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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Patients or Participants: All women who underwent MIH for benign indications between 2013-2019 at five affiliated hospitals.

Interventions: N/A.

Measurements and Main Results: We identified 2,494 women who underwent MIH for benign indications. Laparoscopic approach was most commonly performed (78.5%) followed by robotic (13.5%) then vaginal (8.0%). Mean total cost was $13,928 (± $5,954), age was 48.04 years (9.62), and BMI was 30.13 (± 6.99). OR time and EBL were higher among patients with obesity (BMI 30-39) and highest among patients with class III obesity (BMI > 40) (p<0.001). After stratifying by surgical approach, the impact of class III obesity on OR time was most accentuated among the laparoscopic group (37 min increase, p < 0.001) and on EBL among the vaginal group (199.2 mL increase, p<0.001) compared with normal weight. While class III obesity (BMI > 40) was a significant predictor of hysterectomy charges, patients with obesity (BMI of 30-39) had a lower laparoscopic hysterectomy cost by $702.2 compared with non-obese patients. Logistic regression analysis showed no significant impact of obesity on LOS or occurrence of adverse perioperative events.

Conclusion: Obesity appears to have a significant impact on several clinical and financial outcomes of benign hysterectomy that is approach-dependent and most notable among morbidly obese patients. Increased awareness of this impact should guide gynecologists towards approaches that optimize care of high-risk patients while decreasing procedure costs.

6590
Impact of the COVID-19 Pandemic in the Practice of MIGS in the Philippines
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Study Objective: To establish baseline information on the practice of gynecologic endoscopists amid the COVID-19 pandemic

Design: Online survey was conducted among Fellows of the Philippine Society for Gynecologic Endoscopy (PSGE) from October 3 to October 12, 2020.

Setting: Nationwide.

Patients or Participants: Fellows in practice.

Interventions: Online survey distributed to participants via email.

Measurements and Main Results: The survey consisted of 5 subsections: (1) demographic data, (2) impact of COVID-19 pandemic on MIGS practice, (3) changes of practice during the COVID-19 pandemic, and (4) changes in the conduct of surgery and post-operative care. A frequency distribution table was used to summarize responses. A total of 119 out of 144 PSGE Fellows participated in the survey. Average age was 53 years old, majority practicing in the National Capital Region, and practicing for more than fifteen years. Nearly all respondents cancelled surgeries due to the pandemic. As of the time of the survey, only 41% and 68.1% of Fellows had returned to perform laparoscopy and hysteroscopy respectively. Most respondents noted that their hospital of practice provided protocols for elective surgery. Majority (71.4%) reported reduced surgical staff with 30.6% due to resignation.

Clinical practice saw the shift from face-to-face consults to the use of telemedicine (74.8%). Face masks and shields, and PPE were the top three precautions taken in the clinics, while symptom assessment, temperature screening, and RT-PCR testing were the most common screening procedures prior to surgery. Respondents also preferred laparotomy over laparoscopy (64.7%).

Most of the respondents reported availability of disposable equipment, use of face mask, eye protection, and half or full respirator mask in the operating room.

Conclusion: The findings show that the COVID-19 pandemic markedly disrupted clinical and surgical practice among Fellows across the country. Adaptation of several precautionary measures and screening procedures to reduce the risk of SARS-CoV 2 transmission to patients and healthcare workers were done.

6001
Impacts on Clinical and Surgical Volume after Development of a Gynecology Gender Health Program at a Rural Tertiary Care Center
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Study Objective: To evaluate changes in clinical and surgical volume pre- and post- establishment of a dedicated Gynecology Gender Health Program at a rural academic medical center.

Design: We conducted a retrospective chart review of transgender and gender diverse individuals who sought care and/or underwent gender affirming gynecologic surgery at our institution.

Setting: Rural academic medical center.

Patients or Participants: We included patients who identify as transgender or gender diverse presenting for gender care (including surgery) at the generalist outpatient gynecology clinic from 2017-2018 compared to the dedicated Gynecology Gender Health Program from 2019-2020.

Interventions: A dedicated Gynecology Gender Health Program was started in 2019 providing evidence-based multidisciplinary gender care including minimally invasive gender affirming hysterectomies and other surgeries.

Measurements and Main Results: In this retrospective chart review, we used descriptive statistics to assess total number of patients served (new patients and total encounters) and surgical volume for gender affirming hysterectomies in the two years before and after the creation of a dedicated program. Total patient numbers increased by 3.86 times (from 15 to 58 patients) and new patients per year increased five-fold (from 9 to 46 patients). Hysterectomies performed increased four-fold. Of the 20 surgeries performed over the last two years, 18 were laparoscopic total hysterectomies, while two were vaginal approach. Eighty percent of patients underwent concomitant salpingo-oophorectomy, while two patients underwent concomitant laparoscopic upper vaginectomy.

Conclusion: The development of a Gynecology Gender Health Program has led to an increase in clinical and surgical volume over the last two years, improving access to care for this often medically underserved, rural population. Our data demonstrates demand for specialized care even in rural communities once these programs are established. We anticipate continued growth at our institution, with our primary means of new patient recruitment through word of mouth as well as internet searches.

6446
Implementing FLS Training Protocol for Minimally Invasive GYN Surgery Training
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Study Objective: The number of minimally invasive surgeries required for residents has increased alongside the requirement of passing the Fundamentals of Laparoscopic Surgery (FLS) program for board certification in Obstetrics and Gynecology (OBGYN) programs. Simulation training has been proposed as a method to increase the proficiency of training surgeons; however, no gynecologic simulation models have been validated. We hypothesized that 24-hour access to the FLS trainer would improve the residents’ times to complete the standardized FLS tasks and improve first time pass rates, and that increased training time would increase resident confidence.

Design: We performed an observational prospective study. Each resident was timed on the FLS tasks and surveyed to assess confidence each