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Study Objective: Demonstrate the components of an innovative uterine manipulation simulator

Design: NA.

Setting: NA.

Patients or Participants: NA.

Interventions: The key component of the simulator is a frame that suspends a ring-core with springs that simulate the ligaments of the uterus and pelvic diaphragm. This allows for the user to apply pressure in a similar fashion as they would in an actual case. A uterine model is attached to one side of the suspended ring, and any commercial uterine manipulator can be inserted through the other end. The frame is attached to a box with a fixed camera that simulates the view one would have during laparoscopic surgery. A layer of image recognition and augmented reality software is added to the video-feed, which allows for gamification of the experience, standardize tasks, and record objective measurements on performance.

Measurements and Main Results: NA.

Conclusion: Uterine manipulation is an important area of opportunity, where further education and training for new learners via simulation may lead to improved performance in the operating room.

Plenary 8: Urogynecology

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A Stepwise Approach to Lefort Colpocleisis

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Study Objective: The objective of this educational video is to describe the technique and required equipment for performing a LeFort partial colpocleisis using surgical footage as well as a low-cost surgical model.

Design: Educational surgical video.

Setting: Canadian academic medical centre.

Patients or Participants: This educational video was created using surgical footage as well as a low cost, reproducible surgical model.

Interventions: Using surgical footage and low-cost surgical model, we demonstrate a LeFort partial colpocleisis in six steps. (1) Proper patient positioning, (2) mark rectangular resection area, (3) dissect and resect vaginal epithelium, (4) place red rubber catheter to allow for lateral channels, (5) reduce prolapse using sequential pursestring sutures, (6) perineorrhaphy.

Measurements and Main Results: N/A.

Conclusion: Conclusion: Pelvic organ prolapse affects the quality of life of many patients, and one in nine will require corrective surgery by the age of 80. LeFort partial colpocleisis is a highly successful, minimally invasive surgical approach that is indicated in patients with pelvic organ prolapse who are no longer having vaginal intercourse and/or have comorbidities that prohibit a more extensive procedure. This video provides a stepwise approach to performing a LeFort partial colpocleisis.

Plenary 8: Urogynecology

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Laparoscopic Sacrospinous Ligament Hysteropexy

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Study Objective: Demonstrating the laparoscopic technique for a sacrospinous ligament hysteropexy.

Design: Surgical video.

Setting: Laparoscopic surgery.

Patients or Participants: Our patient is a 56 y.o. multiparous caucasian female with a BMI of 19 kg/m². She was found to have stage 3 uterine prolapse with the leading edge of the cervix at +2 cm (POP-Q Point C = +2). She had a history of colon cancer treated with partial colectomy, reanastomosis, and chemoradiotherapy. Uterosacral ligaments were attenuated on pre-op assessment. Uterine preservation was opted. Sacrohysteropexy with mesh was not recommended due to the risk of fistula formation in the context of her extensive pelvic radiation history. Anterior repair with concomitant sacrospinous hysteropexy was offered instead.

Interventions: Laparoscopic sacrospinous hysteropexy using FiberWire® permanent suture

Measurements and Main Results: Adequate suspension of the uterus - POP-Q Point C = -5 post-hysteropexy

Conclusion: Laparoscopic sacrospinous hysteropexy is a safe and feasible option for uterine suspension in patients who desire uterine preservation.

Plenary 8: Urogynecology

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Patient and Surgical Characteristics Associated with Delay or Cancellation of Elective Gynecologic Surgeries Due to the COVID-19 Pandemic

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Study Objective: This study aims to identify patient characteristics associated with length of delay or not returning for elective benign gynecologic surgical procedures that were canceled due to the COVID-19 pandemic.

Design: Retrospective review of electronic medical records.

Setting: Academic, urban, tertiary hospital system.

Patients or Participants: Between March 15, 2020, and May 15, 2020, all elective surgical procedures were canceled due to resource limitations. Electronic medical records were reviewed through November 15, 2020, to assess whether patients rescheduled or did not come back for surgery within the following six-month period.

Interventions: N/A.

Measurements and Main Results: 219 benign gynecologic surgeries were canceled between March 15 and May 15, 2020. 158 (72%) patients returned within the following six months for their procedure, and 61 patients (28%) did not return. Among patients who rescheduled, the length of delay was not correlated with age, race/ethnicity, or route of surgery. There was, however, sufficient data to conclude that length of delay differed by primary indication of surgery (p=.0173). There was an association between not returning for surgery and primary indication of pelvic organ prolapse/incontinence repair (p=.0203).

Conclusion: The majority of patients rescheduled their procedure within six months following the peak of the COVID-19 crisis. The primary indication of pelvic organ prolapse and incontinence was associated with a decreased likelihood of returning for surgery within six months.

Plenary 8: Urogynecology

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Recurrent Paravaginal Abscess: An Unusual Presentation of a Distal Ectopic Ureteral Remnant after Prior Nephrectomy

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