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5731
Expectant Versus Medical Management of Retained Products of Conception after Induced Abortion
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Study Objective: To compare the efficacy of medical management versus expectant management of retained products of conception (RPOC) after first trimester medical abortion.

Design: An open-label randomized controlled trial.

Setting: Academic tertiary-care medical center.

Patients or Participants: A total of 125 women who were diagnosed with RPOC 3 weeks after medical abortion by mifepristone and misoprostol. Sixty-three were allocated to expectant management and 62 to medical management.

Interventions: Recruited women were randomized into either expectant group or medical group (800 mcg misoprostol administered sublingually). RPOC was defined as a thick irregular endometrium (>12 mm) with positive Doppler flow. All women underwent repeat ultrasound scan every 2 weeks after randomization until a maximum of 6 weeks to rule-out persistent RPOC. Women with persistent RPOC at the end of the 6-week follow-up (9 weeks from abortion) were referred to operative hysteroscopy. The primary outcome was the rate of women referred to operative hysteroscopy.

Measurements and Main Results: There were no significant differences in demographic and clinical characteristics including age, BMI, nulliparity, smoking rates and mean gestational age at termination of pregnancy. The rate of women who were referred to operative hysteroscopy due to persistent RPOC was similar between the expectantly and medically managed groups (49.2% vs. 41.9%, respectively, P=0.41). The mean RPOC thickness was similar between the expectant management and medical management groups (15±5.4 mm vs. 15±5.3 mm, respectively, P = .891). There was no difference in adverse outcomes between the two groups.

Conclusion: Compared with expectant management, the administration of sublingual misoprostol in women diagnosed with RPOC after first trimester medical abortion does not reduce the need for operative hysteroscopy.

5527
Factors Associated with Burnout Among Minimally Invasive Gynecologic Surgery Fellows (FMIGS) in the Midst of COVID-19
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Study Objective: To assess burnout prevalence and associated factors among FMIGS fellows in the midst of COVID-19.

Design: Cross-sectional survey.

Setting: Online survey.

Patients or Participants: FMIGS fellows, classes of 2021 and 2022.

Interventions: Anonymous survey including the validated Copenhagen Burnout Inventory (CBI).

Measurements and Main Results: 100 FMIGS fellows were invited to participate in the study. Of the 58 fellows with complete CBI survey data, 78% were 30-34 years old, 72% were female, 50% were first year, and 50% were second year fellows.
The mean CBI score was 39.0 \((SD =14.6)\), indicating moderate burnout. 22.4% of fellows had scores over 50, indicating high burnout. Personal and work-related burnout were highest, with CBI scores of 47.6 \((SD =17.0)\) and 44.8 \((SD =17.8)\), respectively. Patient related burnout scores were the lowest, at 23.6 \((SD =16.7)\).

With respect to the COVID-19 pandemic, 76% reported a decrease in surgical volume, 43% were assigned to roles outside their typical scope, and 28% experienced inadequate access to personal protective equipment. Factors associated with burnout included career choice dissatisfaction \((\beta =6.3, 95\% CI [1.7-10.9], p=0.009)\), and absence of a positive and respectful work environment \((\beta =4.9, 95\% CI [1.6-11.1], p=0.01)\). Fellows who were somewhat satisfied with their career choice scored 12.6 points higher than those who were highly satisfied. Fellows whose work environment was almost never positive and respectful scored 19.1 points higher than those whose work environment was always positive and respectful.

Only one third reported regular individual wellness behaviors: mindfulness \((24\%)\), exercise \((36\%)\), sleep \((31\%)\), recreation \((28\%)\); however, these factors were not associated with burnout.

**Conclusion:** In the midst of the COVID-19 pandemic, fellows had moderate to high personal and work-related burnout, while patient related burnout was low. Individual wellness behaviors were not associated with burnout, while the culture of the work environment was associated with burnout, highlighting the need to look beyond individual behavior in the fight against physician burnout.

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**6708**

**Fibroids as a Risk Factor for Deep Vein Thrombosis (DVT) at an Urban Academic Institution: A Retrospective Observational Study**

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**Study Objective:** To assess if and how fibroids increase the risk of developing a DVT, and review how these patients have been managed.

**Design:** This retrospective observational study reviews the characteristics of fibroids in patients who have been diagnosed with a DVT.

**Setting:** Urban academic tertiary-care hospital, single institution.

**Patients or Participants:** Women ages 18 to 65 years old with a diagnosis of a fibroid uterus who had a thrombotic event from January 1, 2012, to December 31, 2019, were reviewed. ICD-10 codes were used to obtain charts of a total of 1293 patients. Of these, 221 met inclusion criteria and 73 underwent full chart review. Their average BMI was 34.5 and average hemoglobin was 10.2.

**Interventions:** A retrospective observational chart review was completed to assess how patients with a fibroid uterus who had a thrombotic event were managed and the characteristics of these fibroid uteri.

**Measurements and Main Results:** 100% of the patients \((n=73)\) were diagnosed with a fibroid uterus and lower extremity DVT and/or pulmonary embolism \((PE)\). 66% \((n=48)\) of these thrombotic events were unprovoked. Of those that were provoked, 32% \((n=8)\) were postoperative after a hysterectomy for symptomatic uterine fibroids. Patients diagnosed with a thrombotic event subsequently needing surgery for their fibroids, only 24% \((n=4)\) were able to complete their surgery within the first 3 months of the thrombotic event. Characteristics of fibroids in patients with a thrombotic event were as follows: the mean size of the largest fibroid was 6.3cm; the mean uterine volume was 575cc with 64% of the uteri ranging from 100-700cc; 80% had 5 or fewer fibroids with 16% only having one fibroid.

**Conclusion:** Fibroid uteri may be an independent risk factor for developing a DVT in women ages 18 to 65 years old. These patients should be risk-stratified and appropriate chemoprophylaxis should be considered in an attempt to prevent thrombotic events.

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**5829**

**Frozen Pelvis**

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**Study Objective:** To demonstrate that a pelvis is never really frozen in a case of a deep infiltrative endometriosis.

**Design:** Surgical video of a pelvis completed affected by deep endometriosis with significant anatomical distortion.

**Setting:** We describe a case of a 37 years-old woman referred to our center complaining of severe dysmenorrhea, dyspareunia and chronic pelvic pain.

**Interventions:** The pre-operative investigation involved a transvaginal magnetic resonance imaging that showed an infiltrative endometriotic nodule on the paracervix and posterior vaginal fornix, with involvement of the left ovary and a retosigmoid nodule with 4cm of diameter and 8cm from de anal verge.

**Measurements and Main Results:** Full and complete excision of all endometriosis lesions and restore of the anatomy.

**Conclusion:** The main indication for surgical treatment in women with endometriosis is pain and impairment in quality of life and the radical eradication of deep endometriosis is related not only with the relieve of symptoms, but also with the minimization of recurrences. The nerve-sparing technique is considered a feasible, safety and reliability approach and clearly is associated with lower post-operative complication rate and better results in terms of debilitating impairments in neurological functions.

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**5965**

**Frozen Pelvis – Stepwise Approach to Multifocal Endometriosis**

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**Study Objective:** To demonstrate the step-by-step approach to the treatment of endometriosis. The idea is to systematic all the steps to make this surgery more reproducible, safe and less time consuming.

**Design:** Case report for surgical technique and description of the procedure using video.

**Setting:** Tertiary hospital.

**Patients or Participants:** A 36-year-old woman with a complaint of metrorrhagia for 2 years. She had one pregnancy with a normal delivery.

The patient denied comorbidities and previous surgery. On the bimanual vaginal examination, it was possible to palpate a painful nodule in the retrocervical region as well as bilateral thickening of the uterus sacral ligaments, it was also possible to notice that the uterus had reduced mobility. The vaginal ultrasound described an area of tissue thickening next to the anterior uterus, measuring 1.8 x 0.7 x 1.4cm and another on the posterior measuring 3 x 1 x 2.6cm, determining an...