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New York, NY; <sup>4</sup>AbbVie Inc., North Chicago, IL; <sup>5</sup>Department of Obstetrics and Gynecology, Sidney Kimmel Medical College and Thomas Jefferson University, Philadelphia, PA

\*Corresponding author.

**Study Objective:** Report baseline Uterine Fibroid Symptoms Quality of Life Questionnaire (UFS-QoL) data from Elaris UF-1 and UF-2 to characterize disease burden from heavy menstrual bleeding (HMB) associated with uterine fibroids (UF).

**Design:** Elaris UF-1 (NCT02654054) and UF-2 (NCT02691494) were identical, phase 3, double-blind, randomized, placebo-controlled studies investigating safety and efficacy of elagolix alone or combined with hormonal add-back therapy for HMB associated with UF.

**Setting:** Outpatient in clinic/office.

**Patients or Participants:** Premenopausal women (n=790) aged 18–51 years with diagnosed UF and HMB (menstrual blood loss [MBL] >80 mL/cycle for ≥2 menses).

**Interventions:** N/A

**Measurements and Main Results:** A modified UFS-QoL (4-week recall) was conducted before study drug administration. UFS-QoL is a self-administered, 37-item, disease-specific questionnaire that measures symptom severity and health-related QoL (HRQoL; calculated from 6 subscales and scored 0–100). Lower HRQoL scores indicate worse QoL. At baseline, mean (standard deviation [SD]) age was 42.4 (5.4) years, and MBL was 239.7 (158.7) mL. Baseline total HRQoL score was low, reflecting low QoL (mean [SD], 42.9 [23.2]). Mean (SD) scores were generally low across HRQoL domains (concern, 28.1 [24.6]; activities, 40.9 [27.0]; energy/mood, 47.4 [25.3]; control, 54.2 [28.3]; self-consciousness, 39.9 [30.7]; sexual function, 47.5 [35.4]). In each HRQoL domain, the questions most frequently answered ‘most’ or ‘all’ of the time were how often symptoms made patients: feel concerned about soiling underclothes (80%; concern), decrease the amount of time on exercise or other physical activities (59%; activities), feel tired or worn out (68%; energy/mood), feel less productive (50%; control), feel conscious about the size and appearance of their stomach (57%; self-consciousness), and avoid sexual relations (46%; sexual function).

**Conclusion:** There was considerable baseline disease burden. Patients reported the greatest impacts to concern and self-consciousness. Common issues included concerns about soiling underclothes and feeling tired or worn out.

### Transcervical Fibroid Ablation (TFA) in an Ambulatory Surgical Center Setting: Utility during the COVID-19 Pandemic

Roy K.H., <sup>1,\*</sup> Johns D. <sup>2</sup> <sup>1</sup>Arizona Gynecology Consultants, Phoenix, AZ;

<sup>2</sup>Gynecology, Baylor Research Institute-Fort Worth, Fort Worth, TX

\*Corresponding author.

**Study Objective:** To describe the experience of TFA with the Sonata<sup>®</sup> system in the ambulatory surgicenter (ASC) setting, relative to current recommendations by medical societies for elective procedures during the COVID-19 pandemic.

**Design:** Prospective, longitudinal, multicenter controlled trial.

**Setting:** 22 clinical sites in the US and Mexico.

**Patients or Participants:** 147 premenopausal women between the ages of 25 and 50 with heavy menstrual bleeding secondary to nonpedunculated fibroids.

**Interventions:** Transcervical, intrauterine ultrasound-guided radiofrequency ablation with the Sonata system. Pain scores were recorded after each procedure using a scale from 0–10. Length of stay (LOS) was measured from procedure start through discharge.

**Measurements and Main Results:** Of 147 treated patients, 49 were treated in an ASC setting and 98 were treated in other outpatient settings. Fifty-five percent of patients treated in an ASC had general anesthesia and 45% had conscious sedation vs 48% and 52%, respectively for non-ASC population. Average number of fibroids treated per patient was 3.2±2.0 and 2.9±2.1 in ASC and non-ASC, respectively. Mean LOS was 2.1±0.9 hours vs. 2.8±1.3 hours for ASC and non-ASC patients, respectively. Mean procedure pain

scores were 0±0% for the ASC patients (0.4±1.1 for non-ASC patients). Mean return to normal activity for patients treated in ASC was 1.7±1.4 days (2.4±2.5 for non-ASC patients). Mean 12-month improvements in SSS and HRQL scores were -34.8±23.9 and 48.6±26.2 points, respectively, in ASC patients (-30.4±19.3 and 41.0±23.0, respectively, in non-ASC patients).

**Conclusion:** Current surgical guidance during the COVID-19 pandemic encourages avoidance of endotracheal intubation when appropriate and minimizing exposure time for patients and staff. Transcervical Fibroid Ablation with the Sonata system is performed without pneumoperitoneum or a requirement for intubation, providing short LOS, minimal pain scores and improved outcomes while potentially reducing risk to healthcare personnel and patients alike.

### Telemedicine for Delivery of Postoperative Care Following Minimally-Invasive Gynecologic Surgery: A Randomized Controlled Trial

Radtke S.J., <sup>1,\*</sup> Umeh R., <sup>2</sup> Chavez M., <sup>2</sup> Curiel Z., <sup>2</sup> Mendez K. <sup>2</sup> <sup>1</sup>Obstetrics and Gynecology, Texas Tech University Health and Science Center, El Paso, TX; <sup>2</sup>Texas Tech University Health and Science Center, El Paso, TX

\*Corresponding author.

**Study Objective:** Determine if patient satisfaction is greater after delivering postoperative care via telemedicine following minimally invasive gynecologic surgery.

**Design:** Randomized controlled trial

**Setting:** University based outpatient clinic.

**Patients or Participants:** Between 18 and 60 years of age scheduled to undergo laparoscopic hysterectomy or laparoscopic excision of endometriosis.

**Interventions:** Eligible patients were randomized to receive postoperative care either through a traditional office visit or via telemedicine.

**Measurements and Main Results:** 41 patients were analyzed out of which 25 were allocated to the office group and 16 to the telemedicine group. Groups were homogenous to age (41.4 v 43.3 p=.48), BMI (31.9 v 30.6 p=.52), distance in miles from home (12.7 v 12.4 p=.92) and parity (p=.51). PSQ-18 questionnaire was scored and each category was compared between the office and telemedicine groups. When comparing medians (IQR), the general satisfaction and time spent with doctor categories were significantly higher in the telemedicine group (4.0 (4.0, 4.5) v 4.5 (4.5, 5.0) p=.05), (4.0(4.0, 4.5) v 4.5(4.0, 5.0) p=.05). The remainder of the categories analyzed were not different between groups (Technical Quality (4.0 (3.8, 4.5) v 4.5 (3.9, 5.0) p=.13), Interpersonal Manner (4.0 (4.0, 4.5) v 4.5 (4.0, 5.0) p=.34), Communication (4.5 (4.0, 4.5) v 4.5 (4.3, 5.0) p=.21) and Accessibility and Convenience (4.0 (3.5, 4.5) v 4.0 (3.6, 4.5) p=.84)). A chart review was performed, examining the first 30 days after surgery. One (4%) patient in the office group visited the ER following the postoperative visit, and 0 in the telemedicine group (p=.42). Regarding phone calls to the clinic after postoperative visit, 5(20%) patients in the office group incurred in at least one call and 4(25%) did so in the telemedicine group (p=.92).

**Conclusion:** Postoperative care via telemedicine after gynecologic surgery results in higher patient satisfaction, and does not appear to increase the risk of complications.

### Robotic Radical Trachelectomy Using the Double Bipolar Method- Aiming for a Bloodless Operative Field

Andou M., <sup>1,\*</sup> Kanno K., <sup>2</sup> Sawada M. <sup>1</sup> <sup>1</sup>Obstetrics and Gynecology, Kurashiki Medical Center, Kurashiki, Japan; <sup>2</sup>Gynecology, Kurashiki Medical Center, Kurashiki, Japan

\*Corresponding author.

**Study Objective:** To report the application of the double bipolar technique in a patient with 1b1 cervical cancer who wished to preserve her fertility potential.

**Design:** After experiencing 105 cases of laparoscopic and robotic radical trachelectomy with a 5 year survival rate of 98% and the birth of 29 babies