6. Fibrin Glue Repair of a Traumatic Rectovaginal Fistula in a Pediatric Patient

Gregory Vurture, MD, Victoriya Staab, MD, Mark Kayton, MD, Heather Appelbaum, MD

Jersey Shore University Medical Center

Background: Rectovaginal fistulas (RVFs) in pediatrics are often secondary to congenital anorectal malformations. Acquired RVFs are especially uncommon in this population. There is a paucity of data in the literature regarding the optimal treatment for acquired RVF . Here, we report an atypical presentation of a RVF in a developmentally delayed child that was repaired with fibrin glue.
Case: A 7 year old presented to the ER with her mother for sudden onset acute right hip pain. She had a history of postnatal meningitis with multiple cerebral infarctions, seizure disorder, spastic quadriparesis and central hypotonia with global developmental delay. A CT scan of the abdomen and pelvis demonstrated a hairpin protruding from the proximal vagina into the rectum. Pediatric gynecology and pediatric surgery teams were consulted. The findings were discussed with the state's child protection system and the patient's mother. The findings were consistent with accidental penetration and allegations of abuse were dismissed. The patient underwent an examination under anesthesia (EUA) and vaginoscopy. The hairpin was identified in the distal posterior vaginal mucosa penetrating through the rectovaginal space, and perforating the anterior wall of the rectum into the lumen. The hairpin was removed and stool was noted on the prong tips. An anorectal speculum examination confirmed that the posterior rectal wall was intact and without defect. Vaginoscopy revealed a 2-3 mm defect at the 5 o'clock position of the distal vaginal mucosa, probe-patent to the rectum. Inspection of the remainder of the vagina was otherwise unremarkable. A fibrin sealant was inserted into the tract using a 14 gauge angiocatheter. A suitable fibrin plug was created in the tract. The vaginal mucosa was imbricated over the plug in an interrupted fashion using 5-0 vicryl suture. Hemostasis was achieved. The procedure and postoperative course were overall uncomplicated. She was discharged on hospital day 2. An EUA was completed by the original surgical team after one year. Direct visualization with a 9.5 French Cystourethroscope demonstrated no defect of the posterior vaginal wall. A Hegar dilator was placed in the rectum, directed anterior and caudal, and further demonstrated lack of a vaginal mucosal defect.
Comments: This is the first report of RVF repair with fibrin glue in a pediatric patient. Fibrin glue therapy may be a minimally invasive and safe alternative to surgical excision for the repair of small RVF in pediatric patients. Further research is needed to determine the size of defect amenable to a minimally invasive approach using fibrin glue and the long term outcomes of this therapy in this population.

Supporting Figures or Tables
https://www.abstractscorecard.com/uploads/Tasks/upload/19245/RGXGDRUQ-1355994-1-ANY.docx
https://www.abstractscorecard.com/uploads/Tasks/upload/19245/RGXGDRUQ-1355994-2-ANY.docx

7. Intrauterine device practices amongst adolescent patients

Kristina Arion, MD [1], Tara D. Justice, MSc, MD, FRCSC [2], Sarah McQuillan, MD, FRCSC [2]

[1] *Dalhousie University*
[2] *University of Calgary*

Background: Adolescent pregnancy is a worldwide public health issue, and the intrauterine device (IUD) has been shown to be a safe and highly effective method of long-acting reversible contraception (LARC) in this group. Patient concerns regarding IUDs are common, which should be addressed during routine office visits. Recently, both Pediatric and Gynecologic societies have recommended the IUD as a first line contraceptive for adolescents given their safety and efficacy. We are hoping to understand current IUD practices amongst providers, elucidate barriers to IUD insertion, and explore whether there have been any changes in IUD insertion patterns since the advent of the COVID-19 pandemic, which has increased telehealth and reduced operating room (OR) availability.
Methods: Survey was disseminated to NASPAG (North American Society for Pediatric and Adolescent Gynecologists) members via the listserv on two separate occasions. Consent was obtained upon completion of the survey. Results from the survey are anonymous. Results were tabulated with descriptive statistics. Ethics approval was obtained (REB22-0269).
Results: There were 55 respondents, with the majority being Pediatric and Adolescent Gynecologists (71%) from North America (93%). As per providers, adolescents most frequently seek out the IUD for contraception (45%) and menstrual management (42%). Providers felt that the most common barrier to the IUD was misconceptions/myths (67%), as well as pain with insertion (64%). Most practitioners had no change in their IUD prescribing patterns since the start of the pandemic (62%), while some performed more office insertions (11%) and some reduced their IUD practice because of less operative time (15%) and less in-person appointments. Although many physicians perform office insertions, many found that a Procedural Sedation Center facilitated wait times (38%) or felt that such a center would be helpful (33%). Cases being done in the OR were often patients with disabilities/developmental delay (95%) or anxiety (75%).
Conclusions: Our survey demonstrated that there are still some misconceptions surrounding the IUD. Education on contraception, specifically LARCs, is pivotal in decreasing adolescent pregnancy rates, reducing barriers to IUD use, and improving the attitude of adolescents toward the IUD. Pain with insertion is another limiting factor and a Procedural Sedation Center may be helpful in managing pain expectations and increasing acceptance of the IUD. Although there was no significant change in IUD practices during COVID, a decrease in operating room availability and increase in telehealth may impede IUD prescribing, especially in patients with developmental delay or disabilities who may require insertion in the OR.

8. A quality improvement initiative: development and implementation of a menstrual suppression patient and family decision aid

Valerie Bloomfield, Beverley Osei, Heather Millar, Anjali Aggarwal

Hospital for Sick Children

Background: Menstrual suppression allows for the management of common symptoms associated with menses. For patients with developmental and/or physical disabilities, several factors must be considered such as the patient's independence in activities of daily living, symptoms, comorbidities, polypharmacy, and ability to participate in informed consent. Given the choice for menstrual suppression is often value driven, Pediatric and Adolescent Gynaecologists are obligated to provide balanced, comprehensive counselling. Using a quality improvement approach, we aim to develop and evaluate the effectiveness of a decision aid for menstrual suppression in providing education, assisting in decision-making and increasing patient and family satisfaction.
Methods: This is a project in progress. We used the International Patient Decision Aid Standards to develop and evaluate the patient decision aid. A paper prototype was drafted after review and synthesis of the literature regarding menstrual suppression. Next, the tool was critically reviewed by study authors for usability and actionability using the Patient Education Material Assessment Tool (PEMAT). Feedback was elicited from a multidisciplinary team to review content and flow using a 5-point Likert Scale (1 = strongly disagree to 5 = strongly agree). With each iteration of feedback, the tool was revised. Next steps involve sharing with families and collecting feedback about usefulness and satisfaction. Balance measures,