ACOG
District II

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ACOG 2020 DISTRICT II VIRTUAL ANNUAL MEETING

Junior Fellow Research Day Oral Presentation and iPoster Session Contests

RESEARCH ABSTRACT FORM

NAME: Mia Mowzoon, MD

RESEARCH TITLE: Patient and perioperative factors impacting voiding success with early transurethral catheter removal after robotic sacrocolpopexy at a single institution

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INTRODUCTION: The prevalence of transient voiding dysfunction (TVD) after minimally invasive apical prolapse repair varies in the literature. No significant predictors of TVD have been associated with early catheter removal after ambulatory robotic assisted laparoscopic sacrocolpopexy (RALS). This study aims to examine patient and perioperative factors impacting voiding success with early transurethral catheter removal on postoperative day (POD) zero, after robotic assisted laparoscopic sacrocolpopexy (RALS).

METHODS: This is a retrospective study of women who underwent RALS, discharged on postoperative day zero, at a single institution from 2018-2020. IRB approval was obtained, data was collected from electronic medical records and univariable logistic regression models were used to identify patient characteristics and perioperative factors that may be associated with voiding dysfunction.

RESULTS: Eighteen women were included in analysis. Eight women (44%) passed their voiding trial and 10 women (55%) experienced TVD with a failed voiding trail. Univariate analysis demonstrated no significant difference in patient characteristics, intraoperative procedures, surgical history, intraoperative fluid intake, urine output and blood loss, and total pro cedure times. Intraoperative estimated blood loss was not found to be significant ($p= 0.57$), but was subjectively increased, 100 ±52 mL in the TVD group, compared to 87 ±35mL. Concomitant intraoperative sling placement and intraoperative hysterectomy were not found to be significant factors ($p=0.20$, $p=0.28$).

CONCLUSIONS: No patient or perioperative factors were found to significantly impact voiding success with early transurethral catheter removal on postoperative day zero, after RALS. Sample size was a major limiting factor.

Table 1: Preoperative factors of voiding trial success

	Passed Voiding Trial n=8	Failed Voiding Trial n=10	p
Age	59.1 ±3.8	58.8 ±10.4	0.93
ASA	2.25 ±0.7	2.4 ±0.7	0.66
BMI	30.5 ±4.2	27.9 ±4.1	0.22
Chronic pain	1 (12.5%)	1 (10.0%)	0.87
Coronary Artery Disease	4 (50%)	4 (40.0%)	0.6
Hypertension	3 (37.5%)	5 (50.0%)	0.6
Diabetes Mellitus	1 (12.5%)	3 (30.0%)	0.37
Former smoker	3 (37.5%)	3 (30.0%)	0.74
Current smoker	0 (0%)	1 (10%)	0.39
Prior Hysterectomy	2 (25.0%)	3 (30.0%)	0.81
Anterior Prolapse			
Aa	2.5 ±1.1	1.85 ±1.2	0.25
Ba	4.13 ±2.1	2.75 ±2.6	0.24

Values are presented as number (%) or mean ±SD; $p<.0.05$ considered significant
American Society of Anesthesiologists (ASA) physical status classification; Body Mass Index (BMI)