Title

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Effect of Endometriosis on Postoperative Outcomes After Hysterectomy Performed for Benign Gynecologic Disease [A115]

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INTRODUCTION: Endometriosis affects 10% of reproductive-aged women. Its impact on complications after gynecologic surgery is, however, not well known. This study aimed to investigate the effect of endometriosis on perioperative outcomes of patients undergoing hysterectomy for benign disease.

METHODS: Institutional Review Board (IRB) approval was obtained. The 2014-2019 American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) databases were used to select patients undergoing elective hysterectomy performed for benign indications. Propensity scores derived from logistic regression and inverse probability treatment weighting analysis were used to assemble weighted samples of patients with and without endometriosis. Primary outcomes included 30-day mortality, postoperative complications, and reoperations. Binary logistic regression was used to compare differences in the primary outcomes between patients with and without endometriosis.

RESULTS: A total of 127,556 hysterectomy cases were identified. Of those, 19,618 (15.4%) had a diagnosis of endometriosis. Patients with endometriosis were younger, had higher incidence of pelvic inflammatory disease and prior abdominal operations but lower prevalence of chronic comorbidities. The incidence of postoperative complications was higher in patients with endometriosis (9.3% vs. 8.4%; OR[95% CI], 1.12 [1.05-1.20]; P=.001). However, the incidence of 30-day mortality (0.04% vs. 0.03%; OR [95% CI],1.16 [0.38-3.52]; P=.789) and reoperations (1.50% vs. 1.36%; OR [95% CI, 1.11 [0.92-1.33]; P=.287) were not different in patients with and without endometriosis.

CONCLUSION: The rate of postoperative complications was higher in hysterectomies involving endometriosis compared to hysterectomies without endometriosis. Likely this is due to the anatomic distortion incurring increased surgical complexity. Patients and surgeons should be aware of this increased risk when planning surgery for suspected endometriosis.

Financial Disclosure: *The authors did not report any potential conflicts of interest.*

Heavy Menstrual Bleeding Treatment With a Levonorgestrel 52-mg IUS [A116]

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INTRODUCTION: Prior levonorgestrel 52-mg intrauterine system (IUS) studies for heavy menstrual bleeding (HMB) limited body mass index (BMI) and included only parous women. We evaluated outcomes in a population without BMI or parity restrictions.

METHODS: We performed an institutional review board–approved, Phase 3 study of Liletta for HMB. Participants had up to three screening cycles with collection of study-specific sanitary products for alkaline hematin blood loss measurement. We enrolled those with two menses ≥80 mL (values averaged for baseline blood loss) and placed the IUS. Participants collected sanitary products used during months 3 and 6 post-placement for blood loss measurement if any bleeding occurred. We evaluated median absolute change in blood loss in participants with at least one follow-up assessment and compared BMI and parity outcomes using Wilcoxon rank sum tests.

RESULTS: Of the 105 enrolled participants, 68 (65%) were White, 25 (24%) were Black, 47 (45%) were obese (BMI ≥30), and 29 (28%) were nulliparous. Baseline mean blood loss ranged from 73 mL to 520 mL (median, 143 mL; interquartile range [IQR], 112–196 mL), with median 3-month (n=86) and 6-month (n=81) values of 9.5 mL (IQR, 2.5–22.9 mL) and 3.8 mL (IQR, 0–10.1 mL), respectively. The median percentage decreases per participant were 93% (IQR, 82–98%) and 97% (IQR, 90–100%), respectively. At six months, median decreases in non-obese (n=46) and obese (n=35) participants did not differ (97% [IQR, 90–100%] and 97% [IQR, 89–100%], respectively; P=.73) with similar findings for nulliparous (n=25) and parous (n=56) participants (97% [IQR, 92–99%] and 97.5% [IQR, 89–100%], respectively; P=.74). Discontinuations included 4 (4%) expulsions, 6 (6%) removals for bleeding/cramping, and 12 (11%) participant choice/lost to follow-up/consent withdrawal.

CONCLUSION: Levonorgestrel 52-mg IUS reduces blood loss more than 90% for most users with HMB regardless of BMI and parity.

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The Advent of Home-Based STI Testing: A Scoping Review to Assess if Programs Address Barriers to STI Testing for Youth [A117]

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INTRODUCTION: Barriers to sexually transmitted infection (STI) testing for youth include a lack of privacy and confidentiality, limited access to affordable testing, and discomfort with providers. Home-STI testing has high acceptability in the U.S., particularly for youth who are at highest risk for STIs. This review sought to identify home-based STI programs that could overcome barriers to testing for youth.

METHODS: A scoping review of home-based STI testing programs was conducted. Data on STI test validation, cost, age restrictions, and provider access were collected.

RESULTS: Seventeen home-based STI testing programs were identified: 16 were restricted to age ≥18 years, three accepted insurance, four included clinician fees in test cost, and one included medication costs in test cost. Validated self-collected samples (urine, vaginal swab, dried blood spot) were offered for *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Trichomonas vaginalis*, syphilis, hepatitis B, and HIV. Only one program had free testing; the remaining programs charged $45–178 for chlamydia/gonorrhea tests alone and charged more to add other STIs/HIV. Additionally, five did not connect users to providers. No information was documented on prompts to improve test-kit return rates.

CONCLUSION: Home-STI testing programs did not address the barriers to STI testing for youth. None were tailored to youth, and the majority had age restrictions. There were expensive out-of-pocket costs, and some programs did not link users who test positive to providers. Home-based STI testing at significantly subsidized costs and home-testing programs customized for youth are needed to help reduce their increasing STI incidence rates and decrease long-term risks of STI-related morbidity.

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Effects of Antiretroviral Therapy on Weight Gain and Hypertensive Disorders of Pregnancy in Persons With HIV [A118]

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INTRODUCTION: Recent evidence suggests an association of increased weight gain when switching to a tenofovir-based antiretroviral therapy (ART). Given the potential for medical complications of obesity, we sought to determine if persons with HIV prescribed