2° MIPS Annual Meeting

Pelvic Floor Dysfunctions in the Mediterranean: Climbing a long hill?

November 26 - 29, 2014, Nimes – France

Abstract and Video Session II: Male and Female

8 - FIRST ASSESSMENT OF ER:YAG LASER TREATMENT EFFICACY ON STRESS URINARY INCONTINENCE IN WOMEN

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INTRODUCTION AND AIM OF THE STUDY

First assessment of efficacy and safety of Er:YAG laser in the treatment of stress urinary incontinence (SUI) and, as a secondary outcome, impaired sexual gratification in women. The aim of this study was to assess the outcome of a non-invasive laser treatment for mild-to-severe stages of these two conditions.

MATERIALS AND METHODS

A prospective, single-center study at Ob/Gyn Clinic, Zagreb, Croatia, recruited 73 female patients suffering from SUI. The procedure was performed with a 2940 nm Er:YAG laser (XS Dynamis, Fotona, Slovenia) designed to achieve heating up of vaginal mucosa to around 60°C, 500-700 microns in depth. We have tested five parameters at baseline and follow-up visits: ICIQ-UI-SF and PISQ12 scores, residual urine volume and perineometry values (average presure in mmHg and duration of presure in seconds). Level of statistical significance was set to $p<0.05$ and all confidence intervals were given at 95% level. In all instances two-tailed tests of statistical significance were used.

RESULTS

At 1st month, and at 2nd-6th month follow-up after laser treatment, all monitored outcomes were statistically significantly different from the baseline. ICIQ-UI score was reduced for 8 points, what is relative reduction of 67%; $P<0.001$. PISQ-12 score was increased for 5.5 points, relative increase of 16%; $P<0.001$. Duration of contraction was increased statistically significantly for 6.3 seconds (74% relative improvement). Residual urine volume (RUV) was reduced for 2.0 ml (67% relatively to the baseline; P=0.01). No adverse events were noticed.

INTERPRETATION OF RESULTS

Since laser treatment of stress urinary incontinence is a novel method, few studies have thus far discussed laser therapies for similar indications[1]. In all five outcomes we have found statistically significant differences from the baseline to 2-6 months after the intervention. As both BMI and age were associated with improvement in ICIQ-UI SF score, we have checked the possible interaction between these two parameters. At baseline BMI and age were statistically significantly correlated (Spearman's $\rho=0.39$, P=0.001), but we have not found statistically significant, nor clinically relevant interaction of age and BMI on relative decrease of ICQ-UI SF score. Findings from several studies, discussing impact of age on less invasive surgery for SUI, suggest that younger women have better improvement in UI symptoms relief with less retreatment, i.e. subjective and objective cure rate was significantly lower in older patients' groups[2]. On the other hand, BMI was diversely associated with the outcomes in some studies assessing less invasive surgical approach for stress urinary incontinence[3]. Results from the current study clearly support the observation that one may expect better outcomes in non-obese and younger patients. Thus, early detection of low grades of SUI in younger and normal-weighted women may partly become a practical approach, inducing earlier consultation and treatment.

CONCLUSIONS

This study has indicated clinically relevant improvements in all outcomes, as well as improvements in sexual gratification. Er:YAG laser therapy is another possible minimally invasive option for treating premenopausal and postmenopausal women with SUI symptoms.

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9 - COMPARISON OF TVT AND TOT ON URETHRAL MOBILITY AND SURGICAL OUTCOMES IN STRESS URINARY INCONTINENCE WITH HYPERMOBILE URETHRA

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INTRODUCTION AND AIM OF THE STUDY

Stress urinary incontinence (SUI) is characterized by involuntary leakage of urine with activities that leads to increase in abdominal pressure such as coughing, sneezing and lifting **(1).** It is estimated that SUI affects 10% to 39% of women with significant financial and psychological consequences for the patients **(2).** Urethral hypermobility is generally considered to be important in the pathophysiology of SUI **(3).** However, the effect of preoperative and postoperative urethral mobility on the surgical success of midurethral sling procedures is controversial .

Therefore, we aimed to compare the change of UH after midurethral sling procedures in SUI with hypermobile urethra and also compare these findings with surgical outcomes.

MATERIALS AND METHODS

Women with clinical and urodynamic diagnosis of SUI and who agreed to undergo midurethral sling operations were recruited between April 2013 and April 2014 at Zekai Tahir Burak Woman's Health Research and Education Hospital . All patients underwent a standard preoperative evaluation in the urogynecology clinic including a detailed history, pelvic examination, urinalysis, urine culture, cough stres test, measurement of urethral mobility, multi-channel urodynamic testing and quality of life (QoL) assesment. Urethral mobility was measured by Q-tip test (value of ≥30° was defined as urethral hypermobility) in the supine position. The primary surgical outcomes were classified as cure, improvement and failure. Short and long-term complication rates including transient urinary obstruction (PVRV<100, after 3 or more days urinary catheterization), de novo urgency, voiding dysfunction (slow micturition, incomplete bladder emptying, and post-void leakage) were secondary surgical outcomes.

RESULTS

Of 141 women, 50 (35. 5%) women underwent TOT, 91 (64.5%) underwent TVT. In both TOT and TVT groups, postoperative Q tip test values, IIQ-7 and UDI-6 scores were statistically reduced when compared with preoperative values .Postoperative Q tip test in TVT group was significantly smaller than in TOT group [25°(15°- 45°) and 20° (15°- 45°), respectively]. When we compared the Q-tip test value, IIQ-7 and UDI-6 score changes, there were no significant changes between the groups. Postoperative urethral mobility was

more frequent in TOT group than in TVT group (40% vs 23.1%,respectively).Postoperative primary and secondary outcomes were similar in both groups.

INTERPRETATION OF RESULTS

Urethral mobility shows statistically significant decrease after TVT and TOT,but postoperative urethral mobility was more common in TOT group than in TVT group as well as postoperative Q tip test median value was smaller in TVT group compared to TOT group. To the best of our knowledge, these findings have not been previously mentioned. These results suggest that among midurethral sling procedures, retropubic approach is more effective in reducing urethral mobility than transobturator tape. However correction of UH may not be necessary to restore continence in women who undergo midurethral sling procedures due to SUI with UH.

CONCLUSIONS

Although midurethral slings decrease urethral hypermobility, postoperative mobility status of urethra does not effect surgical outcomes of midurethral slings in women with preoperative urethral hypermobility.

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10 - EFFECT OF RESIDENT PERFORMANCE ON MIDURETHRAL SLING CURE AND COMPLICATION RATES

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INTRODUCTION AND AIM OF THE STUDY

Since the midurethral slings have become gold standard in urinary stress incontinence surgery,they have been important in resident education programs**(1,2).** We wanted to evaluate the cure rates and complications of midurethral slings performed by residents under an experienced surgeon supervision in this study.

MATERIALS AND METHODS

141 slings performed in urogynecology clinic of Ankara Zekai Tahir Burak Women's Health Research and Education Hospital were reviewed between January 2013 and January 2014. Age, parity,body mass index,menopausal status, grade 2 preoperative pelvic organ prolapsus,concomitant vaginal surgery and intraoperative (bladder and bowel perforations,bleeding,vaginal laceration) and early postoperative (urinary retention etc.)complications were recorded.All women were re-examined at postoperative 6th month and symptoms were questioned. Patients were classified as ''cured'' if the stress test was negative , ''partially cured'' if continence frequency decreased but still continued and ''unsatisfied'' if there was no change in symptoms.

RESULTS

Among 141 patients who had undergone midurethral sling ,50(35.5%) were TOT , 91(64.5%) were TVT. In the TVT group, 3 (3.3%) patients had bleeding which requires transfusion and 5(5.5%) patients had bladder perforations.In the TOT group,there was no bladder perforation and bleeding that requires transfusion. In early postoperative period, urinary retention was encountered in 7(14.0%) patients in TOT group and in 17(18.7%) patients in TVT group. There was no significant difference betweengroups in case of complications. At postoperative 6th month, in TOT group 76% of patients were cured, 18% were partially cured and 6% were unsatisfied. In TVT group, 83.5% of patients were cured, 12.1% were partially cured and 4.4% were unsatisfied and there was no significant difference in cure rates between the groups.

INTERPRETATION OF RESULTS

The success and complication rates of midurethral slings performed by residents under experienced surgeon supervision were comparable with the literature. Although the minor complications seem to be a little bit higher, it does not effect success rate and patient satisfaction.

CONCLUSIONS

There is no sigficant difference in outcomes and complication rates of midurethral sling rates when they were performed by residents under proper supervision.

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11 - A COMPERATIVE STUDY FOR SURGICAL OUTCOMES OF MIDURETHRAL SLING PRPCEDURES IN OBESE AND NON-OBESE WOMEN

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AIM

To compare the efficacy and safety of Transobturator Tape (TOT) and Tension Free Vaginal Tape (TVT) procedures among obese women with stress urinary incontinence, and also investigate the outcomes of these procedures in obese women compared to non-obese women.

MATERIALS AND METHODS

The women planned to undergo TOT or TVT with an indication of urodynamically proven, isolated SUI were classified according to body mass index (BMI) as obese (BMI≥30 kg/m^2) and non-obese (BMI<30 kg/m^2). And the women with BMI≥35 kg/m^2 was defined as morbidly obese. Surgical outcomes at postoperative 6^{th} month were compared. Objective cure was the presence of no urine leakage during postoperative cough stress test. Subjective cure was the absence of any leaking with coughing, laughing, sneezing or exertion reported by patients.

RESULTS

Neither the comparison of TOT and TVT results in obese women nor the comparison of TOT or TVT results between obese and non-obese women showed any significant differences in terms of objective and

subjective cures, quality of life improvements, or intra/postoperative complications. TOT and TVT procedures also have similar effectiveness in morbidly obese women.

CONCLUSION

TOT and TVT seem to be equally effective and safe procedures for female stress urinary incontinence regardless of obesity.

Table: Postoperative outcomes of obese and non-obese women who underwent TOT or TVT procedure

	Obese		P_1	Non-obese		P_2	P_3	P_4
	TOT (n=31)	TVT (n=62)		TOT (n=38)	TVT (n=58)			
Objective Cure[#]	27 (87.1)	58 (93.5)	0.296	34 (89.5)	52 (89.7)	0.984	0.802	0.516
Subjective Cure[#]	25 (80.6)	53 (85.5)	0.550	32 (84.2)	48 (82.8)	0.895	0.750	0.737
UDI-6 Score change*	10.6±4.0	11.2±3.7	0.536	12.2±5.6	11.0±4.5	0.430	0.267	0.856
IIQ-7 Score change*	11.8±4.6	13.3±3.7	0.088	11.4±7.0	13.7±5.0	0.203	0.830	0.711
Complications[‡]	2 (6.5)	6 (9.7)	0.601	2 (5.3)	8 (13.8)	0.450	0.414	0.146
Denovo-urgency	*1 (3.2)*	*3 (4.8)*		*1 (5.3)*	*3 (5.2)*			
Voidingdysfunction	*0 (0.0)*	*1 (1.6)*		*0 (0.0)*	*3 (5.2)*			
Bladderperforation	*0 (0.0)*	*1 (1.6)*		*0 (0.0)*	*2 (3.4)*			
Erosion	*1 (3.2)*	*1 (1.6)*		*0 (0.0)*	*0 (0.0)*			

Values were given as mean±standard deviation or number (percentage)
[#] Chi square test,
* Student's t test,
[‡] Fisher's exact test
P_1: Probability value between TOT and TVT in obese women
P_2: Probability value between TOT and TVT in non-obese women
P_3: Probability value between TOT procedures in obese and non-obese women
P_4: Probability value between TVT procedures in obese and non-obese women
$P < 0.05$ was considered statistically significant

12 - DOES FUNCTIONAL ELECTRICAL STIMULATION (FES) INCREASE CURE RATES IN PATIENTS WHOM NOT EXACTLY SATISFIED WITH ANTICHOLINERGIC TREATMENT?

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INTRODUCTION AND AIM OF THE STUDY

The choices of treatment of overactive bladder (OAB) are anticholinergic therapy and conservative management including functional electrical stimulation (FES) and pelvic floor training (1). However, the role of FES in patients whom not exactly satisfied with anticholinergic treatment is unclear. For these patients, we aim to investigate whether FES plus anticholinergic treatment is efficient or not.

MATERIALS AND METHODS

Eighty-five women with OAB were given anticholinergic treatment (Fesoterodine, 8 mg Toviaz®) at outpatient clinic of Urogynecology Division, Maltepe University. After 3 months, satisfaction of treatment was assessed. Thirty women whom not satisfied with anticholinergic treatment were included the study. For these women, FES treatment was added to anticholinergic treatment. After 3 months, patients were assessed. The difference between pre- and post-treatment IIQ scores, objective cure rates, subjective cure rates, digital vaginal palpation scores and the rate of advice procedure to others were assessed.

INTERPRETATION OF RESULTS

The mean age was 54.1±15.6. The objective and subjective cure rates were significantly higher in anticholinergic plus FES treatment when compared with only anticholinergic treatment (53% vs 0% for objective cure, 70% vs 33.3% for subjective cure, $p<0.0001$ and $p=0.005$, respectively). The difference between pre- and post-treatment IIQ scores were significantly higher in anticholinergic plus FES treatment (1.80±1.82 vs 6.43±5.09, $p=0.004$). The digital vaginal palpation scores were found to be increased after FES (1 point for 16.6%, 2 points for 46.9%, 3 points for 34.6%). The rate of advice procedure to others was also significantly higher in anticholinergic plus FES treatment (73.3% vs 0%, $p<0.0001$).

CONCLUSIONS

Adding FES treatment to patients whom not exactly satisfied with anticholinergic treatment seems to increasing cure rates.

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13 - LONG TERM RESULTS OF CONTASURE-NEEDLELESS TECHNIQUE VERSUS TVT-O FOR THE TREATMENT OF STRESS URINARY INCONTINENCE (Video)

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INTRODUCTION AND AIM OF THE STUDY

Recently, midurethral sling procedures have been found as safe and effective treatment of choice in stress urinary incontinence (SUI) (1). However, alternative procedures called mini-slings were developed to minimize the complications and to simplify the technique. We aim to compare prospectively the long term results and complications of transobturator tension-free vaginal tape (TVT-O, Gynecare) with a single-incision tape procedure (Contasure Needleless, Neomedic Int.).

MATERIALS AND METHODS

Sixteen women underwent TVT-O and 21 women underwent Needleless were compared. The complications, preoperative and postoperative QoL scores, objective cure rates, subjective cure rates and the rate of advice procedure to others were assessed.

INTERPRETATION OF RESULTS

There was no significant difference regarding age, gravida, parity, smoking, diabetes and delivery type between two groups. The mean follow up period were 30.3±19.3 and 43.3±22.9 months in TVT-O group and Needleless group, respectively. The complication rates including mesh erosion and groin pain was not found to be statistically significant between two groups. De novo urge incontinence rates were significantly higher in TVT-O group compared with Needleless group (62.5% vs 28.6%, respectively, p=0.042). The objective cure rates were 62.5% in TVT-O group whereas 71.4% in Needleless group (p=0.411). The subjective cure rates were 62.5% and 90.5% in TVT-O and Needleless groups, respectively (p=0.05). The rate of advice procedure to others was significantly higher in Needleless group compared with TVT-O group (90.5% vs 62.5%, respectively, p=0.05)

CONCLUSIONS

Despite TVT-O and Needleless technique are equally effective in long-term period, Needleless procedure seems to have less de novo urgency. It has also has higher rates of subjective cure and advice procedure to others.

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14 - WORSENING URINARY INCONTINENCE AFTER ABDOMINAL SACROCOLPOPEXY AND CONCOMITANT BURCH COLPOSUSPENSION: CYSTOSCOPY FOR DIAGNOSIS OF THE DISTORTED BLADDER NECK AND FOR GUIDING MANAGEMENT (Video)

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INTRODUCTION

Concomitant anti-incontinence surgery and prolapse repair seems to be beneficial in women with coexistent or occult stress urinary incontinence (SUI) (1). Nevertheless, there are reports suggesting that Burch colposuspension (BC) with abdominal sacrocolpopexy (ASC) was less effective and that ASC could even worsen the outcome of BC (2, 3). We present a case of worsening urinary incontinence (UI) after ASC and concomitant BC and describe its clinical evaluation and management, with special emphasis on the role of cystoscopy.

CASE

A 61 year-old woman was admitted to the urogynecology unit of our University School of Medicine Department of Obstetrics and Gynecology with UI after ASC and Burch colposuspension performed at another institute 1 year ago. Although not typical, clinical findings suggested SUI, with no post-void residual urine. Urodynamics confirmed SUI. However, significant urinary leakage on compression of the posterior vagina suggested the possibility of a complicated UI case due to the previous operation, mandating cystoscopy. Cystoscopy revealed 'funneling' of the urethra creating a 'pouch' at the bladder neck, interfering with closure of the urethra. Sutures were observed submucosally with traction on the left bladder wall distorting the trigon. On exploration of the Retzius, dense fibrotic tissue dissection and removal of the prolene sutures was performed until the traction resolved. Under direct vision, a tension free vaginal tape (TVT) was applied. At 3 months, symptoms, clinical and cystoscopic findings improved significantly.

INTERPRETATION

ASC with concomitant BC may create traction on the bladder neck while suspending the vaginal apex, especially if the sutures are placed inadvertently tight and at the improper location. Cystoscopy helps to establish the accurate diagnosis and to choose the best management option in these cases.

CONCLUSION

Cystoscopy is a valuable tool in the evaluation and management of complicated cases in urogynecology.

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15 - LONG-TERM OUTCOMES OF TENSION-FREE VAGINAL TAPE PROCEDURES FOR TREATMENT OF STRESS URINARY INCONTINENCE WITH INTRINSIC SPHINCTER DEFICIENCY IN OFFICE SETTING

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INTRODUCTION AND AIM OF THE STUDY

To assess the long-term outcomes of tension-free vaginal tape (TVT) procedures for stress urinary incontinence (SUI) with intrinsic sphincter deficiency (ISD) and identify different factors that influence the outcome of the procedure.

MATERIALS AND METHODS

A total of 75 patients underwent the procedure in office setting. Patients were divided in 2 groups upon there preoperative VLPP urodynamic studies: ISD and non-ISD groups. Patients were assessed postoperatively after 1 and 6 months. After 6 months they underwent VLPP and after several years interviews with patients were conducted.

RESULTS

28 patients were in ISD and 47 in the non-ISD group. The mean follow up was 3.75 for ISD and 3.45 years for non-ISD group. All ISD patients had statistically significantly higher BMI. In ISD-group, VLPP was significantly higher ($p<0,001$). 6 months after TVT procedure, while in non-ISD group statistically significant difference was not found. VAS score at first follow-up month was found to be statistically significant ($p<0,001$) in ISD group, as well as nocturia after 6 months and long term follow-up in ISD compared to non-ISD group. During the 6 months follow up period, 3 patients were diagnosed with *de novo* urgency due to detrusor overactivity, 2 with vaginal erosions and 4 with uroinfections. Sexual satisfaction was statistically worse in ISD group after long term follow-up.

INTERPRETATION OF RESULTS

Majority of patients already underwent some type of anti-incontinent surgery. Repetitive surgery and enlarged BMI could explain nocturia and poor sexual satisfaction.

CONCLUSIONS

According to our long-term results TVT is an effective treatment for SUI even with patients with ISD in office setting. However, patients should be counseled carefully about TVT outcome.

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