



The Foundation for Excellence
in Women's Health



Excellence in Life Long Learning

L³-ObGyn™ for OB/GYN Residents

2017–2018 Book 1

September, 2017

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USE OF LIFE-LONG LEARNING (L³-ObGyn™) PROGRAM
REFERENCE BOOK

The Foundation for Excellence in Women's Health, Inc. ("Foundation") has prepared this reference book to introduce residents and their Program Director to the concept and importance of "life-long learning." The references included have been selected to provide residents with new, recent or review material to supplement their didactic foundation in the practice of obstetrics and gynecology. The inclusion of a reference does not constitute acceptance or endorsement by the Foundation or any individual employed by or associated with it, of any opinions expressed or of the accuracy of the data or case studies included therein.

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L³-ObGyn™
Ob/Gyn Residents
September 2017 Reading Assignment List

Office Practice	Question Numbers
Dryer K, van Rijswijk J, Mihatovic V et al., <i>Oil-based or water-based contrast for hysterosalpingography in Infertile Women.</i> N Engl J Med. 2017 May 25;376(21):2043-2052. doi: 10.1056/NEJMoa1612337. Epub 2017 May 18.	1 – 5
McCurdy AP, Boulé NG, Sivak A et al., <i>Effects of Exercise on Mild-to-Moderate Depressive Symptoms in the Postpartum Period.</i> Obstet Gynecol 2017;129(6): 1087-1097, doi: 10.1097/AOG.0000000000002053.	6 - 9
Kim YH, Park S, Lee M, et al., <i>Effect of a pH-Balanced Vaginal Gel on Dyspareunia and Sexual Function in Breast Cancer Survivors Who Were Premenopausal at Diagnosis.</i> Obstet Gynecol 2017 May;129(5):870-876. doi: 10.1097/AOG.0000000000001988.	10 - 16
Gynecology	
Till SR, Morgan DM, Bazzi A et al., <i>Reducing surgical site infections after hysterectomy: metronidazole plus cefazolin compared with cephalosporin alone.</i> Am J Obstet Gynecol. 2017 Aug;217(2):187.e1-187.e11. doi: 10.1016/j.ajog.2017.03.019. Epub 2017 Mar 28	17 - 20
(No authors listed), <i>Committee Opinion No. 703 Summary: Asymptomatic Microscopic Hematuria in Women.</i> , Obstet Gynecol. 2017 Jun;129(6):1153-1154. doi: 10.1097/AOG.0000000000002110.	21 - 24
Kuroki LM, Mullen MM, Massad LS et al., <i>Wound Complication Rates After Staples or Suture for Midline Vertical Skin Closure in Obese Women,</i> Obstet Gynecol. 2017 Jul;130(1):91-99. doi: 10.1097/AOG.0000000000002061.	25 - 28
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Rolnik DL, Wright D, Poon LC, et al., <i>Aspirin versus Placebo in Pregnancies at High Risk for Preterm Preeclampsia.</i> N Engl J Med. 2017 June 28. Doi: 10.1056/NEJMoa1704559.	34 - 40

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Directions: Each of the questions or incomplete statements below is followed by multiple choice or discussion/essay questions. For multiple choice, select the BEST ANSWER in each case and then blacken the corresponding space on the answer sheet. For discussion/essay questions, please attach an additional sheet.

L³-ObGyn™ — Office Practice

Dryer K, van Rijswijk J, Mihatovic V et al., Oil-based or water-based contrast for hysterosalpingography in Infertile Women. N Engl J Med. 2017 May 25;376(21):2043-2052. doi: 10.1056/NEJMoa1612337. Epub 2017 May 18.

1. Five prior randomized controlled trials have previously been performed comparing rates of pregnancy after hysterosalpingography involving oil versus water contrast. According to the authors of this manuscript, which of the following is true of the prior studies:
 - a. they were high quality
 - b. the method of randomization was clear
 - c. the presence of treatment assignment blinding was clear
 - d. they had rates of follow-up loss as high as 21%

2. All of the following were secondary outcomes in this study except:
 - a. Ongoing pregnancy
 - b. Clinical pregnancy
 - c. Live birth
 - d. Miscarriage
 - e. Ectopic pregnancy

3. The most common fertility treatment after hysterosalpingography in both the oil and water contrast study groups was which of the following:
 - a. Laparoscopy
 - b. Hysteroscopy
 - c. Intrauterine insemination followed by IVF or ICSI
 - d. Intrauterine insemination with hyperstimulation
 - e. Expectant management \geq 6 months

4. The oil group had statistically significantly improved outcomes compared to the water group in all of the following except:
 - a. Ongoing pregnancy
 - b. Median duration of pregnancy
 - c. Clinical pregnancy
 - d. Live birth \geq 24 weeks of gestation

5. Which of the following were considered adverse outcomes?

- a. Ectopic pregnancy
- b. Molar pregnancy
- c. Nose bleed
- d. Congenital anomaly
- e. All of the above

McCurdy AP, Boulé NG, Sivak A et al., Effects of Exercise on Mild-to-Moderate Depressive Symptoms in the Postpartum Period. Obstet Gynecol 2017;129(6): 1087-1097, doi: 10.1097/AOG.0000000000002053.

6. In this meta-analysis, control groups for the prevention and treatment trials were inactive and limited to which of the following:

- a. Wait list control groups
- b. Standard care
- c. Attention control group
- d. All of the above

7. Which of the following sensitivity analyses were performed in this meta-analysis?

- a. Excluded trials where intervention group received a cointervention
- b. Excluded trials with attentional controls
- c. Excluded quasi-randomized controlled trials
- d. Excluded trials without intention-to-treat analyses
- e. All of the above

8. The greatest number of included trials intervened with which of the following types of exercise interventions:

- a. Aerobic exercise
- b. Resistance training
- c. Flow yoga
- d. Whole-body gentle stretching

9. In women with mid-to-moderate depression, with regards to symptom improvement, the overall results of this meta-analysis are most consistent with which of the following statements?

- a. Control group is favored
- b. Exercise group is favored
- c. Neither exercise nor control group is favored
- d. Results are inconsistent
- e. No conclusion can be drawn

Kim YH, Park S, Lee M, et al., Effect of a pH-Balanced Vaginal Gel on Dyspareunia and Sexual Function in Breast Cancer Survivors Who Were Premenopausal at Diagnosis. Obstet Gynecol 2017 May;129(5):870-876. doi: 10.1097/AOG.0000000000001988.

10. Which of the following are contributing factors to sexual dysfunction following breast cancer treatment?
- Chemotherapy-related early menopause onset
 - Chemotherapy-related vulvovaginal atrophy
 - Tamoxifen effects on vaginal estrogen
 - Previous experience with dyspareunia
 - All of the above
11. The Female Sexual Function Index evaluates all the following domains of female sexual function except:
- Frequency
 - Arousal
 - Lubrication
 - Orgasm
 - Pain
12. For this randomized clinical trial, randomization was stratified on 2 parameters. The first parameter was post-breast cancer treatment menopausal status. The second parameter was which of the following:
- Age
 - Parity
 - BMI
 - Tamoxifen treatment
13. The primary outcome of this study was:
- Total Female Sexual Function Index score
 - Sexual dysfunction
 - Improvement in dyspareunia
 - Vaginal maturation index
 - Vaginal pH
14. Which of the following was the **most common** adverse events in participants?
- vaginal irritation only
 - vaginal itching only
 - both vaginal irritation and itching
 - none of the above

15. With regards to improvement in dyspareunia and overall sexual function in breast cancer survivors who were premenopausal at diagnosis, the conclusion of this randomized clinical trial is:
- pH-balanced vaginal gel is superior to placebo
 - placebo vaginal gel is superior to pH-balanced gel
 - both pH-balanced vaginal gel **and** placebo are associated with improvements
 - neither pH-balanced vaginal gel or placebo are associated with improvements
16. Sexual dysfunction is a multifactorial problem that is difficult to solve by only providing vaginal lubrication. According to the discussion written by the authors, what other treatment approaches could be considered based on evidence of positive impact on sexual dysfunction?

L³-ObGyn™ — Gynecology

Till SR, Morgan DM, Bazzi A et al., Reducing surgical site infections after hysterectomy: metronidazole plus cefazolin compared with cephalosporin alone. Am J Obstet Gynecol. 2017 Aug;217(2):187.e1-187.e11. doi: 10.1016/j.ajog.2017.03.019. Epub 2017 Mar 28

17. Which of the following is **not** an anaerobe?
- Prevotella
 - Bacteroides
 - Enterococcus
 - Peptostreptococcus
18. Which of the following antibiotics or regimens were included in this study?
- metronidazole + gentamicin
 - clindamycin + gentamicin
 - ampicillin-sulbactam
 - cefuroxime
19. The authors estimated that the addition of metronidazole to cefazolin would lead to an absolute risk reduction of 0.8%. This means the number of hysterectomy cases needed to treat with this regimen, to prevent one surgical site infection is approximately:
- 14
 - 125
 - 224
 - 1,025

20. Which of the following was not a predictor of surgical site infection in the unadjusted data?

- a. cardiac disease
- b. surgical time > 3 hours
- c. hypertension
- d. tobacco use

(No authors listed), Committee Opinion No. 703 Summary: Asymptomatic Microscopic Hematuria in Women., Obstet Gynecol. 2017 Jun;129(6):1153-1154. doi: 10.1097/AOG.0000000000002110.

21. Lippmann et al. proposed a Hematuria Risk Score in female patients. Which of the following are attributed 4 points?

- a. more than 25 blood cells per high power field and smoking
- b. gross hematuria and smoking
- c. more than 25 blood cells per high power field and age older than 50
- d. age older than 50 and history of gross hematuria

22. The 2011 US Preventative Services Task Force recommends screening for bladder cancer in asymptomatic individuals for which of the following:

- a. screening not recommended
- b. age > 60 and history of smoking
- c. age > 50 and gross hematuria
- d. age > 40 and more than 25 blood cells per high power field

23. The Risks of diagnostic testing for asymptomatic microscopic hematuria include **all** of the following except:

- a. radiation associated cancers with CT imaging
- b. bladder infections after cystoscopy
- c. false positive urine cytologies
- d. Alarm fatigue generated by aggressive evaluation and low cancer pick-up

24. ACOG and AUGS most likely felt compelled to publish this committee opinion for which of the following reasons?

- a. The American Urological Association guidelines do not account for gender differences in screening recommendations
- b. Expected detection rates of cancer from any given test should exceed the potential risk of cancer that the test precipitates
- c. Microscopic hematuria can be present in up to 20% of women
- d. All of the above

Kuroki LM, Mullen MM, Massad LS et al., Wound Complication Rates After Staples or Suture for Midline Vertical Skin Closure in Obese Women, Obstet Gynecol. 2017 Jul;130(1):91-99. doi: 10.1097/AOG.0000000000002061.

25. Despite randomization, a significant difference in patient demographics and clinical characteristics between patients randomized to staples versus suture was:
- tobacco use
 - surgery for malignancy
 - age
 - diagnosis of diabetes
26. Which of the following surgical and peri-operative characteristics was significantly different between those patients closed with suture and those with staples?
- duration of surgery
 - subcutaneous drain placement
 - incision closure time
 - depth of incision
27. This study found no difference in wound complication rates whether skin closure was accomplished with staples or suture. This data contradicts several well – designed trials in the obstetric literature showing lower rates of wound complications with subcuticular closure. Reasons for this might include:
- a higher percentage of transverse incisions in the obstetric literature
 - patient characteristics such as BMI and medical comorbidities
 - differences in surgical technique
 - all of the above
28. Limitations in the generalizability of the results of this study include all of the following except:
- lack of blinding
 - high risk, medically complicated patient population
 - limited racial and ethnic diversity
 - all cases performed at a single academic center

(Continued next page)

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Bateman, BT, Cole, NM et al., Patterns of Opioid Prescription and Use After Cesarean Delivery; Obstet Gynecol. 2017 July; 130(1):29-35; doi: 10.1097/AOG.0000000000002093.

29. The main objective of this study conducted at six academic medical centers was what?
- To establish the proper number of opioid tablets that should be prescribed after cesarean delivery
 - To define the amount of opioid analgesics prescribed and consumed after discharge following cesarean delivery
 - To determine if excessive opioids are diverted or misused by family members
 - To determine if academic medical centers prescribe more opioids on average vs. community hospitals
30. According to a recent nation-wide survey (Kennedy-Hendricks, et al. 2016) how many respondents reported having shared an opioid with another person?
- 1/2
 - 1/3
 - 1/5
 - 1/10
31. Of the 105 women who did not fill their opioid prescription, what was the most common reason cited?
- They did not need or want the opioids
 - They did not like the way opioids made them feel
 - They experienced negative side effects
 - They were afraid of dependency
32. Based on the author's discussion of the number of opioid tablets consumed by patients vs. the number prescribed, how might a clinician consider adjusting their prescribing habits after a cesarean delivery?
- Decrease the number of opioid tablets prescribed
 - Increase the number of opioid tablets prescribed
 - Consider no adjustments
 - Eliminate opioids as part of a post-operative pain regimen

ACOG Practice Bulletin ACOG Practice Bulletin No. 181: *Prevention of Rh D Alloimmunization*; Obstet Gynecol. 2017. August; 130(2): e57-e70. Doi: 10.1097/AOG0000000000002232

33. According to Box 1, which of the follow is NOT a potential sensitizing event in Rh D-Negative women in pregnancy?
- Amniocentesis
 - Ectopic pregnancy
 - External cephalic version
 - Placement of a fetal scalp electrode

34. Despite reliable rates of nonpaternity being difficult to ascertain, the mean rate among population studies is approximately what?
- 0.3%
 - 3%
 - 10%
 - 30%
35. Your RhD-negative patient experiences a threatened pregnancy loss with noted light vaginal bleeding that ultimately resolves within 24 hours. An ultrasound done the following day demonstrates a viable 10-week gestation. She asks you what the recommendation is regarding anti-D immune globulin. You advise her:
- All national guidelines recommend it should be administered
 - All national guidelines support that it is not necessary
 - Because there is insufficient evidence, no absolute universal recommendation can be made
36. The following recommendation represents what level of evidence:
“Prophylactic anti-D immune globulin should be offered to unsensitized Rh D-negative women at 28 weeks of gestation. Following birth, if the infant is confirmed to be Rh D positive, all Rh D-negative women who are not known to be sensitized should receive anti-D immune globulin within 72 hours of delivery.”
- Level A (based on good and consistent scientific evidence)
 - Level B (based on limited or inconsistent scientific evidence)
 - Level C (based on consensus and expert opinion)

Rolnik DL, Wright D, Poon LC, et al., *Aspirin versus Placebo in Pregnancies at High Risk for Preterm Preeclampsia*. N Engl J Med. 2017 June 28. Doi: 10.1056/NEJMoa1704559.

37. What type of study design did the authors undertake in comparing aspirin versus placebo for the prevention of preeclampsia?
- A double-blind, placebo-controlled
 - A retrospective chart review
 - A meta-analysis
 - A prospective observational study
38. The primary outcome measured was delivery with preeclampsia before how many weeks gestation?
- 28
 - 34
 - 37
 - 40

39. The dose of aspirin given to study participants was what?
- a. 81mg
 - b. 150mg
 - c. 200mg
 - d. 325mg
40. Compared to placebo, when aspirin was initiated from 11 to 14 weeks gestation and given until 36 weeks gestation, what was the result in this study population?
- a. There was no influence in outcomes
 - b. There was a significantly higher rate of preeclampsia vs. placebo
 - c. There was a significantly lower rate of preeclampsia vs. placebo
 - d. The results were inconclusive given the sample size

***THE NEXT BOOK WILL BE PUBLISHED ON OUR WEB SITE
IN NOVEMBER 2017***