
Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

(20.5%), education (14.1%), personal post unrelated to diagnosis (10.3%).
**Conclusion:** When analyzing the hashtags, endometriosis specific and general symptoms groups, the majority of posts were authored by patients with education being the least represented content. When grouping into pain and procedure, more posts were authored by health professionals with more educational content.

### Impact of COVID-19 on Outcomes and Productivity in a Gynecologic Oncology and Minimally Invasive Surgery Practice

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**Study Objective:** To determine the impact of COVID-19 on patients undergoing surgery.
**Design:** Retrospective review.
**Setting:** Community hospital and ambulatory practice in New York near the epicenter of the COVID-19 pandemic.
**Patients or Participants:** Surgical volumes were reviewed for years 2019-2020.
**Interventions:** Seventy-three charts were assessed for COVID-19 related outcomes during a 14-week period, beginning February 17th, 2020.
**Measurements and Main Results:** During the study period, gynecologic oncology and minimally invasive surgery activity decreased by 50%. This resulted in economic and clinical disruption. Other surgical divisions showed similar case decreases (34 − 64%) except for otolaryngology which increased by 48%.
Seventy-one surgeries were completed in our practice during the study period. Elective cases were restricted on March 7th. Afterward, indications for surgery were malignancy (43.2%), rule out malignancy (27.0%), heavy bleeding (21.6%), and pain (8.1%). All patients were asymptomatic for COVID-19 associated symptoms during preoperative evaluations.
Mandatory day-of-surgery COVID-19 PCR testing commenced on April 6th. Prior to this, 49 surgeries were completed. Afterward, 4 of the remaining 21 cases (18%) were cancelled due to positive testing. Of these, 3 tested positive on day of surgery, 1 self-tested positive due to community exposure. All 4 patients remained asymptomatic.
Of the 71 patients, 83% were discharged on the same day or on postoperative day one (POD). Postoperatively, 6 patients reported mild COVID-19 symptoms (cough, fever, shortness of breath). Of these, 1 patient tested negative and 5 were not tested. Additionally, 1 patient tested positive remote from surgery (POD #30). Surgeons tested negative for COVID-19 antibodies, and all office staff were asymptomatic.
**Conclusion:** Asymptomatic COVID-19 patients were encountered in the preoperative setting. No symptomatic cases of nosocomial COVID-19 infection were identified. Clinical care and surgery appear safe provided there is appropriate utilization of personal protective equipment (PPE). Gynecologic surgical services may be safely performed during a pandemic with appropriate PPE and safety measures.

### Effectiveness of Hysteroscopic Morcellation of Endometrial Polyps Compared to Traditional Technique: A Comparison of Disease Recurrence

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**Study Objective:** To compare the outcomes between hysteroscopic morcellation of endometrial polyps and traditional techniques such as hysteroscopic resection with monopolar or bipolar radiofrequency energy, scissors and graspers or mechanical resection with polyp forceps.
**Design:** Retrospective chart review.
**Setting:** Academic tertiary referral center.
**Patients or Participants:** 193 patients who underwent operative hysteroscopic polypectomy between January 2015 and May 2016.
**Interventions:** Hysteroscopic polypectomy with intrauterine morcellation, monopolar or bipolar radiofrequency energy, scissors and graspers or mechanical resection with polyp forceps with evaluation and/or treatment of recurrent abnormal uterine bleeding (AUB) after operative polypectomy.
**Measurements and Main Results:** There were 9 patients who underwent hysteroscopic polypectomy with monopolar radiofrequency energy, 3 patients with bipolar radiofrequency energy, 91 patients with intrauterine morcellation, 67 patients with polyp forceps and 12 patients with scissors and graspers. The recurrence rate for AUB for monopolar was 1.89%, bipolar was 1.67%, intrauterine morcellation was 1.93%, polyp forceps was 1.84% and hysteroscopic scissors and/or graspers was 1.83%. Among the recurrences the average time until recurrence was 1162 days for monopolar, 207 days for bipolar, 749.5 days for intrauterine morcellation, 477.6 days for polyp forceps and 341.5 days for hysteroscopic scissors and graspers.
**Conclusion:** There was no significant difference in terms of recurrence of AUB following the different modalities of operative hysteroscopy. Among the patients with recurrence in order of shortest time until recurrence: bipolar, hysteroscopic scissors and graspers, polyp forceps, intrauterine morcellation and monopolar.

### Essential Gynecologic Surgery during the COVID-19 Pandemic: New York Institutional Experience

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**Study Objective:** To report on the continuance of gynecologic surgery during the COVID-19 pandemic.
**Design:** Case series.
**Setting:** New York City Academic Medical Center.
**Patients or Participants:** In Mid-March of 2020 there was a moratorium on elective services due to the COVID-19 pandemic. 105 surgeries were completed from March 15-April 30, and those that were emergent and urgent were identified. Essential gynecologic surgical procedures were provided during the COVID-19 pandemic.
**Interventions:** Peri-operative data were collected retrospectively.
**Measurements and Main Results:** A total of 45 cases were identified that were emergent and urgent gynecologic surgical procedures during the COVID-19 pandemic in New York City. Average age was 34 years (range 24-68). In our health system, there were 23 emergency gynecologic cases, the most common were ectopic (14), torsion (3), retained products of conception causing hemorrhage (3) or sepsis (1), exploratory laparotomy for post-operative small bowel obstruction (1), and vaginal myomectomy for hemorrhage (1). Pre-operative PCR testing for COVID-19 was available March 31, but emergency cases were not delayed to await test results. Of the emergency cases, 21 (91.3%) were performed with general and 2 (8.7%) with neuraxial anesthesia. There were 21 urgent gynecologic surgical procedures. All surgical procedures recovered in the operating room during this time frame.
**Conclusion:** Essential gynecologic surgery can feasibly continue during peak pandemic crisis in high prevalence areas, with appropriate safety measures.