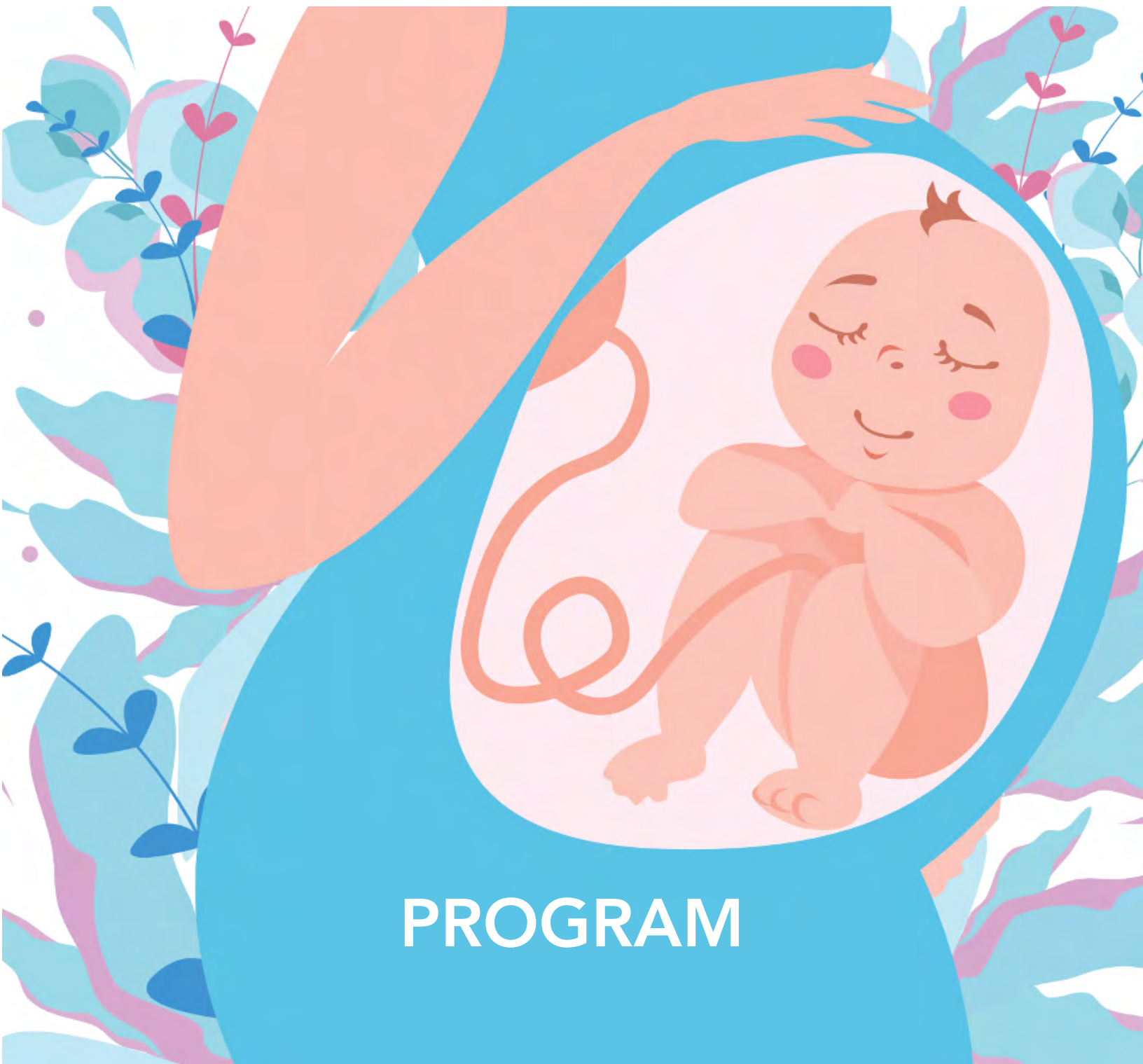


DISCIPLINE OF OBSTETRICS & GYNECOLOGY

34th Annual Resident Research Day
June 2, 2023



PROGRAM

LAND ACKNOWLEDGEMENT

We respectfully acknowledge the territory in which we gather, as the ancestral homelands of the Beothuk, and the island of Newfoundland as the ancestral homelands of the Mi'kmaq and Beothuk. I would also like to recognize the Inuit of Nunatsiavut and NunatuKavut and the Innu of Nitassinan, and their ancestors, as the original people of Labrador. We strive for respectful relationships with all the peoples of this province as we search for collective healing and true reconciliation and honour this beautiful land together.

This academic event is made possible through educational grants from:



AGENDA

8:00 **Introduction and Welcome**

Dr. Lesa Dawson

8:05 **Opening Remarks**

Dr. Margaret Steele, Dean of Medicine

8:15 **Land Acknowledgment**

PART 1: ORAL PRESENTATIONS

8:20 [Comparison of the Postoperative Pain Effect as Measured by the Numeric Rating Scale \(NRS\) and Verbal Pain Score \(VPS\) of a Transverse Abdominis Plane \(TAP\) block by a Surgeon versus Local Wound Infiltration in Patients undergoing a Pfannenstiel Incision for Gynaecologic Surgery](#)

Dr. Michaela Ryan/Dr. Helena Paddle

8:35 [FILMEd: Feedback in Laparoscopic Medical Education](#)

Dr. Chelsea Harris

8:50 [Rates of Early Screening for Diabetes in Pregnancy in the Obese Population in Newfoundland](#)

Dr. Christine Anstey

9:05 [Increasing Colposcopist Reporting of Cervical Cone Biopsy Dimensions Using a Cone Dimensions Bundle – A Quality Improvement Project](#)

Dr. Eliya Zhao

9:20 [Laparoscopic Bariatric Surgery with Hysterectomy for Endometrial Cancer to Improve Long-term Outcomes: A Case Series](#)

Dr. Emma Goddard

9:35 [Risk Factors for Ovarian Cancer in NL](#)

Dr. Ann Weber

9:50 [Association between Elevated Pre-Pregnancy Body Mass Index and Outcome of Labour Induction](#)

Dr. Kaija Kaarid/Dr. Erin Marshall

10:05 **BREAK AND GROUP PHOTO**

PART 2: ORAL PRESENTATIONS

- 10:35 [Feasibility of Same-Day Discharge in Patients Undergoing Laparoscopic Gynecologic Oncology Surgery in St. John's NL](#)
Dr. Mandy Litt
- 10:50 [A Quality Assurance Review of Virtual Care Induced Diagnostic Delays for Cervical and Vulvar Cancer and Advanced Stage at Presentation](#)
Dr. Sarah Benson
- 11:05 [Enhanced Recovery after Surgery \(ERAS\): How Does an Educational Session Impact the Perception of ERAS Principles among Perioperative Care Staff](#)
Dr. Tracey Roche
- 11:20 [Laparoscopic Resection of a Left Cornual Ectopic Pregnancy with Concurrent use of Methotrexate: A Case Report \(Video\)](#)
Dr. Helena Paddle/Dr. Sarah Manning
- 11:35 [The Impact of Maternal Pre-Pregnancy BMI on Operative times for Emergency Cesarean Delivery](#)
Dr. Charlotte Roy
- 11:50 **An Update from the office of Learner Well Being and Success**
Dr. Power

12:05 LUNCH AND POSTER PRESENTATIONS

[The Uptake of Opportunistic Salpingectomy as a Benign Gynecologic Surgery in General Population of Newfoundland and Labrador](#)

Tara Zadabedini

[Update from the Perinatal Program](#)

Phil Murphy/Nadine McEvoy

[A Population-based Profile: Hereditary Cancer Mutations Carriers in Newfoundland and Labrador in 2023](#)

Tanya Nadine Burry/Holly Etchegary

[Lowest Motile Sperm Count to Achieve a Pregnancy in Couples Undergoing Intrauterine Insemination: A Chart Review](#)

Hayley Walsh

- 12:35 **GUEST SPEAKER: DR. SARAH MCDONALD, MCMASTER UNIVERSITY**
[Launching Canada's SNACS Trial: Our single dose versus double dose antenatal corticosteroid randomized control trial](#)

PART 3: ORAL PRESENTATIONS

- 1:35 [Disparity in Undergoing Trial of Labour after Caesarean Section among Pregnant Patients with Obesity](#)
Dr. Emily Gray
- 1:55 [A Canadian Single-Centre Experience with Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy for Ovarian Cancer](#)
Dr. Joannie Neveu
- 2:15 [Avoiding Ureteric Injury during a Total Laparoscopic Hysterectomy Video Presentation](#)
Dr. Stephanie Gill (Video)
- 2:35 [Early Prenatal Care Providers and Prenatal Screening: Perceptions and Practice Patterns of Prenatal Counselling in Newfoundland and Labrador](#)
Dr. Nicole Ralph
- 2:55 [Cutting through Controversy: Caesarean Delivery as a Research Outcome](#)
Dr. Karen Wong
- 3:15 [Implementation of Hereditary Cancer High-Risk Program in NL](#)
Dr. Angela Hyde
- 3:35 [Feasibility of a Hyperthermic Intraperitoneal Chemotherapy \(HIPEC\) Program for Gastrointestinal and Gynecological Cancer Care in Newfoundland and Labrador](#)
Dr. Stephanie Gill
- 3:55 Closing Remarks
Dr. Deanna Murphy

6:30 **AWARDS PRESENTATION DINNER AND DANCE**
JOHNSON GEO CENTRE



PART 1: ORAL PRESENTATIONS

COMPARISON OF THE POSTOPERATIVE PAIN EFFECT AS MEASURED BY THE NUMERIC RATING SCALE (NRS) AND VERBAL PAIN SCORE (VPS) OF A TRANSVERSE ABDOMINIS PLANE (TAP) BLOCK BY A SURGEON VERSUS LOCAL WOUND INFILTRATION IN PATIENTS UNDERGOING A PFANNENSTIEL INCISION FOR GYNAECOLOGIC SURGERY

*Paddle H, Ryan M, Gill A, Au K
Memorial University*

Objective: To compare the analgesic effect of a TAP block versus a local wound infiltration in patients undergoing a pfannenstiel incision laparotomy for gynecological surgery.

Methods: Patients undergoing a pfannenstiel laparotomy will be recruited to the study during their pre-admission appointment with their gynaecologist. The pilot study does NOT involve assigning patients to specific interventions. Patients in the pilot study will have the current standard of care at our tertiary care centre: regular multimodal analgesia postoperatively with regular acetaminophen (650mg every four hours orally) and ketorolac (10mg orally or 30mg intravenous every six hours).

At 6, 12 and 24 hours postoperatively their pain at rest will be assessed with a numerical rating scale: 0 (no pain) to 10 (the worst possible pain). Patients will also be asked to rate their pain on a Verbal Rating Scale: no pain, mild pain, moderate pain and intense pain.

The pilot study will allow for comparison of our current standard of practice to any interventions being completed in future studies. The pilot study will also allow the researchers to determine how many pfannenstiel laparotomies are performed weekly to allow for calculation of a sample size.

With the information gathered from the pilot study we will then be able to perform a second study comparing the analgesic effects of a TAP block versus local wound infiltration. This will allow us to determine how many pfannenstiel laparotomies are performed weekly to allow for calculation of a sample size.

With the information gathered from the pilot study we will then be able to perform a second study comparing the analgesic effects of a TAP block versus local wound infiltration. This will allow us to collect information about our current standard of care and intervention we, as surgeons, may be able to provide for improvement of postoperative pain control after pfannenstiel laparotomy.

Results: Pending.

Conclusion: Pending.

FILMED: FEEDBACK IN LAPAROSCOPIC MEDICAL EDUCATION

*Harris C, Thorburn J, Manning S, Zhao E, Ennis M, Thorburn C, Neveu J
Memorial University*

Objective: To determine which form of feedback (delayed recorded verbal feedback using video capture versus live verbal feedback) is more effective on medical student performance of basic laparoscopic skills using low cost, at home laparoscopic training boxes. Determine if low-cost laparoscopic trainers improve medical student confidence in basic laparoscopic skills. Determine if low cost laparoscopic at home trainers improve the speed of task completion for basic laparoscopic tasks.

Methods: Medical students who meet the inclusion criteria were recruited for participation following block randomization and initial testing. One group was placed in the delayed recorded verbal feedback intervention arm, and the second group was placed in the 'real time verbal feedback' arm of the study. Each group were asked to practice at home with a provided box trainer. On day 7, the real time feedback group met with the expert and received feedback as they completed their peg transfer task. The other group had their session recorded and met with the expert the following day to review their performance. On day 15 of the study period, the participants returned for the post-test timed peg transfer task and the post-test survey.

Results: Pending

Conclusion: Feedback is essential for laparoscopic skill development. Learners may benefit from feedback in a low stress environment, for example, outside of the operating room. We aim to identify the effect of removing potential stressors associated with direct real time contact with a supervisor and allowed time for information consolidation.

RATES OF EARLY SCREENING FOR DIABETES IN PREGNANCY IN THE OBESE POPULATION IN NEWFOUNDLAND

Anstey C, Murphy P, O'Brien D, Crane J
Memorial University

Objective: To evaluate how well practitioners in Newfoundland participate in early screening for gestational diabetes in the at-risk, obese (BMI greater than or equal to 30 kg/m²) population as per the 2018 Diabetes Canada Guideline. Demographics and screening frequencies amongst the three categories of obesity will be compared, and the most frequent method of early screening (HbA1C, 50 g glucose challenge test, or 75 g OGTT) will also be assessed. The aim will be to identify areas where further education/interventions could be proposed in order to promote early screening for diabetes in pregnancy in this at-risk population.

Methods: The Perinatal Program of Newfoundland and Labrador was used for data collection in order to obtain a list of women with BMI greater than or equal to 30 kg/m² who delivered a singleton gestation in Eastern Health between January 1, 2020 and December 31, 2020. Demographic information was also collected. The sample size of women meeting the inclusion criteria was found to be 573. A retrospective chart review will be carried out. Meditech files of women meeting the inclusion criteria for the study will be reviewed in order to determine whether early screening for diabetes in pregnancy (prior to 20 weeks, 0 days gestation) took place prior to routine screening as per the recommendations and guidelines. The method of early screening (HbA1C, fasting blood glucose, 50 g glucose challenge test, or 75 g OGTT) will be assessed through Meditech review as well. The results of the screening and whether there was an eventual diagnosis of GDM will be evaluated. Collected results will provide insight regarding how well practitioners screen for GDM in the at-risk, obese population. This information could be used to determine whether interventions are needed to attempt to increase early screening rates in Newfoundland.

Results: **Pending**

Conclusion: **Pending**

INCREASING COLPOSCOPIST REPORTING OF CERVICAL CONE BIOPSY DIMENSIONS USING A CONE DIMENSIONS BUNDLE – A QUALITY IMPROVEMENT PROJECT

Zhao E, Neveu J

Memorial University

Objective: The length of the cervical cone biopsy has been shown to help predict individual reproductive morbidity and disease recurrence rates. It can be used to provide information that helps guide clinical decisions, such as individualized reproductive risk and the planning of antenatal surveillance and interventions. In 2022, consensus statement from the International Federation of Cervical Pathology and Colposcopy (IFCPC), European Society of Gynaecologic Oncology (ESGO), European Federation for Colposcopy (EFC), and European Society of Pathology (ESP) recommended standard reporting of cone biopsies. The goal of this quality improvement project is to improve the local adaptation of reporting cervical cone biopsy dimensions at a single tertiary care centre.

Methods: The 2022 consensus recommendations was available from August 2022 and was disseminated to all staff at our tertiary care academic centre by November 2022 through the program administrator. A before-and-after study design was employed. A 5-month chart review was used to determine the baseline reporting rate of cervical cone volume, from December 2022 to April 2023. Following this, the Cone Dimensions Bundle was developed which included: (1) educational rounds for healthcare providers, (2) physician Cone Dimensions measuring aid, and (3) individual reporting rates using an audit-and-feedback approach. From June 2023 to May 2024, each bundle intervention was introduced every 4 months and modified based on provider feedback. Colposcopists were provided with their individual reporting rates prior to the introduction of the next intervention.

Results: Pending

Conclusion: Pending

LAPAROSCOPIC BARIATRIC SURGERY WITH HYSTERECTOMY FOR ENDOMETRIAL CANCER TO IMPROVE LONG-TERM OUTCOMES: A CASE SERIES

Goddard E, Neveu J
Memorial University

Objective: The purpose of this case series is to examine the effect of a combined intervention of vertical sleeve gastrectomy (VSG) and TLH for patients with obesity and endometrial cancer on the rate of disease recurrence and the impact on obesity-related comorbidities. Secondary objectives include perioperative complication rate, operative time, length of hospital stay and impact of quality of life.

Methods: The study will be a case-series involving patients who were given combined treatment of TLH and VSG. Approximate sample size will be between 10-15 patients annually for 5 years, for a total of 50-75 patients. Patients will be included if they have a tissue diagnosis of Grade 1 Endometrial Carcinoma or Endometrial Atypical Hyperplasia and have a Body Mass Index (BMI) between 40-60. The study plans to follow the population pre-operatively, and post-operatively up to 5-years and will observe (1) rates of malignancy recurrence at 5-years, (2) length of operating time required, (3) rates of surgical complications and length of recovery, (4) weight-loss for 5-years, (5) Biochemical markers including Hemoglobin A1C, blood pressure, nutritional profile and cholesterol profile, (6) Rates and severity of metabolic/cardiovascular co-morbidities, (7) Cost-effectiveness of combined treatment versus hysterectomy alone for patients with endometrial cancer and obesity in projected lifetime health-care cost, and (8) quality of life post-bariatric surgery.

Results: Pending

Conclusion: Pending

RISK FACTORS FOR OVARIAN CANCER IN NL

Weber A, Twells L, Power P

Memorial University

Objective: To analyze risk factors for mortality from ovarian cancer for the unique population of Newfoundland and Labrador, taking into account multiple variables such as surgical and image/pathology report wait-times, surgeon training, location of patient residence, and location of chemotherapy administration.

Methods: Pending

Results: Pending

Conclusion: Pending

ASSOCIATION BETWEEN ELEVATED PRE-PREGNANCY BODY MASS INDEX AND OUTCOME OF LABOUR INDUCTION

*Kaarid K, Marshall E, Crane J, Sorensen R, Fowler E
Memorial University of Newfoundland*

Objective: To compare the mode of delivery in women who undergo induction of labour (IOL) with elevated pre-pregnancy body mass index (BMI) compared to normal BMI. More specifically, we intend to examine whether a higher level of obesity increases the likelihood of cesarean delivery (CD) following IOL, and to quantify this likelihood for each weight class.

Methods: Retrospective cohort study using data from the Newfoundland and Labrador Perinatal Database up until late 2020. We will categorize patients into normal BMI (18.5-24.9), overweight (BMI 25.0-29.9), class I obesity (30.0-34.9), class II obesity (35.0-39.9), class III obesity (≥ 40.0) and extreme obesity (≥ 50.0). The primary outcome is mode of delivery. Secondary outcomes include duration of labour, maternal morbidity (postpartum hemorrhage, chorioamnionitis), fetal morbidity (abnormal fetal heart tracing, shoulder dystocia, NICU admission) and length of hospital stay. Inclusion criteria include singleton pregnancy, vertex presentation, non-anomalous fetus and term gestation. Exclusion criteria are prior CD and BMI not recorded. We intend to use logistic regressions to assess whether the probability of the primary and secondary outcomes vary significantly with BMI. We will include maternal age, parity, smoking status and gestational age at delivery as covariates in all logistic regressions, as these can impact the likelihood of CD.

Results: Pending

Conclusions: Pending

FEASIBILITY OF SAME-DAY DISCHARGE IN PATIENTS UNDERGOING LAPAROSCOPIC GYNECOLOGIC ONCOLOGY SURGERY IN ST. JOHN'S NL

Litt M, Thorburn J, Neveu J

Memorial University

Objective: This study aims to determine the safety and feasibility of SDD in gynecology oncology patients undergoing MIS procedures for surgical staging. The primary outcome is the feasibility and the variables associated with the success of SDD.

Methods: This is a retrospective cohort study of patients undergoing laparoscopic surgical staging for endometrial cancer or hyperplasia, cervical cancer, or tubal carcinoma under the care of two faculty gynecologic oncologists, Drs. Joannie Neveu and Patti Power at the Health Sciences Centre, St. John's, Newfoundland, Canada (October 2019-December 2022). Procedural inclusion criteria include a laparoscopic total simple hysterectomy for staging. Clinical data will be collected from each patient's electronic medical record. Those accomplishing SDD will be compared to those who required admission, and variables will be assessed to determine predictors of overnight admission.

Results: Pending

Conclusion: Pending

A QUALITY ASSURANCE REVIEW OF VIRTUAL CARE INDUCED DIAGNOSTIC DELAYS FOR CERVICAL AND VULVAR CANCER AND ADVANCED STAGE AT PRESENTATION

Benson S, Janes I, Neveu J
Memorial University

Objective: To determine the effect of virtual care on cervical and vulvar cancer diagnostic delay and advanced stage of presentation

Methods: This a retrospective sequential cohort study comparing patients diagnosed and treated for cervical or vulvar cancer before the COVID-19 pandemic and after the adoption of virtual care. The first cohort will be between January 2018 and December 2019 and the second cohort will be between January 2021 and December 2022. All provincial diagnoses of malignancy are recorded in the Newfoundland and Labrador Cancer Care Registry (NLCCR) which will be used to identify cases. The primary outcome will be the stage of disease at presentation. Secondary outcomes will include time from reported onset of symptoms to diagnosis, number of previous attempted treatment and time of their last pap smear screening. The FIGO staging system is based on imaging and pathological data which will be gathered either from inputs in the Cancer Care Registry or from chart review. Once data is collected a mix of quantitative statistical analyses will be conducted to determine impact of virtual care on the outcomes.

Results: Pending

Conclusion: Pending

ENHANCED RECOVERY AFTER SURGERY (ERAS): HOW DOES AN EDUCATIONAL SESSION IMPACT THE PERCEPTION OF ERAS PRINCIPLES AMONG PERIOPERATIVE CARE STAFF

Roche T, Hsieh A, Neveu J
Memorial University

Objective: The objective of this study is to assess the effectiveness of a one-hour ERAS educational session that was administered as part of the ERAS protocol implementation.

Methods: Potential participants (all staff involved in the perioperative care pathway) were invited to attend a one-hour educational session as part of the ERAS protocol implementation. An anonymous questionnaire was distributed to all potential participants to be completed prior to the education session. The same questionnaire was again distributed to all eligible participants following the education session. Multiple sessions were offered to accommodate all staff. Data collection began prior to the first session and was complete following the last session.

Results: Pending

Conclusion: Pending

LAPAROSCOPIC RESECTION OF A LEFT CORNUAL ECTOPIC PREGNANCY WITH CONCURRENT USE OF METHOTREXATE: A CASE REPORT ([VIDEO PRESENTATION](#))

Paddle H, Manning S, Neveu J

Memorial University

Introduction: A cornual pregnancy occurs when a pregnancy implants in the horn of the uterus. Cornual ectopic pregnancies account for 2-4% of all ectopic pregnancies. Traditionally the management of cornual ectopic pregnancies has included surgical management in the form of hysterectomy or resection of the cornual either by laparoscopy or laparotomy or medical management in the form of methotrexate. Few studies have evaluated the effectiveness of both surgical management and concurrent medical management.

Case: A healthy 38 year old G4P3 patient presented to the emergency room with vaginal bleeding three days after a positive pregnancy test. She was vitally stable and beta HCG was 19073. The next day she re-presented to the emergency department for an obstetrical ultrasound which showed no evidence of an intrauterine pregnancy but a heterogeneous rounded area on the left side of the pelvis measuring 2.1 x 3.4 x 3.4cm which despite an atypical appearance was suspicious for an ovarian ectopic pregnancy. She was booked for an exploratory laparoscopy with possible left oophorectomy. In the operating room it was evident that the ectopic pregnancy was located within the cornua of the uterus. This was treated with laparoscopic cornuectomy and was oversewn with a V Lock stitch. To ensure all products of conception were evacuated the patient was concurrently treated with methotrexate. She had follow up beta HCGs once discharge from hospital and these declined to normal after one month post op.

Comments: This case highlights the possible treatment of cornual ectopic pregnancies being a combination of both medical treatment (methotrexate) and surgical treatment (cornuectomy) which has scarcely been discussed in existing literature.

THE IMPACT OF MATERNAL PRE-PREGNANCY BMI ON OPERATIVE TIMES FOR EMERGENCY CESAREAN DELIVERY

Roy C, Miller M, Hutchen D, Murphy P, Adams S, Crane J
Memorial University

Objective: To evaluate the impact of maternal pre-pregnancy BMI on emergency cesarean section decision-to-incision, incision-to-delivery, and decision-to-delivery intervals, as they relate to markers of neonatal wellbeing.

Methods: The charts of singleton pregnancies resulting in emergency cesarean deliveries between January 1st, 2020 and December 31st, 2015 will be reviewed, using the Newfoundland and Labrador Perinatal Registry. For each patient, the decision-to-incision, incision-to-delivery, and decision-to-delivery intervals will be extracted, and the patient's pre-pregnancy BMI will be recorded and divided according to Health Canada BMI classifications of underweight, normal, overweight, obese, and class III or morbid obesity. Neonatal outcomes will be evaluated including gestational age at delivery, birth weight, Apgar score at 1 and 5 minutes, bag and mask ventilation at neonatal resuscitation, sepsis, intraventricular hemorrhage, respiratory distress syndrome, necrotizing enterocolitis, neonatal seizure, neonatal metabolic abnormality (including hypoglycemia, hypomagnesaemia, and hypocalcaemia), NICU admission, malpresentation (non-cephalic presentation), congenital anomalies (both major and minor), stillbirth, neonatal death and length of stay. Univariate analyses using chi-squared and fisher exact tests will be used to compare outcomes between obese and non-obese women in each BMI class. Multiple logistic and linear regression models will be used to evaluate outcomes adjusting for potential confounders including maternal age, parity, smoking status, partnered status, work status, and education level.

Results: Pending

Conclusion: Pending

POSTER PRESENTATIONS

THE UPTAKE OF OPPORTUNISTIC SALPINGECTOMY AS A BENIGN GYNECOLOGIC SURGERY IN GENERAL POPULATION OF NEWFOUNDLAND AND LABRADOR

Tara Zadabedini

PERINATAL PROGRAM NEWFOUNDLAND AND LABRADOR

Phil Murphy/Nadine McEvoy

A POPULATION-BASED PROFILE: HEREDITARY CANCER MUTATIONS CARRIERS IN NEWFOUNDLAND AND LABRADOR

Tanya Nadine Burry/Holly Etchegary

LOWEST MOTILE SPERM COUNT TO ACHIEVE A PREGNANCY IN COUPLES UNDERGOING INTRAUTERINE INSEMINATION: A CHART REVIEW

Hayley Walsh

PART 2: LUNCH AND GUEST SPEAKER



LAUNCHING CANADA'S SNACS TRIAL: OUR SINGLE DOSE VERSUS DOUBLE DOSE ANTENATAL CORTICOSTEROID RANDOMIZED CONTROL TRIAL!

DR. SARAH MCDONALD, MD
Professor, Canada Research Chair
Department of Obstetrics & Gynecology
McMaster University

Dr. Sarah McDonald, MD, MSc (Clinical Epidemiology), is a Maternal-Fetal Medicine specialist (high risk obstetrician) and Professor in the Department of Obstetrics and Gynecology at McMaster University. Her research as a Clinician-Scientist is supported by a prestigious Canada Research Chair.

Her research focuses on preterm birth. Her research on primary and secondary prevention of preterm birth (i.e. prevention of preterm birth itself and of its sequelae) has informed several national guidelines from the Society of Obstetricians and Gynecologists of Canada (SOGC). She co-leads the Canadian Preterm Birth Network funded by the government health granting agency, the Canadian Institutes of Health Research (CIHR).

She is excited to be working with Canadian and Australian clinicians, researchers and parents to answer the question of whether one dose of betamethasone gives similar newborn outcomes as two doses in The Single Dose of Antenatal Corticosteroids (SNACS) Randomized Control Trial for Pregnancies at Risk of Preterm Delivery.

PART 3: ORAL PRESENTATIONS

DISPARITY IN UNDERGOING TRIAL OF LABOUR AFTER CAESAREAN SECTION AMONG PREGNANT PATIENTS WITH OBESITY

Dr. Emily Gray

Dalhousie University

Objective: To assess whether pregnant patients with obesity were less likely to undergo a TOLAC than those without obesity after accounting for covariates known to influence attempting TOLAC. To compare rates of successful vaginal birth after cesarean section (VBAC) between patients with obesity who attempted TOLAC and those without obesity.

Methods: A retrospective cohort database study was performed using data from the Nova Scotia Atlee Perinatal Database. This study included 12635 deliveries to 11891 women with one previous cesarean section and no contraindication to TOLAC. Data from singleton livebirths at ≥ 37 weeks gestation were analyzed.

Results: Overall, 32.6% of pregnancies were complicated by obesity. Of those with obesity, 34% attempted TOLAC compared to those without obesity (44%). This relationship was significant after accounting for factors known to influence the decision to attempt TOLAC (RR 0.821, $P < 0.001$). Patients with a higher BMI classification were less likely to attempt TOLAC (Class 1: 37.5%, RR 0.886; Class 2: 33.6%, RR 0.823; Class 3: 27.1%, RR 0.656). Patients with obesity were less likely to have a successful VBAC than those without obesity (56.6% vs 68.3%; RR 0.874, $P < 0.001$). Patients with a higher BMI classification were less likely to achieve a VBAC (Class 1: %, RR 0.929; Class 2: %, RR 0.886; Class 3: %, RR 0.656).

Conclusion: Pregnant patients with obesity were less likely to attempt TOLAC after accounting for other factors known to influence the decision to attempt TOLAC. This remaining disparity may be due to providers' comfort level with the increased challenges and risks associated with performing an emergency cesarean section on patients with obesity.

A CANADIAN SINGLE-CENTRE EXPERIENCE WITH CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY FOR OVARIAN CANCER

*Neveu J MD, Kerbage Y MD, PhD, Chenail N, Samouelian V MD, PhD, Tremblay E MD, Cormier B MD
Memorial University, Centre Hospitalier Unviersitaire de Montreal, H. Bliss Murphy Cancer Centre*

Objective: Evaluation of the implementation of cytoreductive surgery in combination with hyperthermic intra-peritoneal chemotherapy (CRS-HIPEC) for the treatment of ovarian cancer in a quarterly care center.

Methods: This is a retrospective cohort study of all ovarian cancer who benefited of CRS-HIPEC between February, 2018 and March 2022 at the Centre Hospitalier Universitaire de Montréal.

Results: A total of 55 patients were identified during the study period. The mean age was 62 years old. Complete cytoreductive surgery was obtained in 72% of patients. No procedure-related mortality was identified. Operative morbidity was low, mainly represented by gastrointestinal complications in 6% of cases and one grade 3 Clavien-Dindo urological complication. Renal tolerance was excellent with three moderate acute kidney injury recovering at day 5. Forty-two patients underwent interval debulking surgery for high-grade serous adenocarcinoma of the ovary. In this subgroup, median progression-free survival was 20.4 months.

Conclusion: CRS-HIPEC can be performed with acceptable morbidity in patients with ovarian cancers in a highly selected population of patients in a tertiary center. Further prospective data is needed to determine which patients most benefit from the addition of HIPEC to CRS.

AVOIDING URETERIC INJURY DURING A TOTAL LAPAROSCOPIC HYSTERECTOMY VIDEO PRESENTATION

Gill S, Hsieh A, Neveu J
Memorial University

Objective: Highlight the most common areas for ureteric injury during a total laparoscopic hysterectomy and demonstrate surgical laparoscopic techniques to identify and avoid ureteric injuries.

Methods: Video recording of a total laparoscopic hysterectomy. This video will demonstrate opening the retroperitoneal space using both monopolar and bipolar energy sources, identification of retroperitoneal anatomy and identification of the ureter at the level of the infundibular pelvic ligament, creation of a peritoneal window, dissection of the bladder to the level of the pubocervical fascia and lateralization of the uterine artery pedicles.

Summary: Understanding the common areas of ureteric injury and being proficient in laparoscopic identification of retroperitoneal anatomy is key to preventing ureteric injury. Incorporating the techniques demonstrated in this video will allow for laparoscopic surgical precision and successful hysterectomy with low complication rates.

EARLY PRENATAL CARE PROVIDERS AND PRENATAL SCREENING: PERCEPTIONS AND PRACTICE PATTERNS OF PRENATAL COUNSELLING IN NEWFOUNDLAND AND LABRADOR

Ralph N, Cook C
Memorial University

Objective: Informed access to prenatal screening (PNS) services is of paramount importance. All pregnant women should be offered prenatal screening regardless of risk factors and this counselling should be performed in a manner such that it empowers them to make their own informed choice. In Newfoundland and Labrador (NL) we have a shared care model of prenatal care. The majority of early prenatal care in this province is provided by Family Physicians and Nurse Practitioners prior to referral to an Obstetrician Gynecologist at twenty-eight weeks gestation. The present study aims to examine the perceptions and practice patterns of early prenatal care providers in the province of NL as it pertains to PNS. Ultimately, we would like to harness this information to facilitate the creation of a learning module for providers in order to educate about, and advocate for, offering comprehensive PNS to all obstetrical patients.

Methods: A digital survey is currently being disseminated to Family Physicians (FPs) & Nurse Practitioners (NPs) in the province. This survey intends to capture practice patterns of PNS including the frequency with which it is offered, perceived comfort levels with PNS counselling, knowledge of current options, and any perceived barriers to providing regular PNS counselling.

Results: Preliminary survey results have been obtained from the target populations of FPs and NPs. A total of 43 surveys have been returned thus far. Although the vast majority (n=42) of respondents indicate that they always offer PNS, a significant level of discomfort with counselling around PNS was identified. Thirty four percent of respondents identified being either somewhat (n=11) or extremely (n=4) uncomfortable with counselling about PNS. Furthermore, nearly 40% of respondents chose incorrect responses about timeframes within which to administer testing, and only n=10 (24%) of respondents were comfortable providing counseling about PNS to patients with multiple gestation pregnancies. All respondents indicated that they would be interested in completing an accredited learning module on PNS.

Conclusion: This information will help guide the creation of a learning module to empower community prenatal care providers to provide comprehensive, up-to-date PNS counselling.

CUTTING THROUGH CONTROVERSY: CAESAREAN DELIVERY AS A RESEARCH OUTCOME

Wong K, MD MSc

University of Ottawa

Introduction: Caesarean delivery (CD) has been a safe mode of delivery since the mid-twentieth century, and use of this procedure has increased dramatically in the past 50 years. In Canada 31% of pregnancies result in CD. Although it is largely believed this rate is excessive, it is unknown what the optimal rate of CD is--if one exists. In addition, CD is often used as a research outcome, which in recent years may be driving changes in practice. There are global efforts underway to better understand CD rates. Attempts at safely decreasing them may be hindered by inappropriate interpretation of research using CD as an outcome.

Objective: To address the history of Caesarean delivery, literature regarding the “optimal rate” of CD, and discuss how to interpret CD as a research outcome. Specifically will review the impact of the ARRIVE trial, and subsequent studies assessing outcomes following implementation of a policy of induction of labour at 39 weeks’ gestation in low risk nulliparous individuals. There is a forthcoming SOGC guideline on the use of the modified Robson classification system to further understand patterns of CD, which can be used in future research.

IMPLEMENTATION OF HEREDITARY CANCER HIGH-RISK PROGRAM IN NL

Hyde A

Memorial University

FEASIBILITY OF A HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) PROGRAM FOR GASTROINTESTINAL AND GYNECOLOGICAL CANCER CARE IN NEWFOUNDLAND AND LABRADOR

Gill S, Hickey K, Breen Z, Pace D, Power P, Neveu J
Memorial University

Objective: Peritoneal carcinomatosis is a common clinical presentation found in advanced staged colorectal, appendiceal, gastric and ovarian cancers. Using cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) for treatment of these cancers has promising outcomes for survival. CRS with HIPEC is generally considered to be a domain of high-volume tertiary centres. Guidelines suggest centres that provide this treatment should complete enough cases annually to maintain competency. The goal of this project is to determine whether the implementation of a HIPEC program in conjunction with CRS for both gastrointestinal cancers and epithelial ovarian cancer care in Newfoundland and Labrador is both necessary and feasible.

Methods: A retrospective chart review will be performed to estimate the number of epithelial ovarian cancer patients, gastric, colorectal, or appendiceal cancers in Newfoundland and Labrador who would be eligible for HIPEC each year, using the 2020-2021 year as a reference. The Gynecologic Oncology departmental operating room records were used to identify the number of patients with stage III or IV epithelial ovarian cancer, fallopian tube carcinoma or peritoneal carcinomatosis who were treated with chemotherapy and CRS between January 1, 2020, and January 1, 2021. A review of the NL Cancer Care Registry will be performed to determine the number of patients diagnosed with stage IV gastric, colorectal, or appendiceal cancers or those that developed a recurrence of their cancer during the same reference period. The data is presented as portions and percentages.

Results: Over the one year time frame, 20 gynecologic oncology patients were identified. 80% of these were high-grade serous, and 70% had stage IIIC disease. 70% of the identified patients underwent interval debulking with neoadjuvant chemotherapy, and 30% were primary debulking surgeries. All 20 patients received adjuvant chemotherapy with 80% receiving it via IV only, and 20% received IP/IV chemotherapy. 55% of patients received their chemotherapy at a peripheral site, while 45% received their chemotherapy at the Health Science Center. At the time of this abstract the general surgical oncology data is still under review.

Conclusion: During a one year time period, there are sufficient cases of epithelial ovarian cancer that would benefit from the implementation of CRS/HIPEC in Newfoundland and Labrador. Additional data from surgical oncology patients with gastrointestinal malignancies will only strengthen the argument for its implementation.

We are grateful to our research day judges for their contribution to a successful Resident Research Day

Dr. Patti Power

Dr. Claire Elliott

Dr. Joan Crane

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*Thank you for joining us for our
34th Annual Resident Research Day*

