

Figure 1. Representation quotient of reported races compared to the United States population. Calculated as the percent of each race reported in the United States-based studies that reported race, divided by the percentage of the United States population that identified with that race during the years of the study, according to United States census data. \*race reported as Black, African American, or African; \*\*race reported as Asian or Pacific Islander; \*\*\*race reported as Indigenous American, Native American, American Indian, or Alaska Native

#### Trends in Inclusion of Reported Races Over Time

Representation Quotient	1995-1999	2000-2004	2005-2009	2010-2014	2015-2019	Correlation
White	1.26	1.14	1.39	1.11	1.10	-0.45 p=0.45
Black*	0	1.09	0	0.95	1.09	0.56 p=0.32
Asian**	0	0.13	0	1.15	0.14	0.42 p=0.48
Indigenous American***	0	0.08	0	0	0.44	0.66 p=0.22
Other	1.83	0.78	0	0.61	1.18	-0.34 p=0.57

\*Black, African American, or African \*\*Asian or Pacific Islander \*\*\*Indigenous American, Native American, American Indian, or Alaska Native

**DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:** Julia Shinnick: Nothing to disclose; Moiuri Siddique: Nothing to disclose; Spandana Jarmale: Nothing to disclose; Christina A. Raker: Nothing to disclose; Vivian Sung: Nothing to disclose; Cassandra Carberry: Nothing to disclose.

## 18 Can fpmrs fellows meet the minimum number of midurethral sling and burch urethropexy procedures to graduate? – a review of the national trend using the national surgical quality improvement program database from 2009 to 2019

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**OBJECTIVES:** The Accreditation Council for Graduate Medical Education (ACGME) requires 50 midurethral sling (either synthetic mesh or fascial), and 5 Burch urethropexy procedures to graduate from Female Pelvic Medicine and Reconstructive Surgery (FPMRS) fellowship. Given that there are now as many as FPMRS 160 fellows at 64 accredited programs, there should be at least 2,667 sling and 267 Burch urethropexy procedures performed nationally and annually to meet this requirement. The primary aim of this study was to review the annual trend in the number of sling and Burch procedures performed using the National Surgical Quality Improvement Program database that captures 700 institutions including 54 of the 64 FPMRS fellowship programs. The secondary aim was to review the trend in trainee involvement in these cases.

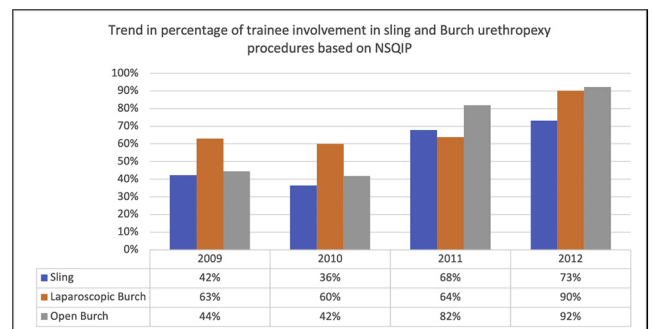
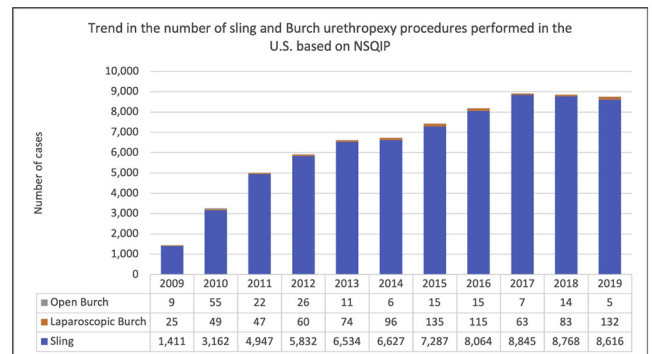
**MATERIALS AND METHODS:** This was a retrospective cohort study using the NSQIP database. Of note, because NSQIP does not capture office procedures, periurethral injection procedure that is primarily performed in the office was not included in this study. We identified



all female patients who underwent sling, laparoscopic Burch and open Burch between 2009 and 2019 using Current Procedural Terminology (CPT) codes. Variable coding the presence or absence of trainee involvement was only available from 2009 to 2012. Findings are described using proportions.

**RESULTS:** On average, 6,372 sling and 97 Burch (either laparoscopic or open) urethropexy procedures were performed annually during the study period. Proportion of cases with trainee involvement ranged from 46% to 78% with an increase over the years.

**CONCLUSION:** Our findings suggest that the minimum number of Burch urethropexy procedures to graduate from FPMRS fellowship may be unfeasible to achieve even with an increasing rate of trainee involvement. A change in the educational paradigm may be necessary to train all FPMRS fellows to competently perform Burch urethropexy independently.



**DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:** Edward K. Kim: Nothing to disclose; Christopher X. Hong: COSM Medical Corp., Toronto, ON, Canada, Co-author, Consultant; Heidi S. Harvie: Nothing to disclose.

## 19 Impact of intrarectal diazepam on early postoperative pain following pelvic reconstructive surgery: a double-blind, randomized placebo-controlled trial

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**OBJECTIVES:** To evaluate the effect of diazepam rectal suppositories on early postoperative pain following hysterectomy and vaginal reconstruction for pelvic organ prolapse.

**MATERIALS AND METHODS:** In this institutional review board approved, double-blind, randomized placebo-controlled trial, eligible patients were those scheduled to undergo a total vaginal hysterectomy with

