RESULTS: Primary outcome data was available for 54 subjects (24 control, 27 intervention). There was no difference between the groups' demographic data. There was no difference in time to discharge between groups (control, μ=241 minutes; intervention, μ=237 minutes; p=0.90), nor was there a correlation between time to discharge and preoperative VAS (r=0.14, N=51, p=0.34) or discharge VAS (r=-0.01, N=44, p=0.95). There was no difference in MME requirements between the groups, although in post-anesthesia recovery unit (PACU), MME for intervention subjects was slightly less (μ=4.6, SD 5.4) compared to controls (μ=5.3, SD 15.3), (p=0.63). Postoperative day 1 (POD#1) VAS were not different (p=0.89). 84.8% subjects felt their pain was adequately controlled. Subjects that felt their pain was not controlled did not use more narcotics POD#1 (p=0.37), nor have higher POD#1 VAS (p=0.55). All subjects were prescribed 20 tablets oxycodone and averaged 2.9 (SD 3.4) total tablets used after discharge. 87% of intervention subjects would use ice in the future and 82.6% would recommend ice to others. There were no ice related adverse events.

CONCLUSION: Ice packs are an acceptable supplement for post-operative management with high patient satisfaction and no adverse effects, but do not significantly impact postoperative reported pain or narcotic use.

Demographics

	No Ice (SD), N	Ice (SD), N	p-value
Age	46 (6), 24	44 (5), 27	0.33
BMI	32.10 (7.46), 24	29.66 (5.73), 27	0.19
Duration of Surgery (minutes)	213.38 (78.57), 24	223.41 (69.58), 27	0.63
Uterine Weight (grams)	445.25 (314.87), 24	407.44 (341.32), 27	0.68
Duration in PACU (minutes)	240.63(93.44), 24	236.67 (107.66), 27	0.90

VAS & MME

	No Ice (SD), N	Ice (SD), N	p-value
VAS_Initial	13.04 (21.99), 24	8.30 (12.85), 27	0.35
VAS_Preoperative	6.08 (10.01), 24	3.74 (6.46), 27	0.32
VAS_PACU	27.6 (25.08), 20	31.54 (27.49), 24	0.62
VAS_POD#1	32.1 (29.96), 20	33.21 (24.76), 24	0.89
VAS_2 Weeks Postoperative	6.94 (13.54), 18	15.74 (23.39), 23	0.16
MME_Intraoperative	35 (12.95), 23	33.29 (8.28), 26	0.58
MME_PACU	5.3 (15.25), 24	4.59 (5.4), 27	0.63
MME_POD#1	14.77 (12.58), 20	21.92 (33.33), 26	0.35
MME_2 Weeks Postoperative	55.36 (51.55), 18	64.06 (57.5), 25	0.60

19 "be persistent and be your own advocate:" a qualitative analysis of #pelvic pain on instagram

L. A. Qin, K. Christensen, K. Martin, R. Kim, C. Ascher-Walsh
Obstetrics and Gynecology, Icahn School of Medicine at Mount Sinai, New York, NY

OBJECTIVES: To explore patient experiences with pelvic pain on Instagram via qualitative analysis.

MATERIALS AND METHODS: This was a cross-sectional observational study conducted using "#pelvicpain" on Instagram. Images, captions, and hashtags were collected from each of the posts. Posts were included in final analysis if they contained content regarding personal experiences of pelvic pain. Exclusion criteria included non-English language posts and posts advertising medical services from healthcare professionals. The posts were initially screened to identify common themes with which a code book was created. Following this, all posts were coded by three separate authors with a quarter double-coded by an additional author. Cohen's kappa statistic was calculated to ensure interrater reliability.

RESULTS: Two-hundred Instagram posts were included in our final analysis. Our code book contained seven distinct themes: community building, words of affirmation, intersection with other chronic conditions, advice-seeking, everyday life, and descriptions of symptoms (Table 1). Interrater reliability was strong (kappa > 0.8). The majority of the posts pertained to aspects of everyday life (62%, N=124/200) followed by community building (59%, N=118/200), interactions with the healthcare system (N=83/200, 41.5%), words of self-affirmation (41.5%, N=83/200), description of symptoms (41%, N=82/200), intersection with other chronic conditions (29.5%, N=59/200), and advice-seeking (17%, N=34/200). From these posts, we observed that there is a vibrant community of people with chronic pain conditions using Instagram to communicate with others. Conflicting narratives of feeling misunderstood by healthcare professionals juxtaposed with an empowerment for self and for others in the pelvic pain community were noted. Many users utilized their posts to showcase the way chronic pain symptoms manifest and affect their other day-to-day activities.

CONCLUSION: Social media is an important platform through which healthcare professionals can connect with and better understand patients living with pelvic pain. Through this study, we identified a strong community rooted in advocacy for self and others that provides important narratives to an otherwise invisible and stigmatized condition.

Selected themes and examples

Everyday life	"Being able to play with my daughter however I want is part of my why… Being able to progress to the harder workouts I have always loved… Without pelvic floor therapy I wouldn't be able to run on a slip and slide after my daughter for 30 minutes…"
Community building	"I'd love to hear your experiences too and use this account to have a good old chat about how we can change things for the better!"
Words of self-affirmation	"Pain has proved how strong I am, because I have to be. Pain has proved who my real friends are. Pain has proved to me that the world can be extremely cruel, but that I'm more open to simple beauty. Pain has proved that the life that is expected of me is not the life I have to lead."
Description of symptoms	"It hit me incredibly hard and fast, went from a dull ache and mildly sharp pains over a week or so to intense pain that made everything hurt, walking hurts, blinking hurts and even like teeth hurt."

20 A randomized trial of standard vs. restricted post-discharge opioid prescribing following midurethral sling

J. B. Long[2], B. Morgan[1], S. Boyd[2], M. Davies[2], A. Kunselman[1], C. Stetter[1], M. Andreae[3]
[1]Penn State College of Medicine, Hershey, PA, [2]Female Pelvic Medicine and Reconstructive Surgery, Penn State College of Medicine, Hershey, PA, [3]Anesthesiology, University of Utah, Salt Lake City, UT

OBJECTIVES: To evaluate pain control, satisfaction with pain control, and opioid utilization among patients undergoing isolated midurethral sling (MUS) randomized to one of two different opioid prescribing schemes.

MATERIALS AND METHODS: Patients who underwent isolated MUS placement from June 1, 2020 until September 1, 2021, were offered