

**Interventions:** Laparoscopic trachelectomy with ureteral stent placement and removal via cystoscopy.

**Conclusion:** Post-hysterectomy laparoscopic trachelectomies can be challenging in the presence of known pelvic adhesive disease. Success is achievable through familiarity with key anatomical structures and relationships along with following a stepwise approach.

#### Open Communications 12: Laparoscopy

(4:10 PM – 5:15 PM)

4:59 PM

##### Superior Hypogastric Plexus Block for Pain Relief After Laparoscopic Hysterectomy: A Randomized Controlled Trial

Clark NV,<sup>1,\*</sup> Maghsoudlou P,<sup>2</sup> Moore KJ,<sup>3</sup> North A,<sup>4</sup> Ajao MO,<sup>2</sup> Einarsson JI,<sup>2</sup> Louie M,<sup>5</sup> Schiff LD,<sup>5</sup> Moawad G,<sup>6</sup> Cohen SL,<sup>2</sup> Carey ET<sup>6</sup>.

<sup>1</sup>Division of Minimally Invasive Gynecologic Surgery, Massachusetts General Hospital, Boston, MA; <sup>2</sup>Division of Minimally Invasive Gynecologic Surgery, Brigham and Women's Hospital, Boston, MA; <sup>3</sup>Epidemiology, Gillings School of Global Public Health, University of North Carolina Chapel Hill, Chapel Hill, NC; <sup>4</sup>George Washington University Hospital, Washington, DC; <sup>5</sup>Obstetrics and Gynecology, University of North Carolina, Chapel Hill, NC; <sup>6</sup>MIGS, George Washington University Hospital, Washington, DC

\*Corresponding author.

**Study Objective:** To assess the efficacy of a superior hypogastric plexus block (SHPB) for pain relief following laparoscopic hysterectomy.

**Design:** Multi-center, single-blind, randomized controlled trial.

**Setting:** Brigham and Women's Hospital, Boston, MA, University of North Carolina Medical Center, Chapel Hill, NC, and George Washington University Hospital, Washington, D.C.

**Patients or Participants:** 100 patients undergoing laparoscopic hysterectomy for benign indications were recruited between January 2018 and February 2019.

**Interventions:** Patients were randomized to receive a SHPB (n = 50) or no block (n = 50) at the start of laparoscopic hysterectomy. The block contained 10 mL of 0.25% bupivacaine injected in the presacral space.

**Measurements and Main Results:** The proportion of patients with a mean VAS (visual analogue scale) pain score less than 4 within 2 hours postoperatively was defined a priori as the primary outcome and compared between the groups. An intention to treat analysis was performed. Patients in the SHPB group were 1.6-times more likely to have a mean VAS < 4 within 2 hours postoperatively compared to women in the no block group (52.0% of women in the block group compared to 40.0% in the no block group), however this did not reach statistical significance (OR 1.63, 95% CI 0.74 to 3.59). Patients in the SHPB group were significantly more likely to have a mean VAS < 4 within 1 hour postoperatively (OR 2.90, 95% CI 1.29 to 6.53). Total postoperative opioid use within four hours postoperatively, total recovery unit time, and hospital length of stay were no different between the two groups. Mean daily VAS pain scores were also no different for one week postoperatively.

**Conclusion:** SHPB reduces immediate postoperative pain after laparoscopic hysterectomy however this effect does not extend to two hours postoperatively. SHPB does not impact opioid consumption, long-term pain, or recovery unit time.

#### Open Communications 12: Laparoscopy

(4:10 PM – 5:15 PM)

5:06 PM

##### Laparoscopic Hysterectomy with Cervicovaginal Agenesis

Dhaliwal R,\* Belland LM. *Obstetrics and Gynecology, University of Calgary, Calgary, AB, Canada*

\*Corresponding author.

**Video Objective:** We present a laparoscopic surgical approach for hysterectomy in Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome with cervicovaginal agenesis. Laparoscopic approaches for removal of uterine remnants have been published with only reports of laparotomy described for hysterectomy with cervicovaginal agenesis.

**Setting:** We discuss the diagnosis, management considerations and preoperative planning for definitive surgical treatment of a patient with MRKH with cervicovaginal agenesis presenting with hematometra and pain. Patient initially presenting with primary amenorrhea and pain, with previous medical treatment to achieve amenorrhea.

**Interventions:** Laparoscopic hysterectomy with bilateral ureterolysis and uterine artery ligation in a patient with cervicovaginal agenesis.

**Conclusion:** We show that laparoscopic hysterectomy is a viable and safe option in patients with cervicovaginal agenesis. The importance of preoperative imaging to rule out associated anomalies and assist in surgical planning is stressed. We highlight necessary alterations in surgical technique to overcome the lack of traction, identify potential anomalous vasculature and ultimately maintain hemostasis, clear delineation of surgical anatomy, and avoid injury. Tissue extraction through laparoscopic in bag morcellation is performed thus avoiding mini laparotomy altogether.

#### Open Communications 13: Basic Science/Research/Education

(4:10 PM – 5:10 PM)

4:10 PM

##### Validated Intraoperative Bleeding Scale (Vibe Scale):

##### Relevance and Utility in Gynecological Surgery

Siebert TM,<sup>1</sup> Lewis KM,<sup>1</sup> Shander A,<sup>2,\*</sup> O'Hanlan KA<sup>3</sup>. <sup>1</sup>Baxter Healthcare Corporation, Deerfield, IL; <sup>2</sup>Anesthesiology, Englewood Hospital and Medical Center, Englewood, NJ; <sup>3</sup>Sequoia Hospital, Redwood City, CA

\*Corresponding author.

**Study Objective:** This study investigates the reliability and repeatability of using a Validated Intraoperative Bleeding Scale (VIBe SCALE) to assess intraoperative bleeding by gynecological surgeons. This scale describes bleeding using rate and nature of blood loss, which are thought to improve blood loss estimates.

**Design:** Through an online platform, surgeons self-trained on the VIBe SCALE and then graded 15 videos with known rates of blood loss. A Kendall's W was calculated for inter-observer agreement (reproducibility) using ten unique videos within the video set and intra-observer agreement (repeatability) using five duplicate videos within the video set.

**Setting:** N/A

**Patients or Participants:** Eight surgeons board certified in obstetrics/gynecology and eight board certified in gynecological oncology participated. Mean years of experience was 16.1 years (range 4-30, N=16), and majority reported using hemostatic agents in practice (15/16, 94%).

**Interventions:** N/A

**Measurements and Main Results:** Inter- and intra-observer agreement was "excellent" with values of 0.92 and 0.99, respectively. Majority of surgeons accurately graded blood loss in 5 of 10 unique videos; accuracy improved when a video was repeated, with majority correctly grading blood loss in 4 of 5 duplicate videos. Of the four domains within the scale, visual presentation was the most used (16/16, 100%) and considered most relevant (12/16, 75%). Rate of blood loss was the second most used (13/16, 81%) and considered the second most relevant (3/16, 19%).

**Conclusion:** Surgeons can grade bleeding using the VIBe SCALE with excellent reliability, and their accuracy improved with use. This supports that surgeons can more accurately assess blood loss by considering the rate and nature of blood loss rather than volume. Use of the VIBe SCALE may also improve early recognition of bleeding, increase communication within the operating room about bleeding and expedite the treatment of bleeding.