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.

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Study Objective: To demonstrate a novel approach to transvaginal natural orifice transluminal endoscopic surgery (vNOTES) hysterectomy with bilateral salpingectomy using robotic assistance

Design: Video presentation of the surgical procedure.

Setting: University hospital.

Patients or Participants: A 34-year-old G2P1011 with one prior cesarean section and myomectomy complained of dysmenorrhea and chronic pelvic pain and requested for the most minimally invasive form of hysterectomy.

Interventions: A robotic-assisted transvaginal hysterectomy with bilateral salpingectomy was performed. The surgery began as a conventional transvaginal hysterectomy. An anterior and posterior colpotomy were performed, which as point, a camera was inserted to improve visibility. This allowed for confirmation of suspected adhesions from the patient’s surgical history, most notably present in the anterior cul-de-sac between the bladder and uterus. Wristed instruments of the robot, the monopolar scissors and bipolar grasper, were also placed which enabled better navigation in the narrow surgical space. The remainder of the surgery, including the lysis of the dense adhesions, was completed smoothly with robotic assistance. The surgical cuff was closed with a continuous running v-loc. The pelvis was inspected upon conclusion of the procedure and hemostasis was observed throughout.

Measurements and Main Results: The surgery was completed in 90 mins without complications. The patient was discharged on the same day. On follow-up, the patient noted that her post-operative pain was significantly less than what she had experienced after her previous myomectomy.

Conclusion: We showed that robotic-assisted NOTES is a novel and feasible option for transvaginal hysterectomy in indicated patients, particularly those with abnormal pathologies such as dense adhesions. In addition to image-guidance, robotic surgery allows for full articulation of instruments required for this surgery, which improves ease and access over other methods like laparoscopic surgery.
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**Study Objective:** The purpose of this study was to assess the impact of the COVID-19 pandemic on surgical volume and emergency department (ED) consults across obstetric & gynecologic (OB/GYN) services at a hospital located in the national epicenter of the pandemic.

**Design:** Retrospective cohort study.

**Setting:** Tertiary-care academic medical center in a metropolitan city.

**Patients or Participants:** Women undergoing OB/GYN ED consults or surgical procedures.

**Interventions:** March 16th institutional COVID-19 mandate to hold all elective surgeries.

**Measurements and Main Results:** The volume and types of surgical cases and ED consults were compared before and after the COVID-19 mandate. During the pandemic, the volume of ED consults and GYN surgeries significantly decreased, while OB surgeries remained stable. The average weekly case volume for ED consults, GYN surgeries, and OB surgeries were 44.8, 34.8, and 38.6 cases respectively during the “pre-COVID” timeframe (February 1st to March 15th) versus 17.8, 7.2, and 40.9 cases respectively during the “post-COVID” timeframe (March 16th to April 15th), representing a 60.3% decrease in ED consults (p<0.01) and a 79.3% decrease in GYN surgical volume (p<0.01). The distribution of GYN surgical case types also changed significantly during the pandemic with higher proportions of emergent surgeries for ectopics, miscarriages, and concern for cancer (p<0.001). Alternatively, the OB surgical volume and distribution of OB surgical case types remained relatively constant.

**Conclusion:** This study highlights how the pandemic has impacted the ways OB/GYN patients access and receive care. The OB surgeries remained stable during the COVID-19 pandemic reflecting the non-elective and time-sensitive nature of obstetric care. In contrast, ED consults and GYN surgeries decreased significantly. As expected, institutional policies suspending elective surgeries affected the volume and types of GYN surgeries performed during the pandemic, and the “stay-at-home” policy and personal fears of COVID-19 infection likely affected ED consult volumes.

**Endometriosis on the Internet – Myths or Facts?**

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**Study Objective:** To determine the extent of misinformation of endometriosis portrayed online by assessing accuracy and completeness of common websites.

**Design:** An online search identified the top 20 websites for 4 search engines. Videos and duplicates were excluded. An 82-item questionnaire with categories for characteristics, diagnosis and treatment assessed accuracy and completeness each for a score out of 15.

**Setting:** N/A

**Patients or Participants:** Online review (n=34 websites)

**Interventions:** N/A

**Measurements and Main Results:** Most websites were news-related (44.1%) and healthcare (26.5%). Websites with affiliations had significantly higher accuracy (15, IQR 0) than those without (12, IQR 4.0) (p=0.001). Healthcare/advocacy websites had significantly higher accuracy (15, IQR 1.25) than other types (13, IQR 4.5) (p=0.034). Those with references had significantly higher completeness (8, IQR 3.0) than those without (4, IQR 2.0). Non-news-related websites had significantly higher accuracy (14, IQR 3.0 vs. 12, IQR 4.0) (p=0.025) and completeness (7, IQR 3.0 vs. 4, IQR 5.0) (p=0.009) than news-related websites.

A higher % of complex words (20.0%, IQR 5.71) had significantly higher completeness (p=0.014). A higher Flesch Reading Ease Score (FRES) (45.8, IQR 17.5) trended towards higher completeness (p=0.086).

Reported symptoms included dysmenorrhea (97.1%), infertility (88.2%) and dyspareunia (82.4%). Cancer was mentioned in 41.1% of websites. Diagnostic laparoscopy was most commonly reported (91.0%) than ultrasound (88.3%). Common therapeutics included the oral contraceptive pill (79.4%), laparoscopy (70.6%), NSAIDs (67.6%), and GnRH agonists (64.7%). Hysterectomy (59.0%) was mentioned more than prostigins (53.0%).

Overall, 18/34 (53%) of websites contained inaccurate/misleading statements.

**Conclusion:** Certain website characteristics may indicate higher accuracy or completeness such as website type or references/affiliations. Most websites accurately reported symptoms, however misconceptions included a dramatized cancer risk, lack of use of ultrasound for diagnosis, and a false need for diagnostic laparoscopy before treatment. Laparoscopy was mentioned more than common first-line medications. Most websites contained inaccurate/misleading statements which highlights the importance of directing patients to evidence-based resources.

**Characteristics of Suspected Endometriosis without Histologic Confirmation**

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**Study Objective:** We aim to describe the clinical and laparoscopic features of suspected endometriosis lacking histologic confirmation.

**Design:** Retrospective cohort study.

**Setting:** Quaternary community medical center.

**Patients or Participants:** All consecutive pathology reports from patients who underwent surgery for clinically suspected endometriosis by three surgeons from the Division of Minimally Invasive Gynecologic Surgery between 01/01/2016 and 12/31/2019 were reviewed and categorized in two groups: endometriosis histologically confirmed, and endometriosis not histologically confirmed. A retrospective analysis of the patients without confirmed endometriosis was performed by evaluating clinical, surgical, and histologic characteristics.

**Interventions:** Laparoscopic surgery.

**Measurements and Main Results:** Of 487 patients, endometriosis was histologically confirmed in 419 (86.0%) and not confirmed in 68 (14.0%). Study group age range was 16 to 48 (median 30.5). Patients clinically presented with a variety of symptoms suspicious for endometriosis. 23 (33.8%) of the 68 patients without confirmed endometriosis had other gynecologic abnormalities, including leiomyomata, endometrial polyps or adenomyosis. 39 cases (57.3%) without confirmed endometriosis had nonspecific histopathologic findings such chronic inflammation, fibrosis, adhesions, reactive changes, and hemosiderin deposits, while the remaining 29 (42.6%) had no histologic abnormalities. On laparoscopic evaluation, lesions appeared heterogeneous and suspicion of endometriosis was high in 10 (15%), low in 36 (53%), and absent in 22 (32%) patients. Laparoscopically, there were 14 cases without any abnormality visualized in the group with no histologic abnormalities (48%) compared to only 5 cases in the group with histologic findings (13%).

**Conclusion:** Despite the absence of histologically confirmed endometriosis, patients with clinically suspected disease still experience significant symptoms and management decisions remain challenging for both patients.