

### Virtual Poster Session 3: Hysteroscopy (10:30 AM – 10:40 AM)

#### 10:30 AM: STATION L

##### 2935 Cost-Effectiveness of an Outpatient Uterine Assessment and Treatment Unit in Patients with Abnormal Uterine Bleeding: A Modelling Study

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**Study Objective:** To assess the cost-effectiveness of a single-visit uterine assessment and treatment unit (UATU) compared with the current standard of care to diagnose and treat women with abnormal uterine bleeding (AUB).

**Design:** A cost-effectiveness analysis using a decision tree model from the perspective of the publicly funded health care system in Canada.

**Setting:** An ambulatory women's health clinic at a tertiary academic health sciences center (The Shirley E. Greenberg Women's Health Center at The Ottawa Hospital (TOH)).

**Patients or Participants:** Patients presenting with abnormal uterine bleeding.

**Interventions:** Non-interventional.

**Methods:** We developed a probabilistic decision tree model to simulate the total costs and outcomes of women presenting with AUB receiving diagnosis and treatment at a UATU or usual care over a one-year time horizon. Probabilities, resource use, and time associated with each treatment option were obtained from a retrospective chart review of 200 randomly selected patients presenting with AUB at TOH between April 1<sup>st</sup> 2014 and March 31<sup>st</sup> 2017. Results were expressed as overall cost and time savings per patient. A series of sensitivity analyses were conducted to assess the robustness of the study findings. Costs are reported in 2018 Canadian dollars.

**Measurements and Main Results:** Compared to usual care, the UATU was associated with a decrease in overall cost (\$1,331.90 [95% CI -1,337 to -1,326.8]) and a decrease in overall time to treatment (-74.50 days [95% CI -74.70 to -74.40]), dominating usual care. The point at which the UATU would no longer be cost-effective is if the cost to maintain and operate the UATU required an additional \$1,600 spent per patient. The results of the sensitivity analysis did not impact the conclusions from our base-case analysis.

**Conclusion:** An outpatient UATU is more cost-effective than usual care and should be recommended as the best use of limited health care resources.

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#### 10:30 AM: STATION M

##### 1288 Robotic Assisted Ovarian and Fallopian Tube Transposition: A Video Presentation

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**Video Objective:** The objective of this video is to demonstrate the technique of performing an ovarian transposition using robotic assistance in order to preserve ovarian function in a patient who is planning to undergo pelvic radiation therapy.

**Setting:** The patient is a 29 y/o nulligravida with a history of stage 3B rectal adenocarcinoma. She is s/p neoadjuvant chemotherapy using Folfox

and Capecitabine and is planning for pelvic radiation therapy. She elects to undergo a transposition procedure in order to reduce her risk of premature ovarian failure.

**Interventions:** The robotic trocars are placed in the standard gynecologic oncology robotic fashion in order to mobilize the ovaries above the pelvic brim and out of the radiation field. To avoid comprising the ovarian vasculature, retroperitoneal tunnels are created in the pelvic sidewalls bilaterally and the adnexa are pulled through. The ovaries are sutured in place superior to the anterior superior iliac spine and lateral to the psoas muscle. Surgical clips are placed at the border of each ovary for identification during radiation planning.

**Conclusion:** Pelvic radiation therapy is often required in the management of gynecologic and nongynecologic malignancies. The ovaries are extremely radiosensitive and very low doses can be associated with a high risk of ovarian failure. Premature menopause results in long-term deprivation of estrogen and can lead to increased risk of all-cause mortality, cardiovascular risk, and osteoporosis.

Research indicates that many female patients diagnosed with cancer do not receive adequate information regarding ovarian preservation. One study reports that 50% of oncologists reported moderate to high confidence in knowledge of female fertility preservation.

Laparoscopic ovarian transposition is a great surgical option for reproductive age women undergoing gonadotoxic radiation. Robotic assisted ovarian transposition has the advantage of improved visualization and articulation of wrist movements. Robotics can help to overcome the limitations of laparoscopy, especially in complicated procedures.

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#### 10:30 AM: STATION N

##### 2407 Surgical Technique: Posterior Culdotomy

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**Video Objective:** The purpose of this video is to demonstrate a posterior culdotomy; this is a simple surgical technique with a number of benefits.

**Setting:** We perform a laparoscopic myomectomy and create a posterior culdotomy for specimen removal.

**Interventions:** N/A.

**Conclusion:** In summary, we urge gynecologists and other surgical subspecialties to strongly consider this method of extraction.

### Virtual Poster Session 3: Hysteroscopy (10:30 AM – 10:40 AM)

#### 10:30 AM: STATION O

##### 2170 Vaginoscopy: A Minimally Invasive Approach to Hysteroscopy

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**Video Objective:** To demonstrate the vaginoscopic approach to hysteroscopy.

**Setting:** The patient is a 35-year-old G0 with a history of endometrial polyps previously treated with hysteroscopic resection who presented with recurrent intermenstrual spotting and evidence of endometrial polyp on ultrasound. She presented for hysteroscopic polypectomy in the outpatient setting.