DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
Meenal Misal: Nothing to disclose; Megan Wasson: Nothing to disclose.

OBJECTIVES: The primary objectives were to compare the <30-day postoperative complications and POP recurrence in women undergoing combined pelvic organ prolapse (POP) and rectal prolapse (RP) surgery to those undergoing POP-only surgery.

MATERIALS AND METHODS: Multicenter, retrospective case-control study at five academic hospitals and part of the AUS-SGS Fellows Pelvic Research Network. Patients undergoing combined RP+POP surgery were matched by age, POP stage by leading compartment and POP procedure to those undergoing POP-only surgery from March 2003 and March 2020. Primary outcome measures were <30-day complications separated into Clavien-Dindo (CD) classes as well as 1) subsequent POP surgeries and 2) POP recurrence defined as patients who complained of vaginal bulge symptoms postoperatively.

RESULTS: Two hundred and four women underwent combined surgery for RP+POP and 204 women underwent surgery for POP only. Average age (59.3±1.0 vs 59.0±1.0) and parity (2.3 vs 2.6) was similar in each group. Average follow-up time was 307.2±31.5 days for the combined cohort and 487.7±49.9 days for the POP-only cohort.

One hundred and nine patients (26.7%) had at least one 30-day complication. The proportion of patients who had a complication in the combined group and POP-only group was similar (27.0% vs 26.0%, p=0.82). CD scores were similar between the groups (10.3% vs 9.3% Grade 1, 11.8% vs 12.3% Grade 2, 3.9% vs 4.4% Grade 3, 1.0% vs 0% Grade 4, 0.5% vs 0% Grade 5). Combined patients were less likely than POP-only patients to develop postop UTIs and urinary retention, but were more likely to be treated for wound infections and pelvic abscesses.

After adjusting for combined vs POP-only surgery, patients who had anti-incontinence procedures (aOR=1.85, 95% CI 1.16, 2.94, p=0.02) and periurethral injections (aOR=1.68, 95% CI 1.05, 2.70, p=0.02) were more likely to have <30-day postoperative complications.

Twelve patients in the combined group and 15 patients in the POP-only group (5.9% vs 7.4%, p=0.26) had subsequent POP repair. Twenty-one patients in the combined surgery and 28 patients in the POP-only group (10.3% vs 13.7%, p=0.26) reported recurrent POP.

CONCLUSION: In this case-control study, patients undergoing combined POP+PR surgery had a similar risk of <30-day complications...
compared to patients undergoing POP-surgery alone. Combined patients also had a similar risk of recurrent POP and subsequent POP surgery compared to patients undergoing POP-only surgery.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Shannon L. Wallace: Nothing to disclose; Youngwu Kim: Nothing to disclose; Erica Lai: Nothing to disclose; Shailja Mehta: Nothing to disclose; Bertille Gaigbe-Togbe: Nothing to disclose; Chiyuan Amy Zhang: Nothing to disclose; Emily C. Von Bargen: Nothing to disclose; Eric R. Sokol: Nothing to disclose.

15 “I’m not going home with a catheter”: patient-centered outcomes associated with peri-operative intermittent catheterization

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OBJECTIVES: Impaired bladder emptying after surgery is often managed with an indwelling catheter, which can be a source of dissatisfaction, infection, and burden. Intermittent straight catheterization (ISC) is an alternative, though it is less well studied. This study describes patient satisfaction and outcomes associated with planned ISC after outpatient pelvic reconstructive surgery.

MATERIALS AND METHODS: This was an ancillary analysis of a prospective cohort study at an academic tertiary referral center from September 2018-June 2021. Participants completed pre-operative ISC teaching that included an instructional video (SGS; A Guide to Female Clean Intermittent Catheterization, 6:20 minutes), 1:1 teaching with an RN or MD, and provision of ISC supplies. After surgery, participants were instructed to ISC until they had 2 consecutive outpatient PVRs < 1/2 voided volume. Demographic information was self-reported, clinical information was abstracted from the medical record, and patient satisfaction was assessed 2 weeks post-procedure.

RESULTS: For the 158 participants, mean age was 51.9 ± 11.3 years, mean BMI was 28.9 ± 5.8 kg/m2, with 140/155 (90.3%) identifying as white and 18/155 (11.6%) as Hispanic. Average provider time-investment in ISC teaching was 9.8 ± 5.6 minutes. Providers performing ISC teaching subjectively noted “some” difficulty with ISC for 21/158 (13.3%) participants, “minimal” difficulty for 15/158 (9.5%), and “no” difficulty for 122/158 (77.2%). Mean time from ISC teaching to surgery was 16.3 ± 15.6 days. Mean duration of surgery was 43.4 ± 28.3 minutes. The average number of outpatient ISC was 4.9 ± 5.7. Median time to achievement of 2 PVRs < 1/2 voided volume was 6.3 hours (95% CI 5.8-6.8). One-hundred forty-one participants (141/158, 89.2%) performed ≥1 ISC post-operatively, with difficulties noted in Table 1. Most participants reported satisfaction on 2-week follow-up (Figures 1 and 2). Difficulty performing ISC was not associated with time since ISC teaching (p=0.29) or difficulty noted at ISC teaching by the provider (p=0.25). On multiple logistic regression, age, BMI, and prolapse beyond the hymen did not predict difficult learning or performing ISC. Between ISC teaching and 6 weeks post-procedure, 23/158 (14.6%) participants endorsed symptoms of a urinary tract infection (UTI), 16/158 (10.1%) had a culture-proven UTI, 2/16 (12.5%) of which were diagnosed pre-operatively.

CONCLUSION: Some women undergoing pelvic reconstructive surgery report ease and satisfaction with ISC. This was not limited by age, BMI, prolapse stage, or provider-perceived difficulty learning ISC.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Julia Shinnick: Nothing to disclose; Christina A. Raker: Nothing to disclose; Charles Rardin: Nothing to disclose; Elizabeth J. Geller: Nothing to disclose; Anne C. Cooper: Nothing to disclose.

16 Return to work following pelvic reconstructive surgery: secondary analysis of operations and pelvic muscle training in the management of apical support loss (optimal)

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OBJECTIVES: To evaluate patients’ return to work and loss of productivity following pelvic reconstructive surgery.

MATERIALS AND METHODS: This is a secondary analysis of the Operations and Pelvic Muscle Training in the Management of Apical Support Loss (OPTIMAL) trial. The primary outcome is number of work days missed following surgery. Loss of productivity included hours worked per week and discontinuation of paid work. Predictors affecting the timing of return to work were assessed.

RESULTS: In the trial, 180 (49%) of patients worked at baseline reporting 35±13 hours per week. The median number of days missed following