



**VIII MIPS
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Meeting Chair: Enrico Finazzi Agrò

ABSTRACT BOOK

VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

1 - ARTIFICIAL URINARY SPHINCTER FOR NEUROGENIC BLADDER: A VESICOVAGINAL APPROACH.

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INTRODUCTION AND AIM OF THE STUDY

The main indications of female artificial urinary sphincter (AUS) are neurogenic and non-neurogenic intrinsic sphincter deficiency, and recurrent stress urinary incontinence (SUI). It may be especially adequate for female patients with detrusor underactivity.

The aim of this video is to describe the laparoscopic technique for the implantation of a female AUS through a vesicovaginal approach.

MATERIALS AND METHODS

We describe a laparoscopic AUS implantation in a 35-year-old female diagnosed with neurogenic SUI and an acontractile detrusor.

The first step is the vesicovaginal space dissection. A vaginal valve is essential in order to identify the anterior vaginal wall. Then, the laterovesical space is dissected bilaterally until the endopelvic fascia is reached. Next, the vesicovaginal and laterovesical spaces are connected liberating the bladder neck posteriorly. The anterior side of the bladder neck is then dissected preserving the maximum length of pubovesical ligament. Through a 2-cm suprapubic incision, the cuff and the balloon are introduced into the abdominal cavity. Before placing the cuff at the bladder neck, a cystoscopy is performed to check bladder indemnity. The balloon is positioned in the laterovesical space. Finally, peritoneum is closed with a barbed suture. The balloon and the cuff tubes are externalised. A subcutaneous passage is created from the suprapubic incision to the ipsilateral labia majora where the pump is placed. The balloon is inflated with 25cc of saline and the components are connected. AUS is left deactivated for 6 weeks.

RESULTS

Operative time was 180 minutes. No intraoperative complications occurred. Bladder catheter was removed in 5 days after surgery. Hospital stay was 24 hours.

INTERPRETATION OF RESULTS

AUS is the only anti-incontinence procedure that theoretically does not cause bladder outlet obstruction, being a perfect indication for this case. The laparoscopic approach facilitates the AUS implantation.

CONCLUSIONS

Laparoscopic approach provides a direct view during bladder neck dissection which facilitates AUS implantation. Minimally invasive surgery may help further spread this technique, as results are really promising.

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VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

2 - WEAK PELVIC FLOOR MUSCLE FUNCTION CORRELATES WITH HIP MOVEMENT IMPAIRMENT IN WOMEN WITH STRESS URINARY INCONTINENCE.

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INTRODUCTION & OBJECTIVES

In women suffering from stress urinary incontinence (SUI), pelvic floor muscle impairments include limited endurance, fewer quick repetitions in 10 seconds, decreased power, tenderness, and slight vertical displacement. Very few papers describe and establish a possible connection between the weak pelvic floor and hip musculature in women suffering from SUI.

The study's primary aim was to evaluate hip properties, strength and flexibility in a group of women suffering from SUI presenting weak pelvic floor muscle function.

MATERIALS & METHODS

In this pilot, descriptive, cross-sectional study, 15 women suffering from SUI comprised the SUI Group. The Control Group included 15 healthy continent women (volunteers). Inclusion criteria for the SUI Group were age 35-50, urodynamic stress urinary incontinence, and no treatment modality for incontinence. In the Control Group, the women were premenopausal and did not report incontinence or significant pelvic surgery. Two experienced urologists evaluated the women with a thorough pelvic physical examination. A physiotherapist assessed hip muscles using an isokinetic dynamometer and pelvic floor muscles' function with a perineometer. All participants completed a brief survey, including age, parity, and the severity of SUI symptoms.

RESULTS

There were statistically significant values between the two groups in pelvic floor muscle strength, with the control group exhibiting, as expected, higher and presumed values ($p < 0.05$). The SUI Group demonstrated more tender points in physical examination ($p = .020$). In the SUI group, there were statistically significant differences ($p < 0.05$) in hip internal rotation angles in prone (the Non-dominant leg only), in lower seated hip external force and hip abduction force (both legs) than in the Control Group.

CONCLUSION

This pilot study demonstrates that SUI women present impairments from the average population in hip performance that is statistically significant.

VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

3 - NEUROGENIC DETRUSOR OVERACTIVITY LEAK POINT PRESSURE (N-DOLPP) AND UPPER URINARY TRACT (UUT) DETERIORATION IN SPINAL CORD INJURED PATIENTS: HOW MUCH IS TOO MUCH? RESULTS FROM A RETROSPECTIVE STUDY

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INTRODUCTION AND AIM OF THE STUDY

Primary aim was to investigate the relation between urodynamic profiles(UDS) and the onset of vesicoureteral reflux(VUR) to determine which urodynamic variable best correlated to VUR, considered a risk-factor for upper urinary tract(UUT) deterioration, in adult spinal cord injured(SCI) patients. Secondary aim was to establish a reliable N-DOLPP cut-off value of safety for UUT.

MATERIALS AND METHODS

SCI patients with a UDS, cystography/renal ultrasound, follow-up>1 year were included; data regarding anamnesis, micturition, UD variables and follow-up were collected and examined. Patients were divided into 2 groups (Group A=no VUR; Group B=VUR), the data compared, and statistics run.

RESULTS

64 patients were included: 53(82.8%) Group A(No VUR) and 11(17.2%) Group B(VUR). CCmax and bladder filling at detrusor contraction (BF-DC) were significantly lower in group B (Mean values CCmax: 243.5 ml vs. 447.5 ml($p<0,0001$); BF-DC: 146.8 vs. 279.8 ml($p=0,001$)). Pdetmax and NDO-LPP were both significantly higher in group B(Pdetmax: 77 cmH₂O vs. 39 cmH₂O($p=0,0003$); NDO-LPP: 61 cmH₂O vs 41 cmH₂O ($p=0,025$)). Basing on ROC curve, the most accurate NDO-LPP cut-off value for VUR was 40 cmH₂O(correctly classified 62.5% of patients, sensibility 72.7%, specificity 60.4%).

INTERPRETATION OF RESULTS

We found 40 cmH₂O as the optimal N-DOLPP threshold to predict UUT damage. Considering NDO-LPP and VUR, the incidence of VUR was 28% for NDO-LPP>40 cmH₂O, dropping to 9% for lower NDO-LPP. Comparing the N-DOLPP groups(<40 cmH₂O and >40 cmH₂O), the odds ratio for VUR was 4.06(CI95% 0.97-17.10, $p=0.056$), therefore NDO-LPP>40 cmH₂O can be considered a risk-factor for developing VUR in neurological SCI patients.

CONCLUSIONS

Low bladder capacity, high-pressure DO at low filling and N-DOLPP>40 cmH₂O are significantly related to VUR; the ideal treatment should aim to improve capacity, compliance and reduce DO. N-DOLPP>40 cmH₂O can be used as a predictor of VUR, but it should be paired with other UD variables to better identify patients at high risk of UUT deterioration.

REFERENCES (max. 3)

VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

4 - PLATELET RICH PLASMA INJECTIONS FOR THE TREATMENT OF FEMALE STRESS URINARY INCONTINENCE: 1-YEAR FOLLOW UP

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INTRODUCTION AND AIM OF THE STUDY

To evaluate the efficacy of PRP in the treatment of female SUI one year after the injections.

MATERIALS AND METHODS

Prospective study enrolling women with urodynamic stress incontinence on the waiting list for surgical treatment. Autologous blood samples (10cc) were collected to create 5 ml of PRP (RegenPRP™ kit). All participants underwent 2 PRP injections into 9 sites of the distal anterior vagina at 4-6 week intervals. During follow-up visits patients underwent the 1hr-pad test and completed ICIQ-FLUTS and PGI-I. Primary outcome was to evaluate post-treatment SUI. Secondary outcomes included the scores of questionnaires and the 1hr-pad test.

RESULTS

20 women were included (table1). *Subjective and objective outcomes at baseline and 6-months are presented in table-2. Between the 6- and 12-month follow-up, participants had to decide whether to proceed with MUS surgery or withdraw from the waiting list. 9 patients decided to proceed with surgery and 1 withdrew from the study. Finally, 10/20 (50%) of participants attended the 12-month follow-up visit. Two (20%) were objectively cured and 6 (60%) reported to be still improved and satisfied with the therapeutic result. The rest 2 (20%) reported no change compared to pre-treatment (table3).*

CONCLUSIONS

PRP may benefit a significant proportion of patients at least in the short-term.

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VIII MIPS Annual Meeting ROME, 16-18 FEB 2023

TABLE 1. Demographic characteristics of the participants

		N	%
Age (years), mean (SD)		56,5 (8,3)	
Weight (Kg), mean (SD)		71,5 (7,4)	
BMI (Kg/m ²), mean (SD)		27,1 (2,7)	
BMI	Normal	4	20
	Overweight	11	55
	Obese	5	25
Parity , mean (SD)		2,05 (0,94)	
VAS , mean (SD)		2.73 (1.20)	

BMI: Body mass index

VAS: Visual analog scale (0-10cm) during PRP injections

TABLE 2.

Subjective and objective outcomes at baseline (T0) and 6-month follow up (T6)

Subjective and objective outcomes at baseline (T0) and 6-month follow up (T6)

	T0	T6	P T0-T6
	Baseline	6 months	
	N (%)	N (%)	
Subjective Outcome			
ICIQ-FLUTS (q-11) Mean (SD)	3,35 (0,75)	1,45 (0,83)	<0,001
Cured		2 (10%)	
Improved		16 (80%)	
No change		2 (10%)	
Worsened		0	
Objective Outcome			
1hr Pad Test (grams) Mean (SD)	14,5 (7,9)	8,3 (8,7)	<0,001
Cured		2 (10%)	
Improved		18 (90%)	
Worsened		0	
Patient-reported success rate (PGI-I)			

VIII MIPS Annual Meeting
ROME, 16-18 FEB 2023

Improved		16 (80%)	
No change		4 (20%)	
Worsened		0	

PGI-I: Patients global impression of improvement

ICIQ-FLUTS (q-11): Question 11 of the international consultation on incontinence questionnaire female lower urinary tract symptoms module

TABLE 3.
Subjective and objective outcomes at 12-month follow up (T12)

	T12
	12 months
	N (%)
<u>Subjective Outcome</u>	
ICIQ-FLUTS (q-11)	1,7 (1,42)
Mean (SD)	
<u>Cured</u>	2 (20%)
<u>Improved</u>	6 (60%)
<u>No change</u>	2 (20%)
<u>Worsened</u>	0
<u>Objective Outcome</u>	
1hr Pad Test (grams) Mean (SD)	9,58 (9,33)
<u>Cured</u>	2 (10%)
<u>Improved</u>	7 (70%)
<u>Worsened</u>	1 (10%)
Patient-reported success rate (PGI-I)	
<u>Improved</u>	8 (80%)
<u>No change</u>	2 (20%)
<u>Worsened</u>	0

VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

5 - ANALGESIC EFFECT OF LOCAL INFILTRATION ANESTHETICS IN VAGINAL HYSTERECTOMY: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED-CONTROLLED TRIALS

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INTRODUCTION AND AIM OF THE STUDY

The management of postoperative pain after vaginal hysterectomy (VH) is still challenging. The application local analgesia (LA) during PFDs has been proposed as a preemptive anesthetic modality aiming to minimize postoperative pain. We aim to evaluate the impact of local analgesia on postoperative pain and perioperative outcomes for women who had VH for the surgical management of PFDs and other benign diseases.

MATERIALS AND METHODS

We systematically searched four electronic databases for articles published up to January 2022. We included randomized controlled trials that presented outcomes of patients who underwent VH and received LA for the management of postoperative pain.

RESULTS

Five studies with 277 women (138 LA group vs 199 no-LA group) who had VH were included. Mean pain scores at both 30min to 2 hours and 3 to 6 hours postoperatively were significantly lower in the LA group compared to non-LA group (220 patients MD -1.75 95% CI -2.77, -0.74, p=0.0007 and 220 patients MD -1.68 95% CI -2.28, 1.09, p<0.00001, respectively). A significant reduction in opioid-based regimes up to 24 hours postoperatively was observed in LA group (197 patients MD -9.47mg 95% CI -16.51, -2.43, p=0.008).

INTERPRETATION OF RESULTS

Postoperative short-term pain scores were significantly decreased in LA group compared to the non-LA group with no differences in pain scores after the initial 6 hours period. Patients in LA group required significantly lower doses of narcotic use postoperatively. Hospital stay was shorter in patients of the the LA group, while operative time and blood loss did not differ significantly.

CONCLUSIONS

Patients undergoing VH could benefit from the application of preemptive LA during VH. However, further studies are needed to identify the optimal anesthetic regimen, the dosage and sites of application aiming to achieve the optimal benefit in the postoperative management.

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VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

6 - AQUABLATION IN PATIENT WITH LOWER URINARY TRACT SYMPTOMS RELATED TO BENIGN PROSTATIC HYPERPLASIA: FUNCTIONAL AND ENDOSCOPIC FINDINGS

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INTRODUCTION AND AIM OF THE STUDY

This work shows our experience with Aquablation concerning functional outcomes along with 3-months and 1-year endoscopic assessment.

MATERIALS AND METHODS

We conducted a perspective study observing patients referred to our tertiary center with BPH-related LUTS, maximum urinary flow rate (Qmax) ≤ 12 mL/s, International Prostate Symptom Score (IPSS) ≥ 10, prostate volume < 80 ml.

Patients with previous prostate surgery, prostate cancer diagnosis, indwelling catheter, urethral stenosis, bladder stones and prostatic calcifications were excluded.

Functional outcomes were assessed at 1, 3, 6, 12 months with IPSS, Sexual Health Inventory for Men (SHIM), Male Sexual Health Questionnaire for ejaculatory dysfunction (MSHQ-EjD), uroflowmetry and evaluation of post void residue (PVR). Patient underwent cystoscopy at 3 and 12 months after surgery. According to a Likert scale an endoscopic score was rated (1-poor; 5-excellent).

RESULTS

56 patients were enrolled. The mean (SD) Qmax at 1, 3, 6 and 12 months was 19.7 (9.3), 18.1 (3.1), 18.2 (6.2) and 17.5 (6.1) ml/s, respectively. The median IPSS urinary symptom score was 4 (2-6) after 1 month and further improved to 2 (1-4) one year after surgery.

INTERPRETATION OF RESULTS

The median IPSS QoL score and mean PVR reached 1 (0-1) and 24 ml (5,7) at 12th month. No patients developed postoperative erectile dysfunction. Only 2 patients (3.5%) reported loss of antegrade ejaculation. At 3-month follow-up cystoscopy, no residual fluffy tissue, as well as no damage to the verumontanum, ureteral orifices or bladder trigone were recorded. In 15/56 (26.7%) patients non-obstruent mucosal flap was shown. The median quality of the ablation was 3 (3-4). All these findings were confirmed at 12-months cystoscopy.

CONCLUSIONS

Aquablation is a feasible and effective procedure for the treatment of BPH-related LUTS. Endoscopic results seem to be as good as functional results up to 1-year follow up.

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VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

7 - FLEXION OF THE BIG TOE AS A PREDICTIVE FACTOR OF SUCCESS OF PTNS TREATMENT IN PATIENTS WITH DETRUSOR UNDERACTIVITY: RESULTS FROM A PROSPECTIVE STUDY

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INTRODUCTION AND AIM OF THE STUDY

Detrusor underactivity (DU) is defined by ICS as low detrusor pressure or short detrusor contraction in combination with a low urine flow rate resulting in prolonged bladder emptying and/or a failure to achieve complete bladder emptying within a normal time span. The aim of this study was to investigate objective parameters able to predict the success of PTNS in non-neurologic patients with DU.

MATERIALS AND METHODS

This was a prospective non-controlled single-center study in non-neurologic patients who underwent PTNS for DU in 2021. Exclusion criteria were neurologic pathologies, diabetes and infection of urinary tract. Patients' subjective response to treatment was evaluated with a Patient-Global-Impression scale (PGI-I) from 1 to 7, with 1 and 2 being "very satisfied" (responders to treatment).

RESULTS

A total of 17 patients (age range 26-76 years; M=11, F=6) with DU were included. Basing on the PGI-I, we had 11 responders (64,7%) and 6 (35,3%) non responders. Flexion of the distal phalanx of the big toe was found significantly more frequent among the responders: it was present in 10 out of 11 responders (90,9%) whilst it was reported for only 1 out of 6 non responders (16,6%) (P-value 0.005, Fisher's exact test).

INTERPRETATION OF RESULTS

At present, there are no conclusive studies on the efficacy of PTNS on treatment on DU and no predictive factors of success for PTNS have been found. According to our data, only the presence of the flexion of the distal phalanx of the big toe was significantly associated with a successful outcome at the end of the treatment.

CONCLUSIONS

In conclusion, the flexion of the big toe during PTNS is the only factor that can predict success of PTNS treatment, defined as patients' subjective improvement. Further studies are needed to confirm this finding and to further validate the use of PTNS in patients with DU.

REFERENCES (max. 3)

VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

8 - TRANSVAGINAL MINI-MESH FOR POP: LESS IS MORE

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INTRODUCTION:

There is controversy about the use of vaginal mesh to repair POP regarding the type and surface of the mesh used, the number of arms and even the surgical technique used. Postoperative adverse effects of mesh include dyspareunia, local pain, erosions, and infection. In an attempt to maintain high levels of success, but minimizing postoperative complications, we developed a new technique based on the creation of two safe and permanent anchorage points at the apical level and repair possible defects in the anterior and posterior vagina using classical plication using the patient's own tissues.

MATERIAL AND METHODS:

It is an observational and retrospective study, approved by the Galician Ethics Committee, which was carried out at the Hospital Comarcal de Monforte between January 2016 and January 2022. The study population consisted of 27 women with POP who underwent surgery in our center and were followed up for a mean of 41 months (range 5-72)

Of these, 9 had stress urinary incontinence (SUI), 3 mixed incontinence (IUM) and 5 urge incontinence (UUI). Another 4 patients were diagnosed with possible occult incontinence (UIO). POP was repaired by placing a minimal rectangular polypropylene mesh cut from the Surelift® commercial kit (Neomedic International, Catalonia - Spain), which was sutured to the lower edge of the cervix or to the vaginal apical end and then fixed, using Anchorsure® harpoons (Neomedic), to both sacrospinous ligaments. The anterior-dome POP and/or the cystocele were corrected by plication. Incontinence was corrected with Kym® suburethral mesh (Neomedic) in 16 patients (9 SUI, 3 IUM, 4 IUO)

RESULTS:

The surgical time was 39 minutes (range 28-71) and the average postoperative hospitalization time was 1.4 (±0.4) days. After the 18-month follow-up, objective cure of POP was observed in 22/27 (81.5%) patients and subjective cure in 25/27 (88.9%) patients. Stress incontinence was corrected in the 9 patients with IE (100%), 2 with MI (66.6%) and 4 with IO (100%). All patients who presented pure urgency (5) or mixed incontinence (3) were adequately controlled with oral treatment (single or associated medication).

Notably, during follow-up, there were no cases of dyspareunia, pain, mesh erosion, or de novo incontinence. The satisfaction survey was answered by 18 women; of which 16 (88.9%) reported being satisfied or very satisfied and that they "would recommend the intervention to a friend"

CONCLUSION:

POP repair, using a minimal rectangular mesh sutured to the cervix/vaginal apex and fixed to the sacrospinous ligaments using Anchorsure® harpoons, was achieved with a high level of success (objective-subjective), and without postoperative complications in the medium term. Success rates of concurrent surgical correction of SUI or treatment of urge incontinence were not affected.

It is evident that the number of patients and the average follow-up time are low, so future studies should be carried out to evaluate its effectiveness.

VIII MIPS Annual Meeting
ROME, 16-18 FEB 2023

9 - SELF-MANAGEMENT OF VAGINAL CUBE PESSARIES - MAY BE A GAME CHANGER FOR PELVIC ORGAN PROLAPSE TREATMENT? — A LONG-TERM FOLLOW-UP STUDY

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INTRODUCTION AND HYPOTHESIS: Loss of anatomical support for the pelvic organs results in pelvic organ prolapse (POP). We hypothesized that daily self-management of a cube pessary is a safe and feasible long-term treatment in women with symptomatic POP.

Methods: A cohort of 214 symptomatic POP patients (stage 2+) were enrolled prospectively (January–December, 2015). Each patient was size-fitted with a space-filling cube pessary (Dr Arabin®) and completed a questionnaire online or by phone ≥5 years after her initial fitting. Change in quality of life (QoL) was measured with the Patient Global Impression of Improvement (PGI-I).

RESULTS: Of 185 women included in our analyses, 174 (94%) were continuing to use their pessary 4 weeks after insertion. Among those, 143 (82.2%) used the pessary successfully for ≥5 years. A large majority of these patients [88.8% (127/143)] described their condition as much or very much improved compared to their pretreatment status. Adverse secondary effects (ASEs) were infrequent [15.4% (22/143)]; when they did occur, they were mild, including light vaginal discharge (15/22) and slight vaginal bleeding caused by the fitting procedure (6/22).

CONCLUSION: Daily self-management of cube pessaries can be considered as a safe and effective treatment of improving POP-related symptoms and QoL in the long term.

VIII MIPS Annual Meeting ROME, 16-18 FEB 2023

10 - EXCESS VAGINAL SPACE - A NEW DIMENSION TO EVALUATE PELVIC ORGAN PROLAPSE?

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OBJECTIVE: Prior studies demonstrated a positive association between increased genital hiatus (GH), advanced prolapse stage and levator ani muscle injury. Moreover wide GH is an established risk factor for recurrent pelvic organ prolapse (POP). Since excess vaginal space is not yet a dimension to estimate in Pelvic Organ Prolapse we hypothesized that excess vaginal space has a positive correlation with increased GH and could be a new aspect for the assessment of the severity of POP and underlying pelvic muscle damage-

STUDY DESIGN: In a prospective study, 716 symptomatic POP patients without any prior operations were enrolled from January 2011 to December 2017. All patients suffered from stage 2 POP or greater, where either the anterior, middle or posterior compartments or combinations of these were affected. As a conservative self-therapy, space-filling (Dr. Arabin®) cube pessaries were fitted. The size of each was individually adapted for each woman. For data analysis we used Spearman correlation test and Nonparametric statistical test.

RESULTS: All patients included in the study were asymptomatic one week after fitting the pessary. We revealed a positive significant correlation between the genital hiatus (GH) and the size of the cube pessary ($\rho=0.777$, $p\leq 0.001$). We also found a positive significant correlation between the size of the cube pessaries and the POP-Q stage. We also managed to find significant differences between cube pessary sizes and corresponding GH values.

CONCLUSIONS: since excess vaginal space significant correlates with the increase of the genital hiatus, it could be consider as a new marker for advanced prolapse stage, levator ani muscle injury and a new risk factor for the recurrence of pelvic organ prolapse. With the use of different size of cube pessaries we report a method to estimate this space. More studies are needed to identify factors related to excess vaginal space.

VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

11 - RESULTS OF A NOVEL NATURAL THERAPY FOR WOMAN OVERACTIVE BLADDER

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INTRODUCTION AND AIM OF THE STUDY

Female overactive bladder represents a big challenge for uro-gynecologist and urologist as regards quality of life, treatment's effectiveness, side effects and expensive pad consumption. The aim of this study is to examine the results of a new natural therapy in a group of patients affected by wet OAB .

MATERIALS AND METHODS

104 women recruited in 6 centers were submitted to a novel therapy: a combination of high ginstein soybean extract (Dropsodry 500 mg): providing 22,5 mg of isoflavones, 6,5 mg pyrogallol and 8,75 enterodiol per tablet: 2 tablets per day for 4 weeks and then 1 per day for 4 weeks. Frequency, urgency and urge incontinence, pad consumption and VAS for incontinence were recorded at baseline and at the end of therapy. Side effects were also recorded.

RESULTS

The most important results obtained are as follows: 65% pts reported light or absent urgency, no frequency and a strong decrease in pad use, 78.3% experienced a significant improve in subjective VAS for incontinence, 39.8 % were completely dry, 35.9 % were ameliorated and 24.2 % unchanged. Only 11 pts experienced light and transient side effects (nausea, urethral discomfort)

INTERPRETATION OF RESULTS

All parameters of OAB showed an important amelioration in the vast majority of pts, that very satisfied at the end of the 8 weeks of therapy. Side effects were very rare, without any discontinuation of therapy.

CONCLUSIONS

Dropsodry represents an innovative therapy for women OAB, with very few side effects and an improvement of symptoms similar to the traditional therapies with anticholinergic or B mimetic drugs.

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VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

12- SATISFACTION OF OLDER FEMALES UNDERGOING PELVIC FLOOR MUSCLE TRAINING AND HAVE TELEPHONE FOLLOW-UP IN AN OUTPATIENT SETTING.

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INTRODUCTION AND AIM OF THE STUDY

Stress urinary incontinence (**SUI**) is associated with significant deterioration in the quality of life of older females. Nurse-led follow-up is an alternative to the traditional model of healthcare provision. The study aims to evaluate symptom improvement and patient satisfaction with trained nurse telephone follow-up of older women undergoing pelvic floor muscle training with SUI.

MATERIAL AND METHODS

The study assessed 160 women aged over 65 years old with genuine SUI who underwent a 12week program of pelvic floor muscle exercises. Patients comprised two groups; Group I consisted of 80 patients who had trained-nurse telephone follow-ups every month for twelve months. Group II consisted of 80 patients who had traditional outpatient appointments every month. Twelve months after their discharge from the initial pelvic floor muscle training program, all patients received a validated urinary continence questionnaire, the ICIQ-UI SF. All patients ranked their overall satisfaction on a visual analogue scale between 0 and 100, where 100 indicated high satisfaction.

RESULTS

Mean ICIQ-UI SF scores at 12 months were 9.2 (SD 4.1, n=52) in Group I and 9.1 (SD 4.2, n=48) in Group II (mean difference -0.09, P=0.89). According to the visual analogue scale, the satisfaction rate was 79% for group I and 81% for group II. According to women's responses, there was no statistical difference between the two groups.

INTERPRETATION OF RESULTS

Women demonstrated ease of speaking over the phone about their condition and confidence in the treatment plan, just like in a traditional appointment.

CONCLUSIONS

Telephone follow-up and traditional outpatient appointments achieved similar satisfaction and effectiveness scores between these two groups of older women. If outpatient urological units adopt this follow-up method, the nursing staff will improve resource use.

VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

13 - EFFECT OF UNDERACTIVE DETRUSOR ON TREATMENT EFFICACY OF TRANSOBTURATOR ADJUSTABLE TAPE SLING SURGERY ON WOMEN WITH INTRINSIC SPHINCTER DEFICIENCY

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INTRODUCTION AND AIM OF THE STUDY

Urinary incontinence (UI) can coexist with other lower urinary tract dysfunctions, such as, overactive detrusor, underactive detrusor (DU) and intrinsic sphincter deficiency (ISD).

In fact, the DU treatment mechanism is contrary to that for incontinence, which makes it difficult to treat incontinence with DU.

To evaluate the outcome and efficacy of transobturador ajustável (TOA) tape sling surgery on women with intrinsic sphincter deficiency (ISD) with/without detrusor underactivity (DU) combined with urinary incontinence.

MATERIALS AND METHODS

Subjects were considered to have intrinsic sphincter deficiency (ISD) identified by a Abdominal leak point pressure (ALPP) measurement < 60 cmH₂O and to have detrusor underactivity by a Q_{max} < 15ml/s at PdetQ_{max} < 20 cm H₂O. The mesh tension was controlled one day after surgery.

We analysed eleven women with urinary incontinence and ISD treated with TOA. Five of these had DU.

The objective cure rate was defined as no leakage using the cough test.

RESULTS

Table 1. Baseline demographics			
	Group A: Underactive bladder	Group B: Without Underactive bladder	P value
N (%)	5 (45%)	6 (55%)	
Follow up	18 ± 3,5	21,6 ± 2,4	0,717
Age Y, Mean ± SD	68,8 ± 7,8	56,8 ± 5,0	0,284
BMI Mean ± SD	31,1 ± 1,8	27,6 ± 1,8	0,485
Q _{max} Mean ± SD	11,6 ± 1,9	22,8 ± 1,8	0,001
PdetQ _{max}	13,1 ± 1,4	25,2 ± 1,9	0,003

VIII MIPS Annual Meeting
ROME, 16-18 FEB 2023

ALPP	42,3 ± 9	41,2 ± 9	0,558
No Pads before	3,8 ± 1,6	2 ± 0,4	0,259
No Pads after	0,6 ± 0,6	0,2 ± 0,2	0,468
Complications	Yes 0 (0%) No 5 (100%)	Yes 1 (16,7%) No 5 (83,3%)	0,500
Pos-op Adjustment	Yes 1 (20%) No 4 (80%)	Yes 4 (66,7%) No 5 (33,3%)	0,242
Cure rate	4 (80%)	5 (83,3%)	0,727
Satisfaction	Yes 4 (80%) No 1 (20%)	Yes 6 (100%) No 0 (0%)	0,455

INTERPRETATION OF RESULTS

There wasn't a statistically significant difference in objective cure rate in the two groups

None of the patients needed clean intermittent catheterization during follow-up.

CONCLUSIONS

TOA procedures seem to be effective and safe for UI with underactive bladder.

VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

14 - PERCUTANEOUS TIBIAL NERVE STIMULATION (PTNS) IS A FEMALE THING... ISN'T IT? RETROSPECTIVE STUDY ON MALE PATIENTS TREATED BY PTNS FOR LOWER URINARY TRACT DYSFUNCTIONS.

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INTRODUCTION AND AIM OF THE STUDY

Available data on Percutaneous Tibial Nerve Stimulation (PTNS) for the treatment of lower urinary tract dysfunctions (LUTD) are mainly obtained from female patients. We aimed to investigate the efficacy of PTNS on men affected by different LUTD (overactive bladder, underactive bladder (UAB) and neurogenic LUTD).

MATERIALS AND METHODS

We included male patients affected by LUTD treated with PTNS at our center between 2020 and 2021. Exclusion criteria were diabetes mellitus, active urogenital infections, urinary stones, malignancies, missing data, treatment dropout. Patients were investigated by uroflowmetry, invasive urodynamics, questionnaires (IPSS, OAB-q SF, IIEF5, PEDT). PTNS was administered in 12 weekly 30-min sessions. Response to the treatment was defined as a score of 1 (very much better) or 2 (much better) in the 7-grade Patient Global Impression of Improvement (PGI-I) tool.

RESULTS

Thirty patients were analyzed, 11 were excluded. Twelve had neurogenic diseases, 7 had idiopathic LUTS. Mean age was 55 years (25–73). Five patients performed clean intermittent catheterization (CIC) (mean 5/day). Four patients (21,0%) presented filling LUTS, 5 voiding LUTS (26,3%) and 10 both types of LUTS (56,6%). Patients' response to treatment was: "very much better"/"much better" (11, 57.9%), "better" (5, 26.3%), no change (3, 15.8%). None reported a worsening of LUTS. Mean Qmax improved from 11,5 mL/sec to 15,2 mL/sec and mean post-void residual (PVR) decreased to a mean of 60 mL.

INTERPRETATION OF RESULTS

We showed that males with LUTD can benefit from PTNS. Almost 60% of our patients were considered as successfully treated. Strengths of this study are homogeneous data coming from one center and the accurate pre- and post- treatment evaluation including invasive urodynamics. Limitations were the retrospective design, the different clinical conditions and the little number of the patients included.

CONCLUSIONS

PTNS is a feasible and effective treatment also in male patients with LUTS (success rate comparable to female or mixed populations).

VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

15 - FOCAL, HEMI AND TOTAL ABLATION FOR PROSTATE CANCER: A PROSPECTIVE COMPARATIVE AND FUNCTIONAL ANALYSIS OF FOCAL ONE® DEVICE

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INTRODUCTION AND AIM OF THE STUDY

Targeted prostate cancer (PCa) ablation has been recently assessed through the development of magnetic resonance imaging (MRI)/trans rectal ultrasound (TRUS) fusion-guided focal High intensity focused ultrasound (HIFU) therapy by the Focal One® device. In this study we compare focal, hemi and total ablation by HIFU in terms of safety and functional outcomes.

MATERIALS AND METHODS

A prospective study was conducted including patients with low to intermediate-risk PCa treated with HIFU by the latest focal HIFU device from 11/2018 to 03/2020. Patients underwent mpMRI and consequent MRI/TRUS fusion (FB) and standard biopsy (SB) before treatment, then they were stratified according to the type of ablation. Functional assessment was carried preoperatively and at 1, 3, 6 and 12 months after treatment through the evaluation of IPSS, IIEF-5, quality of life [QoL], maximum flow [Qmax] and post void residual [PVR] at flowmetry. Symptoms reported at IPSS questionnaire were divided in "irritative" and "obstructive" then compared. The three patient groups were compared using ANOVA test.

RESULTS

100 patients enrolled underwent: 15 total, 50 hemi-, 35 focal ablation. Median prostate volume was 46 ml (IQR 25-75), median lesion diameter 10 mm (IQR 6-13). Operative time was lower in the focal group ($p < 0.01$). No further differences were found between groups.

INTERPRETATION OF RESULTS

Focal ablation was associated with a significant lower incidence of irritative symptoms ($p < 0.05$ at 1, 3, 36 months of follow up). IPSS, IIEF-5, Qmax, QoL, PVR did not show differences among pre- and postoperative assessment ($p > 0.05$).

CONCLUSIONS

Our study demonstrates that Focal One® device allows a minimization of the treatment side effects. In particular, patients undergone focal ablation showed a lower rate of irritative symptoms.

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VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

16 - EVALUATION OF LONG-TERM SEXUAL FUNCTION IN WOMEN SUBMITTED TO LAPAROSCOPIC SACROCOLPOPEXY: RETROSPECTIVE TERTIARY CENTER STUDY

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INTRODUCTION AND AIM OF THE STUDY

Sexual satisfaction has become an essential element of individual well-being.

In this study, our aim is to evaluate the sexual satisfaction in women submitted to laparoscopic sacrocolpopexy, applying the new sexual satisfaction scale validated to Portuguese population.

MATERIALS AND METHODS

Thirty patients with sexual activity previous to surgery were selected and twenty-one remained sexually active (70% of patients). These twenty-one patients answered the questionnaire "The new sexual satisfaction scale" and all patients answered three questions more via phone:

"In a scale of 0 to 10, how satisfied are you with the surgery?"

"Do you think that the surgery changed your sexual satisfaction? If yes, negative or positively?"

"Would you recommend this surgery to someone else?"

RESULTS

All patients were submitted to SCO from August of 2014 until December of 2016.

The mean of rate of global surgery satisfaction was 6.97 ± 0.32

INTERPRETATION OF RESULTS

In fact, the women sexually active after surgery were younger, but there was not a statistically significant difference. As a matter of fact, only the complications associated with surgery were related to sexual activity after surgery.

Also, the mean of "The new sexual satisfaction scale" was 75.1 ± 2.8 (between the moderate satisfied to very satisfied). In fact, nineteen patients (63.3%) answered that the surgery changed their sexual satisfaction, for thirteen of them the change was negative and for six was positive.

However, twenty-five (83.3%) recommended this surgery to someone else.

CONCLUSIONS

This study showed that the rate of sexual satisfaction in patients submitted to SCP was good and the majority of patients recommends the surgery. This retrospective work has many limitations, including the lower number of patients and the questionnaire was done via phone.

**17 - DOES DETRUSOR OVERACTIVITY CAUSE DETRUSOR UNDERACTIVITY THROUGH MUSCLE
EXHAUSTION? RESULTS FROM A URODYNAMIC DATABASE.**

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INTRODUCTION AND AIM OF THE STUDY

A working group of the International Consultation on Incontinence Research Society proposed the definition of coexisting overactive–underactive bladder (COUB) as a new syndrome [1]. Aim of this study was to verify this hypothesis.

MATERIALS AND METHODS

We included male patients undergoing urodynamic study between 2011 and 2022, affected by lower urinary tract symptoms (LUTS). Neurologic disease and urinary tract surgery were exclusion criteria. Patients were divided in two groups (A-B): normal detrusor function (NDF) and detrusor overactivity (DO). Bladder outlet obstruction (BOO, BOOI >40), detrusor underactivity (DU, BCI <100), voiding efficiency, post-voiding residual (PVR) were compared.

RESULTS

We analyzed 202 male patients with LUTS (mean age 63,5 years): 91 (45,1%, A) showed NDF, 111 (54,9%, B) DO; 18 (8,9%) DO incontinence. Ninety patients (44,6%) were obstructed (BOOI > 40), 49 (24,2%) equivocal (20< BOOI > 40) and 63 (31,2%) not obstructed (BOOI <20). Forty-three (38,7%) and 31 (34%) showed BOO in Group A and B. Thirty-one (27,9%) and 25 (27,5%) showed DU in Group A and B. Sixty-nine (75,8%) showed DO before a filled volume of 200 mL, while 22 (24,2%) at a filled volume >200; their mean BCI was 114,7 and 111,5 (p=0,6896).

INTERPRETATION OF RESULTS

We were not able to find differences between patients with DO or with NDF in terms of detrusor function during the voiding phase. Limits of this study are the retrospective design and the absence of a control group of asymptomatic subjects. The strengths of this study are the use of data coming from a single center and urodynamic data obtained following the ICS good urodynamic practices.

CONCLUSIONS

Our study contradicts the hypothesis that in the COUB, DU could be caused by the wasting of energy used during bladder filling.

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VIII MIPS Annual Meeting

ROME, 16-18 FEB 2023

18 - FUNCTIONAL EFFECT OF PSEUDOANEURYSM MANAGEMENT AFTER RADICAL PROSTATECTOMY: WHERE ARE WE HEADED?

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INTRODUCTION AND AIM OF THE STUDY

Pseudoaneurysms are rare complications of radical prostatectomy (RP). Neither guidelines nor consensus statements have been published regarding their management. The aim of this study is to evaluate the final functional findings described after a secondary procedure finalized to control bleeding due to a post-prostatectomy pseudoaneurysm.

MATERIALS AND METHODS

We searched Scopus and PubMed published works using the key words “prostatectomy” and “pseudoaneurysm”, then we included manuscripts concerning RP. 11 works were selected and we analyzed the reported data about a total of 23 patients who developed pseudoaneurysms after RP, treated as follows: 16 selective embolizations, 3 percutaneous embolizations, 1 transrectal ultrasound thrombolytic guided injection, 1 surgical management. The management of 2 patients has not been described.

RESULTS

Erectile function was not described in 10 patients. In the remaining ones, it was good for 2 patients after 2 years, 7 patients with after 44.7 months mean time, 1 patient after 1 year follow up. Erectile function was compromised in 3 patients with a mean time follow up of 44.7 months. Continence was not reported for 9 patients. In the remaining ones: stress incontinence was developed by 6 patients, of which 1 during a follow up period of 6 months and 4 during a 44.7 months mean time follow up; in 1 patient timing is not reported. Continence was good in 6 patients during a 44.7 mean time of follow up and in 2 patients with no follow-up time reported.

INTERPRETATION OF RESULTS

Functional outcome after pseudoaneurysms management is reported incompletely and only in some works hampering a statistical analysis performing.

CONCLUSIONS

More attention must be paid to the functional outcome deriving from the management of complications after RP. Quantifying the risk of functional alterations should guide the choice of the most appropriate treatment, ensuring functional efficacy as the surgical treatment itself.

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