DEPARTMENT OF
OBSTETRICS/GYNECOLOGY

Annual
RESIDENT RESEARCH DAY

Wednesday, May 27, 2015
8:00am – 12:00pm

Women & Children’s Hospital
Alford Auditorium
219 Bryant Street, 1st Floor
Buffalo, New York

Visiting Professor
And
Diane and Morton Stenchever Memorial Lecturer

"Endometrial Cancer Management:
State of the Art and Controversies"

Alexander Olawaiye, M.D.
Magee-Women’s Hospital - Pittsburgh, PA
Assistant Professor,
Director of Clinical Research for Gynecologic Oncology
Mercy Hospital - Pittsburgh, PA
Director of Robotic Surgery Program
**Resident Research Day Schedule**

**Wednesday, May 27, 2015**

**Moderator:** Glenna Bett, Ph.D.

8:00am  Breakfast in the Alford Auditorium

8:10am  Opening Comments  
**Taechin Yu, M.D.**  
Residency Program Director

8:15 – 8:25 a.m.  “Residents’ perception of the different working patterns as it pertains to medical care, educational training and personal quality of life. A survey of UB residents”  
**Ndey Diallo, M.D.**  
Mentor: Kenneth Kahn, M.D.

8:30 – 8:40 a.m.  “Healthy You x 2 Initiative”  
**Jessie Fauntleroy, M.D.**  
Mentor: Faye Justicia-Linde, M.D.

8:45 – 8:55 a.m.  “The Use of Marijuana in Pregnancy and Neonatal Outcomes”  
**Brittany Jo Keeler, D.O.**  
Mentor: Kenneth Kahn, M.D.

9:00 – 9:10 a.m.  “Retrospective analysis of blood transfusion after vaginal delivery.”  
**Allison Khavkin, M.D.**  
Mentor: Jeffrey Johnson, M.D.

9:15 – 9:25 a.m.  “Healthcare Costs: Do Physicians Know Their Role?”  
**Alyssa Kratochvil, D.O.**  
Mentor: Kenneth Kahn, M.D.

9:30 – 9:45 a.m.  BREAK

**Nagammai Nagappan, M.D.**  
Mentors: Samuel Saleeb, M.D. & Tova Aboye, M.D.

10:00 – 10:10 a.m.  “Risk stratification score for the prediction of surgical site infections with cesarean delivery.”  
**Natasha Patel, M.D.**  
Mentor: Angelle Brebnor, M.D.

10:15 – 10:25 a.m.  “Compliance with postoperative hysterosalpingography after Essure hysteroscopic sterilization in an urban based clinic population”  
**Stephanie Sublett, M.D.**  
Mentor: Faye Justicia-Linde, M.D.

10:30 – 10:45 a.m.  BREAK

10:45 – 11:45am  "Endometrial Cancer Management: State of the Art and Controversies"  
**Alexander Olawaiye, M.D.**  
Diane and Morton Stenchever Memorial Lecturer

12:00 p.m.  Luncheon in the Ob/Gyn Classroom
“Residents’ perception of the different working patterns as it pertains to medical care, educational training and personal quality of life. A survey of UB residents”

Ndey Diallo, M.D.
Mentor: Kenneth Kahn, M.D.

**Background:** Excessive work hours and physician fatigue have been an ongoing problem affecting physician training and thus patient care in the residency system. Studies have shown that fatigue can result in poor performance, decreased learning, increased risk of medical errors and accidents. Multiple studies have made recommendations to shorten resident working hours in order to enhance education and decrease fatigue. In 2007, the Institute of Medicine did a study documenting the evidence linking physician fatigue with performance deficits and increased medical errors. In 2010, the ACGME issued rules that took effect on July 1, 2011 applying a twelve hour work limit to first year resident physicians only. Even though it seems residents are generally happier with these changes, a number have concerns that reduced exposure to operative cases and loss of continuity of patient care during a twelve hour shift will be detrimental to their education. Other residents fear that a twenty-four hour shift is exhausting and leads to decreased ability to learn and limited time for personal activities.

**Objectives:** The purpose of this study is to evaluate the perceived quality of training, personal life and quality of delivered medical care by select UB residents, looking specifically at differences related to twelve hour vs. twenty-four hour shifts.

**Methods:** A 13 item questionnaire will be distributed to select UB residency programs utilizing an online survey. The questionnaire can only be answered by second year residents and above, as they have worked both twelve and twenty-four hour shifts. Questions will probe their feelings on personal life, medical care provided and educational stimulation as experienced while working the twelve vs. twenty-four hour shift.

**Conclusion:** This is an ongoing project, and no conclusion has been reached.

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“Healthy You x 2 Initiative”

Jessie Fauntleroy, M.D.
Mentor: Faye Justicia-Linde, M.D.

**Introduction:** There is growing evidence that pregnant mothers with diabetes who have excessive weight gain or who smoke during pregnancy deliver babies with an increased risk for obesity. There is also research that shows that each month of breastfeeding up to the age of 9 months results in up to more than a 30 percent decrease in overall obesity in children. Strengthening prenatal care and promoting breastfeeding are critical strategies for reducing obesity risk for our youngest children and setting the foundation for a lifetime of positive health outcomes. The purpose of this study is to evaluate the effectiveness of the toolkit in prompting obstetric providers and staff to encourage breastfeeding and a healthy lifestyle during prenatal visits. Given the time constraints of prenatal visits, providing obstetric providers and staff with a template for their prenatal visits will aid in increasing the rate of breastfeeding among patients and a healthier lifestyle during pregnancy.

**Methods:** The “Healthy You x 2” Toolkit is a prenatal toolkit that aims to provide patients with information regarding their pregnancy and encourage breastfeeding. The toolkit contains handouts that contain information regarding fetal development, nutrition, exercise, breastfeeding, and preparation for labor and delivery. It provides obstetric providers with a template of information that should be discussed at the various prenatal visits. An informational session will be held prior to the distribution of the toolkit. During this session, a pre-assessment and post-assessment survey will be handed out to providers (Physicians & Nurse Practitioners) and clinic support staff (Nurses, Receptionists, & Medical Assistants) from the UBMD Jefferson site and Kaleida Women’s Clinics. Six months after the initiation of the toolkit, another survey will be distributed. Likewise, 1 year after initiation the final survey will be distributed.

**Results:** Given that this study has not yet received IRB approval the results are pending at this time.

**Conclusion:** As previously stated, the IRB approval has not yet been received therefore no conclusions can be made at this time. This study will be concluded once IRB approval has been received.
“The Use of Marijuana in Pregnancy and Neonatal Outcomes”
Brittany Jo Keeler, D.O.
Mentor: Kenneth Kahn, M.D.

Purpose: Marijuana is the most commonly abused illicit drug during pregnancy. However, as the political climate changes and more states begin to legalize or decriminalize the use of cannabis there is an anticipated increase in its use. Its effects during pregnancy and neonatal outcomes need to be further investigated in order to properly counsel our patients about the risks and benefits so that they may make an informed decision regarding their usage during pregnancy.

Methodology: A retrospective chart review of 100 medical records belonging to women between the ages of 18-34 who delivered at WCHOB between the years of 2012 and 2014 with positive urine toxicology for marijuana at both initial prenatal visit and on presentation to labor and delivery. Data regarding neonatal outcomes will include gestational age at delivery, fetal weight, and apgars at delivery. Data will then be compared to 100 charts with inclusion criteria with negative urine toxicology. Data will then be analyzed using a logistic regression

Results/Conclusions: Our primary hypothesis assumes that marijuana use during pregnancy will lead to preterm deliveries. Data is being preliminarily analyzed at this time. If the data support the hypothesis, we can more effectively counsel our patients regarding their risk of use.

“Retrospective analysis of blood transfusion after vaginal delivery.”
Allison Khavkin, M.D.
Mentor: Jeffrey Johnson, M.D.

Objective: Postpartum hemorrhage continues to be the leading cause of peripartum maternal mortality. Despite the female body expanding its blood volume to accommodate an anticipated amount of peripartum bleeding by the third trimester, excessive bleeding usually requires a blood transfusion. Our medico legal focus pertaining to healthcare in the USA has resulted in pan-testing of all postpartum women for anemia without consideration of risk factors or symptoms. Are patients who would benefit from blood transfusion slipping through the cracks, or is the opposite occurring, and too many women are receiving blood transfusions without symptoms?

Methods: Electronic and paper charts were reviewed for all vaginal deliveries receiving a blood transfusion during the hospitalization for delivery up to 6 months postpartum between 2010-2013.

Results: Risk factors related to receiving a blood transfusion after vaginal delivery including estimated blood loss was found to be inconsistently supportive of a diagnosis of postpartum hemorrhage. Results are pending final analysis.

Conclusion: Estimated blood loss is a poorly documented practice, difficult to find in the medical record and imprecise. Improved practice during residency training would be beneficial to label postpartum patients most likely to be symptomatically anemic requiring blood transfusion. Rarely are patients likely to benefit from blood transfusion if not already symptomatic.
“Healthcare Costs: Do Physicians Know Their Role?”

Alyssa Kratochvil, D.O.
Mentor: Kenneth Kahn, M.D.

**Background:** According to the NHER, healthcare costs rose 3.6% in 2013 to $2.9 trillion. This is approximately $9,255 per person, per year. Overall, Americans are spending 17.4% of GDP on healthcare. As physicians, we have the opportunity to reduce the overall cost of healthcare by knowing the cost of the services we provide. Our nation is in a crisis in which we are spending more money than most other developed nations, yet have poorer health outcomes. It is our responsibility to spend our healthcare dollars wisely.

**Objective:** The purpose of this study is to see whether or not physicians can estimate the cost of the tests and imaging services that they order on a daily basis.

**Methods:** A survey was distributed to the physicians in the departments of EM, FM, Gen Surg, Int Med, and OB/GYN at UB. The survey consisted of 10 questions inquiring the cost of different imaging and lab services. All survey results were then compiled and the responses analyzed.

**Results:** We expect to find that most physicians can not accurately predict the cost of certain imaging and lab tests that are most frequently ordered in the hospital setting. By showing physicians that they underestimate the cost of the tests they are ordering, we are hoping to change the medical culture in Buffalo. We hope that physicians will begin to practice logical, socially responsible medicine.

**Conclusions:** We expect that physicians are unaware of the actual cost of the healthcare that they provide on a daily basis. We hope to bring awareness of healthcare costs to the physicians at UB so that they may provide the best care to their patients, while reducing the global cost of healthcare.

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“Incidence of short-term post-operative genital infections with and without vaginal hysterectomy: a retrospective study.”

Nagammai Nagappan, M.D.
Mentors: Samuel Saleeb, M.D. Tova Ablove, M.D.

**Background:** Vaginal surgery includes cystocele, enterocele, rectocele, genital prolapse repair, treatment of urinary incontinence, and fistula repair. Surgeons practice a number of techniques to prevent and reduce vaginal infections that can lead to wound separation.

**Objective:** To determine 2-week post-operative vaginal infection rate after prolapse surgery in patients who had vaginal hysterectomy vs. patients who had pelvic reconstructive surgery without vaginal hysterectomy.

**Methods:** We performed a retrospective chart review from January 2010 to December 2014 of Dr. Samuel Saleeb’s private patients. We compared those who had a vaginal hysterectomy and/or pelvic reconstructive surgery to those who had pelvic reconstructive surgery alone. A total of 298 patients were included in the study. We recorded results from 2-week post-operative vaginal aerobic and anaerobic cultures. Patients were excluded for failure to follow up after surgery, not having vaginal cultures at the 2 week appointment or if they received a robotic, abdominal, laparoscopic hysterectomy at the time of surgery. Positive wound cultures included yeast, Gardnerella, and other miscellaneous bacteria.

**Results:** 131 patients underwent a vaginal hysterectomy in addition to other pelvic floor surgery (44%). 167 patients underwent pelvic reconstructive surgery only (56%). Further analysis revealed an infection rate of 20.6% in those patients who had a vaginal hysterectomy with a 16.2% in those patients who underwent POP surgery without vaginal hysterectomy (16.8%), with a p = 0.60. Our study was adequately powered to 90% to detect a 50% difference between groups. Using logistic regression to control for age, BMI, AP Repair, Sling, and Post-Op antibiotics; vaginal infection rates were not associated with vaginal hysterectomy.

**Conclusion:** There was no association seen between vaginal hysterectomy and post-operative vaginal infection rate.
“Risk stratification score for the prediction of surgical site infections with cesarean delivery.”

Natasha Patel, M.D.
Mentor: Angelle Brebnor, M.D.

Objective: Of all live births reported in the United States, approximately 4 in 10 babies will be delivered via cesarean section. Surgical site infections (SSI) represent a significant and costly complication affecting patients following cesarean section. One to three patients out of every 100 undergoing surgery may develop an SSI. The aim of this study was to identify the presence of established risk factors associated with poor wound healing in patients who developed surgical site infections following cesarean delivery. Additionally, develop a scoring system to anticipate the likelihood of developing an SSI given presence or absence of identified risk factors.

Methods: Following IRB approval, female patients over the age of 18 who developed an SSI following cesarean section on labor and delivery at our facility were identified. A retrospective chart review from January 2009 to December 2013 was performed to identify the presence of risk factors associated with poor wound healing in this cohort of patients. Risk factors identified for analysis included: diabetes, tobacco use, obesity, history of MRSA colonization and previous SSI. A chi square analysis and odds ratio was used to calculate the likelihood of developing a surgical site infection based on risk factors identified.

Results: 176 patients who developed an SSI following cesarean delivery were identified. An equal number of control patients who delivered within the same month and did not develop an SSI were analyzed for the presence or absence of risk factors associated with surgical site infection.

Conclusions: Preliminary analysis demonstrates obesity as the strongest risk factor associated with development of surgical site infection. While similar risk stratification scores for the prediction of SSI have been developed for general surgery, the proposed scoring system described by this study uniquely applies specifically to cesarean sections.

“Compliance with postoperative hysterosalpingography after Essure hysteroscopic sterilization in an urban based clinic population”

Stephanie Sublett, M.D.
Mentor: Faye Justicia-Linde, M.D.

Objective: To determine the follow up rate after Essure hysteroscopic sterilization with postoperative hysterosalpingography (HSG) in an urban based clinic population. Secondary objectives included HSG confirmation of tubal occlusion, postoperative follow up rate and pregnancy outcome following Essure.

Methods: We performed a retrospective chart review for patients who underwent Essure sterilization between April 2010 and June 2014.

Results: One hundred and fifty patients underwent Essure sterilization with a 34.6% (n=52) compliance rate with postoperative HSG. Of the patients who underwent HSG, tubal occlusion was confirmed in 88% (n=46) of patients. After Essure sterilization, 50.7 % (n=76) of patients were lost to follow up. There was 1/150 (0.7%) unintended pregnancy in a patient that had unilateral tubal patency demonstrated on HSG.

Conclusion: Despite preoperative & postoperative counseling, compliance with postoperative HSG is low at 34.6% with more than half of the patients lost to follow up. Efforts to increase compliance should be made otherwise an alternative method of sterilization should used in an urban based clinic population.
Residency Program

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Breakfast and Lunch provided by
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