The objective of this study was to compare quality of life and symptoms before and after Essure removal.

MATERIALS AND METHODS: This multicenter, prospective study evaluated patient-reported quality of life and symptoms before and 4 months after laparoscopic Essure removal for device-attributed symptoms. Quality of life was measured using the validated Short Form-8 questionnaire for health-related quality of life. Symptoms were measured using a study-specific questionnaire.

RESULTS: Essure removal was performed on 80 patients with device-attributed symptoms at 4 institutions between 2018 and 2020. The majority (n=53, 66.3%) underwent a laparoscopic hysterectomy and bilateral salpingectomy, and the remainder (n=27, 33.8%) underwent a laparoscopic bilateral salpingectomy alone. Indications for device removal were pain (n=73, 91.3%) and abnormal bleeding (n=42, 52.5%), in addition to several other patient-reported symptoms. 51 (63.8%) patients completed the postoperative questionnaire. Quality of life was significantly improved following Essure removal as measured by the physical and mental component summary scores (Table 1). Almost all symptoms were less commonly reported after Essure removal (Table 1). Subgroup analyses of patients who underwent a hysterectomy or a salpingectomy alone demonstrated a significantly improved quality of life after the procedure. Symptoms were more likely to resolve following hysterectomy and salpingectomy compared to salpingectomy alone. Most patients (n=47/51, 92.2%) were satisfied with the results of their surgery.

CONCLUSION: Patients undergoing laparoscopic Essure removal for device-attributed symptoms report improved quality of life and symptoms following the procedure. While the relationship between the Essure device and adverse symptoms remains unclear, Essure removal may benefit those experiencing adverse symptoms and is associated with high patient satisfaction.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
- Christopher X. Hong: Cosm Medical, Consultant, Consulting fee, stock options; Neil Kamdar: Nothing to disclose; Daniel Morgan: Blue Cross Blue Shield of Michigan, Physician lead, Salary support; UpToDate, Author, Royalties.

Quality of life and symptoms following laparoscopic essure removal: a prospective multicenter study


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OBJECTIVES: The quality of life and symptoms before and after Essure removal.

MATERIALS AND METHODS: This multicenter, prospective study evaluated patient-reported quality of life and symptoms before and 4 months after laparoscopic Essure removal for device-attributed symptoms. Quality of life was measured using the validated Short Form-8 questionnaire for health-related quality of life. Symptoms were measured using a study-specific questionnaire.

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12 Impact of pneumoperitoneum pressure during laparoscopic hysterectomy: a randomized controlled trial
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OBJECTIVES: Minimally invasive hysterectomy is a commonly performed gynecologic procedure with associated postoperative pain managed with opioid medications. Uncontrolled postoperative pain leads to increased opioid use/abuse, longer hospital stays, increase in healthcare visits, and may negatively affect patient satisfaction. Current data suggests that reduced pneumoperitoneum pressure during laparoscopic surgery may impact postoperative pain. Given the current opioid epidemic, surgeons are proactively finding ways to reduce postoperative pain. It is unclear how reduced pneumoperitoneum pressure impacts the surgeon. We investigated the impact of reduced pneumoperitoneum pressure on surgeon satisfaction.

MATERIALS AND METHODS: This was an IRB approved, double-blind, randomized controlled trial from February 2020 to July 2021 comparing standard pneumoperitoneum pressure of 15mmHg to reduced pressures of 12mmHg and 10mmHg during laparoscopic hysterectomy. The primary outcome was surgeon satisfaction. Secondary outcomes included patient satisfaction, operative time, postoperative pain, opioid use, and discharge timing.

RESULTS: A total of 40 patients were randomized (13 – 15mmHg, 13 – 12mmHg, and 14 – 10mmHg). There were no differences in baseline demographics or perioperative characteristics. Surgeon satisfaction was negatively impacted with lower pneumoperitoneum pressures greatest with 10mmHg, including overall satisfaction ($p=.01$), overall effect of the pneumoperitoneum ($p=.04$), and quality of visualization ($p=.01$). There was an apparent although not statistically significant difference in operative time ($p=.06$). There was no difference in patient satisfaction, postoperative pain scores, opioid usage, or time to discharge.

CONCLUSION: Reduced pneumoperitoneum pressure during laparoscopic hysterectomy negatively impacted surgeon satisfaction with a trend towards longer operative times, and did not positively impact patient satisfaction, postoperative pain scores, opioid demand, or discharge timing.

13 Improved pain and quality of life after complete pelvic peritonectomy
M. Misal, M. Girardo, M. Wasson

MATERIALS AND METHODS: This was a prospective cohort study of women who underwent complete pelvic peritonectomy from 11/2019 - 11/2020 at a tertiary academic center. Women completed the Endometriosis Health Profile-30 (EHP-30) and Visual Analog Scale (VAS) pain scores assessment preoperatively, 6-weeks postoperatively, and 6-months postoperatively. One-way repeated measures ANOVA compared scores at each interval. Scores for women with confirmed endometriosis were compared to those without endometriosis.

RESULTS: 31 of 44 enrolled women completed the 6-month assessments (70.5% response). American Society of Reproductive Medicine stage ranged from 0 (n=6, 19.4%), 1 (n=14, 45.2%), or 2 (n=11, 35.5%), 22 women had histologic evidence of endometriosis (70.9%). Mean EHP-30 scores significantly decreased preoperatively to 6-months postoperatively (65 vs. 28.5, $p<0.001$) with improvement in all subscales. VAS pain scores improved in most domains at 6 months (Table 1). With the exception of dysmenorrhea, women with and without endometriosis did not report different scores preoperatively, 6-month EHP-30 scores improved and did not differ between groups, though dyschezia and nonmenstrual pain improved more for women with endometriosis (Table 2).

CONCLUSION: Complete pelvic peritonectomy for CPP improves quality of life and pain symptoms. Women with CPP without endometriosis may also experience improvement.