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6036
Effect of Age on Surgical Outcomes and Rate of Complication in Women Undergoing Laparoscopic Sacrocolpopexy and Sacrohysteropexy
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Study Objective: To compare perioperative and long-term outcomes of laparoscopic sacrocolpopexy/sacrohysteropexy in different groups of age.

Design: This was a prospective study.

Setting: All surgeries were made by single surgeon, in a referral unit for pelvic reconstructive surgeries.

Patients or Participants: All the patients who underwent laparoscopic sacrocolpopexy/ sacrohysteropexy, between July 2005 and December 2019 were prospectively evaluated preoperatively and postoperatively (starting from 1 month after surgery, and then annually).

Interventions: Laparoscopic sacrocolpopexy/ sacrohysteropexy.

Measurements and Main Results: The study population was divided to three groups, according their age at time of surgery: group 1- younger than 65 years, group 2- between 65-75 years, and group 3- older than 75 years. We compared patients’ demographics, surgical characteristics, perioperative complications, and immediate and long-term outcomes, between the groups. A total of 347 women were included: group 1: (n=192, 55.3%), mean age 53.4±8.2; group 2- (n=98, 28.2%), mean age 69.2±2.9; group 3 (n=57, 16.4%), mean age 79.3±3.5 (p<0.001). The older patients were less married (group 1- 82.3%, group 2- 72.5%, group 3- 54.4%; p<0.001), sexually active (group 1- 35.4%, group 2- 27.5%, group 3- 19.3%; p=0.05), and had lower rate of past obstetric trauma (group 1- 27.6%, group 2- 23.5%, group 3- 3.5%; p<0.001), however they had higher rates of previous hysterectomy (group 1- 11.4%, group 2- 17.3%, group 3- 31.5%; p=0.005), as compared to the younger patients. The rates of perioperative complications, as well as long term complications or recurrence were similar between the groups.

Conclusion: Laparoscopic sacrocolpopexy and/ or sacrohysteropexy is associated with low rates of perioperative and long-term complications. In our experience, the rate of complications and/ or long-term results are not affected by patients’ age.

6037
Effect of Body Mass Index on Surgical Outcomes and Complications in Women Undergoing Laparoscopic Sacrocolpopexy
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Study Objective: To compare the risk of intraoperative and perioperative complications and prolapse recurrence among normal-weight, overweight, and obese women after minimally invasive sacrocolpopexy and sacrohysteropexy for pelvic organ prolapse (POP).

Design: A retrospective study.

Setting: A pelvic reconstructive surgery unit.

Patients or Participants: Patients who had laparoscopic sacrocolpopexies and hysteropexies performed at a single center from July 2005 and December 2019.

Interventions: Laparoscopic sacrocolpopexies and hysteropexies.

Measurements and Main Results: The cohort was divided to three groups, according to body mass index (BMI). Patient demographics and clinical and surgical data were compared between the groups, using x2 test, analysis of variance (ANOVA), and logistic regression. Group 1- Normal (BMI 18-25 kg/m2); Group 2- Overweight (BMI 25-30 kg/m2); Group 3- Obese (BMI >30 kg/m2).

A total of 347 women were included: group 1: mean BMI 22.1±2.0 kg/m2 (n=217); group 2: mean BMI 27.2±2.4 kg/m2 (n=106); group 3: mean BMI 33.0±3.1 kg/m2 (n=24), (p<0.001). Patients with higher BMI had higher rates of comorbidities (group 1- 16.1%, group 2- 30.2%, group 3- 45.8%; p<0.001). Anatomical results (post-operative stage of prolapse) were comparable between the groups. Surgical outcome, including operative time, rate of complications, and rate of reoperation due to complications were similar between the groups.

Conclusion: Laparoscopic sacrocolpopexy and/ or sacrohysteropexy is associated with low rates of perioperative and long-term complications. In our experience, the rate of complications and/ or long-term results are not affected by patients BMI.

6380
Effect of Gabapentin on Sedation and Same Day Discharge in Gynecologic Laparoscopy
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Study Objective: To compare sedation scores, pain scores, and hospital length of stay among patients undergoing outpatient minimally invasive gynecologic procedures based on preoperative gabapentin administration.

Design: Retrospective cohort study.

Setting: An academic teaching hospital.

Patients or Participants: The first thirty patients meeting inclusion and exclusion criteria for each group were selected in a retrospective manner. The sample size was calculated to detect a 1-point difference in the Aldrete sedation score. Patients undergoing outpatient gynecologic laparoscopic surgery with a single surgeon between May 2020 and March 2021 were eligible for inclusion.

Interventions: Dosages of routine preoperative gabapentin were sequentially decreased from 600 mg to 300 mg to none. Outcomes included sedation based on the Aldrete score and Pasero Opioid-Induced Sedation Scale (POSS) and pain based on the numerical rating scale during the initial recovery period. Rates of same day discharge and hospital length of stay were also tracked.

Measurements and Main Results: A total of 91 unique persons were included in the analysis. There was no difference between groups for age, race, ASA score, operating time, administered morphine equivalents, or benzodiazepine administration. Comparison between the three groups did not detect significant differences in either sedation scores or pain scores. Same day discharge did differ between groups with 89% of patients receiving 0 mg discharged on the day of surgery compared to 81% and 59% of patients in the 300 mg and 600 mg groups, respectively (p-value=0.019). Hospital length of stay did not reach a statistical difference.

Conclusion: No differences were identified in sedation or pain scores based on preoperative administration of gabapentin. The percentage of same day discharges was inversely related to dose of preoperative gabapentin, with 0 mg having the highest rate of same day discharge. These results support current recommendations to discontinue routine administration of gabapentin in outpatient gynecologic surgery.

6504
Effect of the COVID-19 Pandemic on Ectopic Pregnancy Outcomes
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**Measurements and Main Results:** There was no significant difference (t(21) = 0.52, p = 0.612) between the pre-pandemic year March 2019 – February 2020 with a total of 33 ectopic cases (mean monthly volume 2.75, SD = 1.42) as compared to March 2020 – February 2021 total of 37 ectopic cases (mean monthly volume 3.08, SD = 1.73). There was no significant difference (t(22) = 0.56, p = 0.583) regarding ruptured ectopic case volume between 2019-2020 and 2020-2021 (total of 23 and 27, mean monthly volume 1.92 and 2.25 respectively). Finally, for ruptured ectopic cases, the mean estimated hemoperitoneum encountered upon entry into the abdomen (excluding subsequent operative blood loss) was 184.29 cc pre-pandemic and 244.8 cc during the pandemic with no significant difference between the years (t (44) = 1.18, p = 0.244).

**Conclusion:** There were no significant differences in ectopic case volume prior and after the COVID-19 pandemic and no significant differences in hemoperitoneum upon abdominal entry, suggesting that the fear of the pandemic was not a deterrent to care for patients needing emergent ectopic surgery.

**Effects of Tranexamic Acid Administration at Time of Myomectomy with a Particular Focus on Fibroid Characteristics**

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**Study Objective:** To compare the effect of tranexamic acid (TXA) administration on estimated blood loss (EBL) in patients undergoing myomectomy.

**Design:** Retrospective cohort study of women undergoing myomectomy between January 2015 and January 2020.

**Setting:** Academic-affiliated community hospital system.

**Patients or Participants:** All women (n=71) who underwent myomectomy with a Minimally Invasive Gynecologic Surgeon (MIGS) at a single institution between January 2015 and January 2020.

**Interventions:** In 2017, the MIGS department underwent a practice change and began routine administration of TXA to all myomectomy cases without an absolute contraindication.

**Measurements and Main Results:** Overall mean EBL was 236mL. There was no statistically significant difference in EBL between the TXA (184mL) and no TXA groups (266mL) (p=0.42). However, when stratified by fibroid characteristics, patients with total pathology fibroid weight >173g or a largest fibroid >73mm had a statistically significant decrease in EBL when they received TXA compared to those who did not (No TXA vs TXA, 405.4mL vs 205.6mL, p=0.006 and 408.3mL vs 229.2mL, p=0.01, respectively). No patients required a blood transfusion. Average operating time was 238 minutes and was also not statistically different between the two groups (p=0.95). There were no cases of anaphylaxis in either group. There was one case of thromboembolism which occurred in the non-TXA group. Rates of nausea/vomiting and headaches did not differ between the two groups (p=1.0 and p=0.41, respectively).

**Conclusion:** There was a statistically significant reduction in blood loss at the time of myomectomy in patients with a large fibroid burden treated with TXA. Furthermore, TXA is demonstrated as a safe hemostatic agent associated with extremely low rates of adverse events. TXA is a safe and effective hemostatic agent that may reduce intraoperative blood loss during myomectomy.

**5539**

**5539 Efficacy of Laparoscopic and Trans-Abdominal Cervical Cerclage in Patients with Cervical Insufficiency: A Systematic Review and Meta-Analysis**

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**Study Objective:** We aimed to conduct this systematic review and meta-analysis to investigate and compare the efficacy of laparoscopic and TAC in patients with CI.

**Design:** Systematic Review with Meta-analysis.

**Setting:** We searched PubMed, Scopus, MEDLINE, ClinicalTrials.Gov, Cochrane and Web of Science using suitable keywords. Retrieved citations were screened for our criteria. We extracted all outcomes reported then analyzed using Open Meta-Analyst and Review Manager Software.

**Patients or Participants:** We included all study designs (observational and randomized controlled trials) that included patients with CI that underwent laparoscopic cerclage or TAC. We excluded non-English trials and full-text not available.

**Interventions:** N/A.

**Measurements and Main Results:** We included a total of 43 studies. Laparoscopic and TAC had a positive effect by increasing gestational age; for laparoscopic (MD = 14.86 weeks (W), 95% CI [10.67, 19.05], P < 0.001) and TAC (MD = 12.79 W, 95% CI [10.97, 14.61], P < 0.001). Also, laparoscopic had a positive effect regarding neonatal survival (RR = 0.981, 95% CI [0.95, 1.012], P < 0.001) and TAC (RR = 0.23, 95% CI [0.18, 0.31], P < 0.00001). Furthermore, all outcomes assessed (total fetal survival rate, baby weight, operative time, hospital stay, gestational age > 34, < 34 and < 24 weeks) were significant except preterm delivery; laparoscopic (RR = 0.116, 95% CI [0.006, 0.238], P = 0.063) and TAC (MD = 1, 95% CI [0.45, 2.24], P = 1), and Gestational age < 34 weeks for laparoscopic group (RR = 0.446, 95% CI [-0.323, 1.215], P = 0.256).

**Conclusion:** In patients with CI, both TAC and laparoscopic cerclage procedures revealed a positive effect in preserving the pregnancy. In contrast to previous reviews including fewer studies, our meta-analysis did not show a statistically significant difference in survival in the laparoscopic over trans-abdominal cerclage groups.

**6013**

**Endometrial Micropoliposis, Hysteroscopic Manifestation of Chronic Endometritis**

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**Study Objective:** Identify the relationship between hysteroscopic findings of micropoliposis and the histopathological result of chronic endometritis in a series of cases.