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13th ISPP'S INTERNATIONAL ANNUAL CONGRESS ON PELVIC FLOOR DISORDERS ABSTRACTS

Keywords: After trans-obturator tape, female, functional outcome, myomectomy, natural orifice transluminal endoscopic surgery (NOTES), neurogenic bladder, pelvic floor, pelvic organ prolapse, post-prostatectomy stress urinary incontinence (PP-SUI), presacral tumor, radiotherapy, retrorectal tumor, stress urinary incontinence (SUI), surgery, urinary incontinence, uterocutenous fistula, uterosacral ligament suspension, vulvar leiomyoma

PREFACE

Dear Readers;

We held the 13th ISPP's International Annual Congress on Pelvic Floor Disorders between the dates of May 29–30, 2021 on a virtual platform.

We were happy with the large number of participants from all over the world.

The congress topics covered all issues of pelvic floor. Hence, the congress days were full and we were able to allocate only one hour for oral presentations.

The reviewers scrutinized the abstracts of these proffered presentations and, due to time constraints, only eleven of them were chosen for oral presentation.

These abstracts are being published in the Journal of Pelviperineology, which is the official journal of the ISPP.

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Co-President of the 13th ISPP Congress

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DOES RADIOTHERAPY AFFECT THE PELVIC FLOOR?

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ABSTRACT

In the treatment of female genital tract cancers, surgery, radiotherapy (RT), chemotherapy, or combinations of these treatments are used according to the stage, age, and recurrence risks of the disease. RT is often used as adjuvant therapy in locally advanced cancers. Of course, these treatment modalities have certain side effects and may lead to morbidity in patients. In the literature, although a pelvic floor disorder is very common in women, we noticed that pelvic floor function is rarely investigated in cases with gynecological cancer before or after treatment. Publications report that pelvic floor disorders develop in patients, especially after RT. Urinary incontinence, urgency, fecal incontinence, and sexual dysfunction may develop in patients receiving oncological treatment. Such side effects of RT reduce the quality of life and cause difficulties in daily life, even if the patient survives the cancer. Similar to the mechanism that occurs in pelvic floor disorders in patients without cancer, it is thought that urinary incontinence, fecal incontinence, and prolapse develop as a result of damage to the pelvic floor muscles by radiation beams. The effects of radiotherapy on the pelvic floor occur months or even years after exposure since the functional activity of muscle, nerve and connective tissue is not dependent on constant cell regeneration. Every tissue has a dose of radiation that it can tolerate. If the doses given in cancer treatment exceed the tolerability dose, serious side effects occur. In this study, we tried to explain the prevalence of pelvic floor disorders and its mechanism of occurrence in those patients with gynecological cancer receiving radiotherapy by means of a review of the literature.

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EVIDENCE OF A COMMON PATHOPHYSIOLOGY OF STRESS- AND URGENCY- URINARY INCONTINENCE

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ABSTRACT

Introduction: Urinary incontinence (UI) in women is categorized as stress urinary incontinence (SUI) and urgency urinary incontinence (UUI). SUI - activity related incontinence - occurs due to an increased intra- abdominal pressure on the bladder which leads to a short opening of the bladder outlet. This can be successfully treated surgically. UUI is considered to be caused by dysfunctional detrusor muscle contractions. Current treatment options for UUI focus on neurological suppression of these contractions.

These treatments can reduce the feeling of urgency but have no effects on UI.

Since prolapse surgery can reduce/cure UUI, we hypothesized that UUI is also caused by an anatomical instability at the bladder outlet leading to incontinence.

Materials and Methods: Patients with UUI were asked to specify exactly when (in which body position) they involuntary lost urine after a feeling of urgency.

Results: In total, 569 patients were evaluated between 2012 and 2020. Overall, 97% of the patients lost urine when they got up from a sitting position on their way to the toilet.

Conclusion: The current treatment options for UUI are based on the hypothesis that UUI is a neurological disorder. This study demonstrated that urinary incontinence in patients with UUI is activity related.

Therefore, UUI is also a kind of SUI. Furthermore, treatment modalities for this form of incontinence should focus on anatomical repair or support.

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HIGH UTEROSACRAL LIGAMENT SUSPENSION VIA VAGINAL-ASSISTED NATURAL ORIFICE TRANSLUMINAL ENDOSCOPIC SURGERY: INITIAL EXPERIENCE

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ABSTRACT

Introduction: Vaginal natural orifice transluminal endoscopic surgery (vNOTES) has been used for a variety of gynecologic operations in recent years. The aim of this study is to present our initial vNOTES high uterosacral ligament suspension experience for apical prolapse repair.

Materials and Methods: All patients (n=15) underwent vNOTES hysterectomy and high uterosacral ligament suspension to treat symptomatic apical pelvic organ prolapse. The information concerning basic characteristics, duration of surgery, intra/post-operative complications, additional prolapse and incontinence surgeries were obtained from the hospital's database. Anterior colporrhaphy was added where it was necessary. All patients were followed up for six months.

Results: The median age of the patients was 55 (40–72) years. The median parity was 4 (2–7). The median body mass index was 27.5 (21.1–34.8) kg/m^2. Pre-operative POP-Q scores were as follows; Aa -2(-2, -3), Ba -2(-2, -3),

C 3(2-4), D 0(-1, 0) Bp -2(-2, -3), Ap -2(-2, -3), Gh 5(4-5), Pb 2(2-3), Tvl 7(6-7). The median total surgery duration was 48 (38–55) minutes. The mean postoperative 6-hour visual analog scale (VAS) score was 6 (5–7) and the 24-hour VAS score was 1 (1-2) for vNOTES uterosacral ligament suspension patients. The mean length of hospital stay was 22 (18–28) hours. There were no intraoperative and postoperative complications. Post-operative 6th month POP-Q scores were as follows; Aa -2(-2, -3), Ba -2(-2, -3), C -5(- 3-6), D -5(-3, -7) Bp -2(-2, -3), Ap -2(-2, -3), Gh 5(4-5), Pb 2(2-3), Tvl 7(6-7).

Conclusion: vNOTES is a feasible approach in high uterosacral ligament suspension for the treatment of apical pelvic organ prolapse.

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UTEROCUTANEOUS FISTULA AFTER MYOMECTOMY

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ABSTRACT

Introduction: We aimed to discuss uterocutaneous fistula, which may occur after myomectomy.

Case presentation: A 40-year-old woman presented to the polyclinic with a complaint of pelvic pain and abdominal mass. Transabdominal ultrasonography and abdominal tomography revealed a large uterus filling the entire pelvis, extending into the abdomen. Its dimensions were 186 x 129 mm and many myomas of various sizes were observed in it. Abdominal myomectomy was performed on the patient. A vertical incision was made on uterus and myoma removed, myometrium was closed in two layers. The patient came back with malodorous discharge and bleeding from the incision site three months after the operation. A fistulous tract with a thickness of 6 mm was observed between the uterus and the abdominal scar in the magnetic resonance imaging (MRI). Intraoperatively, the fistula was observed to extend from the upper part of the uterus to the skin and a fistulectomy was performed. Histopathology of the fistula tract showed that the tract was covered with endometrial epithelization and granulation. The patient was discharged on the 6th postoperative day.

Discussion: Fistula is defined as an abnormal connection between two epithelial-covered organs. In uterocutaneus fistula due to menstruation, a bloody discharge comes from the path between the skin and the uterus. A definitive diagnosis can be made by ultrasonography, contrast fistulogram, hysterosalpingography, computed tomography and MRI. The period for fistula formation after the procedure is given as being between three months to three years according to the literature.

Conclusion: Uterocutenous fistula following myomectomy is a very rare condition in women. Fistulectomy and intravenous broad-spectrum antibiotics have favorable prognosis.

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AUTOLOGOUS BULBOURETHRAL SLING FOR POST-PROSTATECTOMY STRESS URINARY INCONTINENCE

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ABSTRACT

Introduction: In view of the increase in use of bulbourethral slings to treat post-prostatectomy stress urinary incontinence (PP-SUI) and the serious potential complications of synthetic materials, we describe our clinical pathway and surgical technique for an autologous sling to treat PP-SUI.

Materials and Methods: A clinical, cystoscopic and urodynamic evaluation including voiding diary, pad use, ICIQ-SF and UDI-6 questionnaires is used. We explain the standard alternative treatments to the patient, with possible risks and benefits. The sling is harvested from the rectus fascia through a skin incision of 4–6 cm. It is positioned to compress the bulbar urethra by fixation to the ischio-pubic rami with polypropylene sutures. Compression is measured by retrograde urethral manometry to 60 cmH_2O.

Results: We perform this autologous rectus fascia sling as a day case. Patients reported improvements in the number of incontinence episodes, daily pad use and ICIQ-SF score and these improvements have continued for over 6 months.

The patients receive preoperative information on care at discharge. The harvest site is well tolerated and discreet.

Conclusion: We describe a bulbo-urethral sling for PP-SUI that is safe and cost-effective. It is technically simple for surgeons familiar with perineal surgery. Sling compression is controlled by retrograde manometry. Our procedure offers another alternative with an autologous fascia avoiding the potential risks of synthetic materials.

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BURCH COLPOSUSPENSION IN A CASE OF RECURRENT STRESS URINARY INCONTINENCE: A CASE REPORT

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ABSTRACT

Stress urinary incontinence, which is common in the world, greatly affects the quality of life of patients. This condition, which has many medical and surgical treatment options, may recur after treatment or there may be situations where it does not benefit from treatment. In this case report, we describe a 45-year-old case of recurrent stress urinary incontinence admitted to an outpatient clinic. The patient, who had previously undergone incontinence surgery seven times in other centers, was diagnosed with tethered vagina syndrome by us. Urethrolysis and Martius flap were applied. However, the patient applied to us again with a complaint of urinary incontinence one year after the operation. Burch colposuspension was performed on the patient. Symptomatic improvement was achieved in the patient with Burch colposuspension.

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PERI-URETHRAL INJECTION OF PLATELET RICH PLASMA FOR THE TREATMENT OF STRESS URINARY INCONTINENCE

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ABSTRACT

Introduction: We describe the clinical use of Platelet Rich Plasma with Fibrin (PRPF) peri-urethral injections for the treatment of female stress urinary incontinence (SUI). Periurethral injections increase urethral resistance. PRPF is an injectable autologous substance with adhesive, haemostatic, and bulking characteristics.

Materials and Methods: Preoperative assessment includes history and physical examination, multichannel urodynamic studies and cystoscopy. We employed a voiding diary, pad use, ICIQ-SF and UDI-6 questionnaires. Our technique was IRB approved. PRPF is prepared from 40ml peripheral blood. This is centrifuged and separated. Just before injection, Calcium is added to increase density.

PRPF injections can be performed retrograde (trans-urethral, peri-urethral) or antegrade via a suprapubic access. Amounts ranging from 0.5 to 2 ml are injected at 3, 6, 9 and 12 o'clock cystoscopic positions to obtain urethral closure at the level of the sphincter.

Results: The technique is easily reproducible both in the preparation of PRPF and the injection steps. Patients reported improvements in the number of incontinence episodes, daily pad number use and ICIQ-SF score at week one. There was a reduction in efficacy at three months, yet results were still above baseline levels.

If needed, top-ups can easily be performed as an in-office procedure under local anaesthetic. We are currently prospectively following a cohort in three centres.

Conclusion: We describe the clinical use of PRPF peri-urethral injections for the treatment of female SUI. The procurement and preparation of PRPF is accessible and reproducible. The injection procedure is simple and similar to other bulking substances.

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VOIDING HABITS IN WOMEN: WHAT SHOULD BE MODIFIED?

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ABSTRACT

Introduction: to evaluate voiding habits in Uruguayan women from a wide age-range and different social, cultural and economic environments.

Materials and Methods: women of 14 years and older were recruited using an online survey. It included 10 questions. Five of them were about urinary habits: urination with desire, need to push during urination, where the voiding takes place, position to make voiding and the relationship between bladder distention and the emptying moment; and five questions were about social, cultural and economic environments: health insurance, education level, financial income, means of transport and age.

Results: Nine hundred and fifty-two women between the ages of 14 and 89 answered the survey completely. The average age was 41 years old. 81.4% have a level of education higher than elementary school, they all have health insurance, and 87% live in an urban area, thus being a representative part of the female Uruguayan population.

21.26% urinate without feeling the need to, 59.86% wait to urinate until they cannot hold it any longer, 77.83% try to urinate at home, and 43.47% push to urinate.

Conclusion: Voiding habits which can be prejudicial for urogenital female health were reported at a non-negligible frequency. This proves that we must insist on education regarding voiding habits from an early age in Uruguayan women to avoid dysfunctional voiding in the future.

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MANAGEMENT OF PELVIC FLOOR DYSFUNCTIONS: COMBINED VERSUS SINGLE SURGICAL PROCEDURE IN A MULTIDISCIPLINARY APPROACH: A RETROSPECTIVE STUDY

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ABSTRACT

Background: The combined and consensual surgical treatment of multiple pelvic dysfunctions in the same surgical operation still causes much controversy. The objective of this study was to compare the outcome of combined surgical treatment of multicompartmental pelvic floor defects versus single procedures within a multidisciplinary path in order to try to clarify what is the most effective surgical approach.

Methods: A retrospective series of consecutive patients with pelvic floor dysfunction undergoing single- specialty pelvic procedure (SP=30) was compared to patients operated on at the same institution with

a combined multi-compartment surgical procedure (CP=30) after discussion at a joint pelvic floor multidisciplinary team over a 12-month period in a tertiary referral center.

Results: Clinical evaluation of prolapse at 12 months after surgery showed a statistically significant postoperative improvement of prolapse (reduction in POP-Q) compared to the preoperative grade in both groups, but with a statistically significant difference between the SP and CP groups (p=0.03). We observed more de novo defects in the SP group (p=0.01)12 months after surgery, especially affecting the posterior compartment. More recurrences occurred in the SP group (33% vs 23%) although the difference was not statistically significant. Only grade I and II complications occurred (SP group: 26%, CP group: 20%) with no differences between the two groups. There was a statistically significant clinical and quality- of-life improvement (p<0.001) in both groups after surgery, regardless of the procedure.

Conclusions: The multidisciplinary approach is safe and feasible with a better restoration of the pelvic plane anatomy and less need for subsequent correction.

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PRESACRAL (RETRORECTAL) TUMOR FUNCTIONAL OUTCOME AFTER RESECTION IN ADULTS – A SYSTEMATIC REVIEW

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ABSTRACT

Introduction: Presacral (Retrorectal) lesions and tumors are quite rare. No solid reports about the functional outcome after resection have been reported so far.

The aim of this article is to assess the functional outcome of pelvic organs after resection of presacral (retrorectal) mainly benign tumors.

Materials: A systematic review was performed through Pubmed, Medline, and Scopus search to identify functional outcomes of pelvic organs of presacral (retrorectal) tumors after resection.

Result: A total of six articles met the inclusion criteria. Two hundred and seventy-one patients were identified. Those patients who suffered from neurogenic bladder made up 15.4% (42), dysthesia cases were 3.3% (9), fecal incontinence cases were 4.4% (12), massive bleeding cases were 2.5% (7), and retrorectal abscess cases were 1.1% (3).

Conclusion: The long-term functional outcome of presacral (retrorectal) resection of mainly benign tumors is rarely addressed in the literature. More studies are needed to estimate complications in benign and malignant conditions.

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MID-TERM PATIENT QOL AFTER TOT SURGERY FOR MIXED TYPE URINARY INCONTINENCE

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ABSTRACT

Aim: To determine mid-term patient satisfaction and quality of life after trans-obturator tape (TOT) surgery for stress dominant mixed type urinary incontinence (UI).

Methods: After informed consent, all patients with TOT surgery for stress dominant mixed type UI and preoperative urodynamics within the last 5 years were included. Patients were asked to fill out 'Incontinence Impact Questionnaire-7 (IIQ-7)' and the 'Urogenital Distress Inventory-6' (UDI-6). They were also asked how they felt "happy or not" regarding surgery and to score their satisfaction level on a visual analog scale (VAS) from 0 to 10.

Results: The women (n=33) included in the study had a median age of 55 years with a median follow-up period of 35 months. 73% had ≥1 comorbid diseases, and almost half were smokers. 39% of them had previous gynecological pelvic surgery. 88% of them were on antimuscarinic medication for urge incontinence. The median number of live births was three with birth-related complications in 42%. Preoperative median bladder capacity was 400 ml. 6% had an early postoperative post-voiding residual volume of 50 to 100 ml. None had urinary retention or stress urinary incontinence postoperatively. 60% of patients were satisfied with the surgery and had a median VAS score of 10 (range: 7–10). The unsatisfied group had a median VAS score of 1 (range: 1–4). UDI-6 scores (11 vs. 3) and IIQ- 7 scores (15.5 vs. 0) were statistically higher in the unsatisfied group compared to the satisfied group (p=0.001, Mann-Whitney U test).

Conclusion: Dissatisfaction rate is higher for TOT performed for stress dominant mixed UI after apparently successful surgery. This might be due to unmet preoperative over-expectations of the patients or failure of surgeons to inform their patients adequately regarding surgical outcomes.

Keywords: Incontinence, surgery, quality of life, transobturator tape, questionnaire

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VULVAR LEIOMYOMA: A CASE REPORT

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ABSTRACT

Leiomyomas constitutes 3.8% of soft tissue tumors. Extrauterine leiomyomas are less common. An example of this situation is vulvar leiomyomas. Vulvar leiomyomas may be asymptomatic or may show symptoms such as compression, itching, or pain. In this case report, we discussed our patient who had a mass of approximately 15cm that started in the right labia major. The patient initially presented with a complaint of constipation. During the operation, the 15cm mass and then a10cm mass progressing to the gluteal region were excised. Pathological analysis was revealed leiomyoma. The pain and constipation complaints of the patient disappeared with the excision of the mass.

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