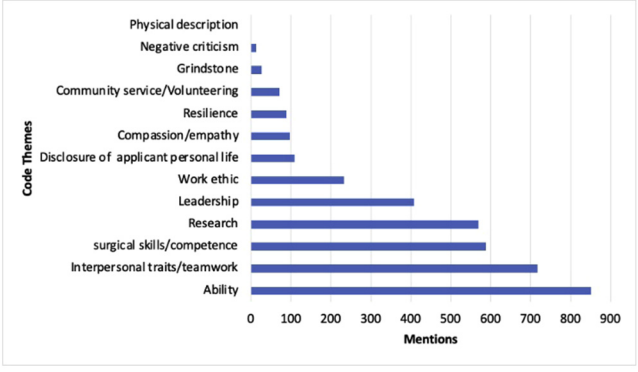
	Women Applicants	Men Applicants	P-value*
Word count	458(9.4)	465(20.0)	.74
Summary Variables [b]			
Analytic thinking	83.8(0.5)	84.4(0.9)	.59
Clout/expertise	83.5(0.3)	83.9(0.6)	.53
Authentic language	5.4 (0.6)	6.1(0.3)	**.005**
Emotional tone	93.1(0.4)	93.4(0.8)	.77
Word Categories [c]			
Communal	1.6(0.1)	1.4(0.1)	**.006**
Agency	3.2(0.1)	3.2(0.1)	.96
Social words	12.2(0.1)	12.4(0.2)	.34
Negative Emotion	0.5(0.01)	0.5(0.04)	.28
Positive Emotions	5.5(0.1)	5.4(0.2)	.60
Cognitive processes	7.3(0.1)	7.2(0.2)	.75
Discrepancies	0.8(0.03)	0.9(0.1)	.80
Insight	2.4(0.04)	2.3(0.08)	.20
Tentativeness	1.4(0.04)	1.4(0.09)	.74
Certainty	1.4(0.03)	1.3(0.07)	.90
Biological processes	3.7(0.1)	3.4(0.1)	.10
Drives	10.1(0.1)	10.2(0.2)	.65
Power	3.1(0.1)	3.2(0.1)	.20
Achievement	4.0(0.05)	4.0(0.1)	.68
Reward	1.7(0.03)	1.6(0.07)	.13
Work	9,0(0.1)	9.0(0.2)	.91
Affect words	6.1(0.1)	6.1(0.2)	.84
Family	0.1(0.01)	0.2(0.02)	.19
Home	1.4(0.03)	1.3(0.07)	.35
Leisure	0.5(0.2)	0.5(0.04)	.26
Risk	0.3(0.01)	0.4(0.03)	**.03**

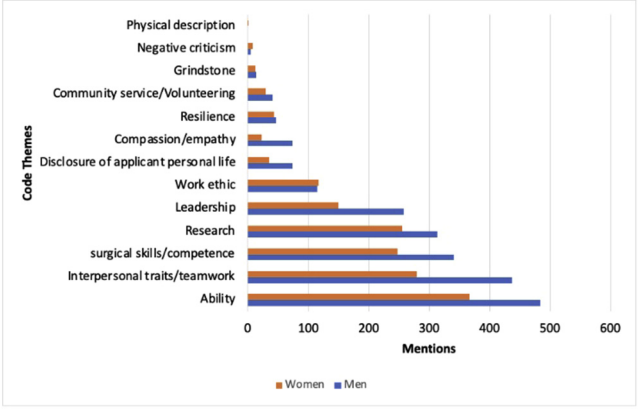
Data shown as least square mean (standard error)
*Adjusted for USMLE step 2CK score, residency program ranking, and letter writer gender
a. Median (Interquartile range)

b. Summary variables: Composites converted to a 100-point scale using algorithms from previous language research, where 0 corresponds to very low, and 100 is equal to very high on the domain

c. Word categories: Percentage of the letter that contains words from predefined categories

Figure 2: Overall frequency of code themes and code theme frequency by gender





DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Oluwateniola Brown: Nothing to disclose; Szu-In Lim: Nothing to disclose; Margaret G. Mueller: Nothing to disclose; Tsung Mou: Nothing to disclose; Shawn Jones: Nothing to disclose; Edward Tanner: AstraZenica, Speaker, Honorarium; Johnson & Johnson, Consulting, Honorarium; Angela Chaudhari: Johnson and Johnson, Women in surgery advisory board, Honorarium; Kimberly Kenton: Ethicon, Expert Witness, Honorarium.

27 How does obesity class correlate with postoperative complications following benign hysterectomy?

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OBJECTIVES: To determine if obesity is associated with 30-day postoperative adverse events in individuals undergoing hysterectomy for benign indication.

MATERIALS AND METHODS: A retrospective cohort analysis was performed through the National Surgical Quality Improvement Program (NSQIP) from 2015 through 2019. Patients who underwent hysterectomy for benign indications were identified by Current Procedural Terminology (CPT) codes. Patient characteristics and perioperative data were abstracted. Patients were stratified into groups by body mass index (BMI): normal (<25 kg/m^2), overweight (25-29.9 kg/m^2), Class I obesity (30-34.9 kg/m^2), Class II obesity (35-39.9 kg/m^2) and Class III obesity (>40 kg/m^2). The primary outcome was any 30-day postoperative complication; secondary outcomes included genitourinary (GU) tract injury, readmission, and reoperation. The overall cohort was characterized using descriptive statistics, and differences across BMI groups were calculated, and multivariable logistic regression was used to determine if BMI category was associated with postoperative complications while controlling for potential confounders.

RESULTS: A total of 106,137 hysterectomies were analyzed. The mean age was 48 (standard deviation [SD]±11). The majority was white (63%). The mean BMI was 32 (SD ±8) kg/m^2; 19% had a normal BMI, 28% were overweight, and 53% were obese. In the obese population, 23% of the cohort had Class I obesity, 15% had Class II obesity, and 15% had Class III obesity. The most common route of hysterectomy was laparoscopic (62%), followed by abdominal (21%) and vaginal (17%). The mean uterine weight was 250 (SD±408) g; the mean operative time was 136 (SD±64) minutes. The rate of any 30-day postoperative complication was 9%. GU tract injury occurred in 0.3% (n = 229) of cases. Readmission and reoperation rates were 3% and 1.4%, respectively. Significant differences were noted across patient weight groups in terms of any 30-day postoperative complication (p<.001). On multivariable logistic regression controlling for age, ASA class, smoking, type of hysterectomy, operative time, concurrent procedures, uterine weight and presence of endometriosis, overweight and obesity class I and II were associated with a decreased odds of complication compared to normal weight; class III obesity was not associated with complications.

CONCLUSION: Compared with patients of normal weight, overweight patients and those with Class I and II obesity have a decreased likelihood of experiencing any postoperative complication in the 30-days following hysterectomy for benign indications.