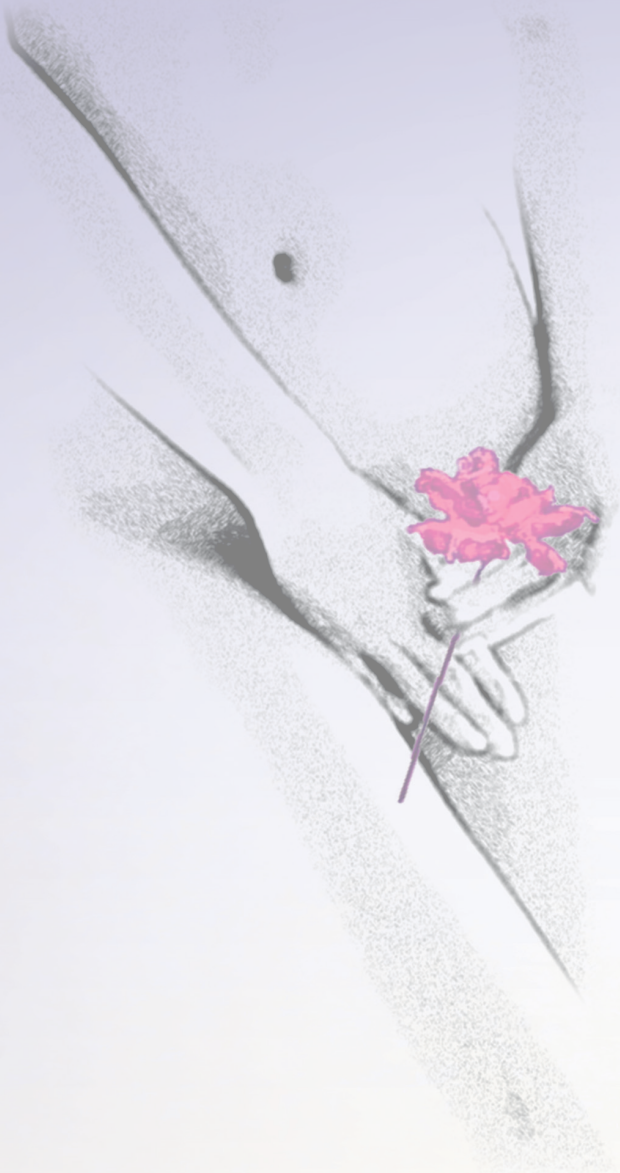
Semi-Live Surgery Urogynecology Course 3rd edition

Pelvic Pain, Prolapse & Neuromodulation

Pestana Palace Hotel, Lisbon
June 24-25, 2022

Scientific Programme

Access the program with abstracts



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Cássio Riccetto, M.D., M.Sci, Ph.D. He is currently Head of the Department of Urology and chief of the Female Urology Division at the at University of Campinas Faculty of Medical Sciences (UNICAMP) in Brazil. In addition, he is the coordinator of the Biomaterials in Urology Laboratory and full professor of the Surgical Sciences Postgraduate Program at same institution. He published has more than 130 peer-reviewed articles published in journals specialized in Urology and owned 25 national/international awards for his researches on urinary incontinence and voinding dysfunctions. In addition, he is member of the Department of Voiding Dysfunction of the Brazilian Society of Urology and secretary of the Latin American Pelvic Floor Association.

HUGO DAVILA (USA)
A board-certified urologist and Clinical Assistant Professor at Florida State University, College of Medicine, Dr. Hugo Davila completed his surgery and urology training at University of South Florida and Moffitt Cancer Center. He currently practices at Florida Healthcare Specialists (an affiliate practice of Florida Cancer Specialists & Research Institute) and Cleveland Clinic Indian River Hospital.
Dr. Davila is a leading physician researcher, having previously completed clinical studies on fibrosis, aging and nitric oxide, which were published in prestigious journals, such as Biology of Reproduction, Cardiovascular Research, Urology and British Journal of Urology. In 2004-5, Dr. Davila was awarded a Pfizer research grant about the "Effects of long-term therapy with Sildenafil on the histological and functional alterations of the aged corporal tissue; implications for reversal of corporal veno-occlusive dysfunction."
His most recent investigations have included the evaluation of robotic surgical techniques and pelvic floor ultrasonography for the correction of pelvic organ prolapses, with several publications in the Urology gold journal, Journal of Robotic Surgery and Journal of Obstetrics and Gynecology. Recently, Dr. Davila described a robotic and laparoscopic single site approach to apical prolapses using native tissue. He also presented a new robotic technique without mesh for pelvic organ prolapses at the European Association of Urology.

An active member of the American Urology Association (AUA), Society of Robotic Surgery (SRS) and Latin-American Society of Pelvic Floor (ALAPP), he has a special interest in female pelvic medicine and reconstructive surgery; his most recent publications in the Journal of Robotic Surgery and Urology Gold Journal describes a new approach using ultrasonography assisted robotic surgery with pubocervical fascia plication and the description of the pubocervical fascia injury on 3D endovaginal ultrasound. He has presented multiple videos, podium and posters at the American Urological Association's international urology meetings.

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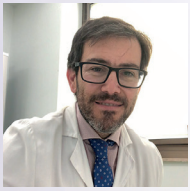

LUÍS LÓPEZ-FANDO (SPAIN)
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Functional Urology is my main area of interest. development of complex laparoscopic pelvic floor surgery such as sacrocolpopexy, neurolisis of pudendal nerve entrapment, female artificial urinary sphincter, enterocystoplasty, repair of vesicovaginal and ureterovaginal fistula, as well as laparoscopic oncological surgery. UROLF is a website platform focus on the diagnostic functional urology and neurourology (urodynamics, videourodynamics, electronic bladder diary).

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SCIENTIFIC PROGRAMME

Friday, 24th June 2022

07:30h Opening of registration desk

08:30-08:45h **Welcome session**
Frederico Ferronha, Luís Campos Pinheiro & Ana Fatela

08:45-09:45h **1ST SESSION: CAU SESSION – ANATOMY & PELVIC ORGAN PROLAPSES**
Panel: Ricardo Mira, Palma dos Reis, Amália Martins & Frederico Ferronha

Anatomy of prolapses for clinicians *(15m)*
Paulo Palma

Pelvic floor evaluation *(15m)*
Cássio Riccetto

No-mesh in POP surgery: Controversy – Evidence vs. emotion *(10m)*
João António Pereira Correia

What is the place for vaginal mesh surgery in 2022: The rise and fall of meshes for POP *(10m)*
José Ailton Fernandes

09:45-10:25h **2ND SESSION: CONSERVATIVE TREATMENT OF PROLAPSES**
Panel: Bercina Candoso, João Pina, João Varregoso & Pedro Faustino

Pelvic floor rehabilitation: Selecting POP patients? *(10m)*
Aricia Garrido Silva

Election of the patient and the ideal vaginal pessaries – What, when and how? *(10m)*
Guida Gomes

Laser in pelvic floor disfunctions – Where are we now? *(10m)*
Teresa Fraga

10:25-10:40h **Opening session**
Luís Campos Pinheiro, Ricardo Mira, Frederico Ferronha, Miguel Ramos, Miguel Guimarães & Ana Fatela

10:40-11:00h Coffee break

11:00-13:30h **3RD SESSION: SEMI-LIVE SURGERY – SURGICAL MANAGEMENT OF APICAL POP**
Panel: Luís Campos Pinhero, Pedro Nunes, Alexandra Henriques, Carlos Veríssimo & João Marcelino

Vaginal native tissue repair *(20m)*
Surgeon: Alexandre Lourenço

Transvaginal repair with mesh *(20m)*
Surgeon: Javier Cambronero

Laparoscopic sacrocolpexy *(30m)*
Surgeon: Frederico Ferronha

Laparoscopic integral sacrocolpexy *(30m)*
Surgeon: Luis Lopez-Fando

Robotic laparoscopy *(30m)*
Surgeon: Hugo Davila

With the display of edited videos of surgeries

13:30-14:30h Lunch

14:30-15:45h **4TH SESSION: NOCTURIA AND RECORRENT UTI**
Panel: Ana Luísa Ribeirinho, Rui Bernardino, Rui Miguel Viana & Paulo Vale

Nocturia session: Symptom or disease? Advances in treatment *(15m)*
Ricardo Pereira e Silva

Urinary infection. Specific approach in the stages of the life of the woman: UTI in gestation & UTI in postmenopause *(15m)*
Cássio Ricetto

Evidence for prophylaxis of recurrent UTI in women *(15m)*
José Ailton Fernandes

Recurrent UTI management: Probiotics, immunotherapy, vaccines, and other options *(15m)*
Vanessa Vilas Boas

15:45-17:20h **5TH SESSION: CHRONIC PELVIC PAIN**

Panel: Cardoso de Oliveira, Pedro Martins, Luís Abranches Monteiro & Filipa Osório

LECTURES

Beyond the urogenital system: A multilayered approach to chronic pelvic pain *(30m)*
Nucelio Lemos

Urologic approach in endometriose *(15m)*
José Anacleto Dutra de Resende Júnior

CHRONIC PELVIC PAIN

Pharmacology therapy and botulin toxin of the CPP *(10m)*
Rui Pinto

Sacral neuromodulation – The uroneurologist vision *(10m)*
Manuel Oliveira

Percutaneous approach – The radiologist vision *(10m)*
Pedro Alves

Pudendal entrapment: Diagnostic and treatment technique in 2022 *(10m)*
Renaud Bollens

17:20-17:45h Coffee break

17:45-19:00h **ABSTRACT SESSION: PODIUM PRESENTATIONS**

Panel: Avelino Fraga, Fortunato Barros, Carlos Silva, Cabrita Carneiro & Liana Negrão

Moderated e-Poster

Abstracts accepted as moderated electronic posters will be physically presented at the meeting. Each presenter will give 3 minutes of highlights, using their electronic posters (no slides are permitted). Moderators will address questions at their discretion, either after each presentation or at the end of the session.

Note: Presenting authors of accepted abstracts must be registered

19:00h End of the 1st day

Saturday, 25th June 2022

08:00h Opening of registration desk

08:30-09:10h **6TH SESSION: URODYNAMIC AND VOIDING DYSFUNCTIONS**
Panel: Vaz Santos, Tiago Rodrigues, João Colaço & Paulo Príncipe

Is urodynamics helpful in functional female Urology *(15m)*
João António Pereira Correia

Meshes for POP and voiding dysfunctions *(15m)*
José Ailton Fernandes

09:10-10:15h **7TH SESSION: UNDERACTIVE BLADDER**
Panel: Miguel Guimarães, João Marcelino, Liana Negrão & Francisco Fernandes

The enigma of the underactive bladder: Current and future therapeutic strategies of detrusor underactivity *(15m)*
Tiago Antunes Lopes

Stress incontinence and underactive bladder… How can I manage it? *(15m)*
Paulo Palma

Combined overactive and underactive detrusor – How to treat? *(15m)*
Márcio Averbeck

10:15-10:40h **8TH SESSION: OVERACTIVE BLADDER**
astellas
Panel: Carlos Silva, Njilla Amaral, Belmiro Parada & Catarina Gameiro

Is Mirabegron an effective first-line therapy for OAB *(15m)*
Vanessa Vilas Boas

Q & A *(10m)*

10:40-11:00h Coffee break

11:00-12:15h **9TH SESSION: SEMI-LIVE SURGERY – CONTEMPORARY TREATMENT OF REFRACTORY OVERACTIVE BLADDER**
Panel: Cardoso Oliveira, Rui Sousa, Sofia Alegra & Pedro Baltazar

Urge according to integral theory *(15m)*
Cássio Ricetto

CESA/VASA mesh *(15m)*
Pedro Galego

Botulin toxin injection *(15m)*
Rui Pinto

Management of OAB: Is the new era of neuromodulation? *(15m)*
Ricardo Pereira e Silva

With the display of edited videos of surgeries

12:15-12:45h **10TH SESSION: CROSS FIRE SESSION**
Panel: Miguel Ramos, Tiago Antunes Lopes, Patena Forte & Raquel Robalo

Does rehabilitation solve stress incontinence? Face to face physiotherapist vs. surgeon *(20m)*
Susana Mesquita *(10m) vs.* Hugo Pinheiro *(10m)*

12:45-13:40h **11ST SESSION: SEMI-LIVE SURGERY – DIFFERENT TREATMENTS OF STRESS URINARY INCONTINENCE**
Panel: Paulo Dinis, Paulo Príncipe, Teresa Mascarenhas & Pedro Galego

Will mini-slings stand the test of time? *(15m)*
Frederico Ferronha

Should we avoid mesh in stress incontinence's treatment? Autologous fascial sling – Alive & kicking in 2022 *(15m)*
Carlos Ferreira

Cirurgia de Burch laparoscópico *(15m)*
José Anacleto Dutra de Resende Júnior

With the display of edited videos of surgeries

13:40-14:30h Lunch

14:30-15:45h **12ND SESSION: SEMI-LIVE SURGERY – CURRENT STATE OF TREATMENT OF SUI WITH HIGH GRADE OF INTRINSIC SPHINCTER DEFICIENCY**
Panel: Luís Abranches Monteiro, Rui Pinto, Gil Falcão & Bercina Candoso

Adjustable slings *(15m)*
Patrícia Isidro Amaral

Are bulking agents a good alternative? *(15m)*
Catarina Gameiro

Is artificial urinary sphincter a good option in women?

Perineal approach *(15m)*
Javier Cambronero

Laparoscopic approach *(15m)*
Luis Lopez-Fando

With the display of edited videos of surgeries

15:45-17:00h **13RD SESSION: CONTROVERSIES**
Panel: Susana Mineiro, Miguel Eliseu, Francisco Rolo, Fernando Calais & Rita Torres

Mixed urinary incontinence – What's the best approach and which one to treat first? *(15m)*
José Ailton Fernandes

Use of virtual reality in urogynecology: Robotic or computer assisted surgery *(15m)*
Hugo Davilla

Bladder obstruction in women – Challenges in diagnosis and treatment *(15m)*
Cássio Riccetto

17:00-17:30h Coffee break

17:30-18:00h **14TH SESSION: SEXUAL DYSFUNCTION IN WOMEN**
Panel: Luís Severo & Patrícia Isidro Amaral

What we need to know: Still a tabu? *(15m)*
Lisa Vicente

Q & A *(15m)*

18:00-18:15h **CLOSING SESSION**
Luís Campos Pinheiro & Frederico Ferronha

POSTERS

PO 01

CHRONIC URINARY RETAINERS – HAS BLADDER VOIDING EFFICIENCY ANY ADDITIONAL VALUE

Cláudia Nogueira Fernandes[1]; Simão Abreu[1]; Luís Vale[1]; Carlos Martins Silva[1]; Tiago Antunes Lopes[1]
[1]Centro Hospitalar de S. João, EPE

Introduction: Detrusor underactivity (DU) is an important cause of low urinary tract symptoms (LUTS). The diagnosis of this condition depends on invasive urodynamic techniques and there is still controversy about whether DU patients benefit from deobstructive surgery. Bladder voiding efficiency (BVE) has the advantage of non-invasive methods, avoiding complications such as infections.

Goals: This study aims to evaluate the value of BVE as a predictor of the success of deobstructive surgery in patients with chronic urinary retention due to benign prostate hyperplasia (BPH).

Material and methods: The study was an observational, prospective, and non-randomized study. A group of men with chronic urinary retention (postvoid residual volume higher than 300 mL in two different evaluations) were proposed for prostate surgery and followed at the outpatient clinic. Patients with BPH were selected and other aetiologies of LUTS were excluded, such as neurologic impairment, history of pelvic trauma, surgery or irradiation, and bladder or prostatic neoplasia.

The evaluation included a preoperative urodynamic study. The population was divided into two groups. A group with detrusor underactivity (DU) and a group with obstruction (BOO). After a follow-up of one-year, postoperative outcomes such as spontaneous voiding and the need for an indwelling catheter were evaluated.

Results: Twenty old men, with a median age of 79 [IQR= 8] were included. At baseline 11 patients had DU and 9 had BOO, and 5 were on the chronic indwelling catheters. One year after surgery only two patients remain on an indwelling catheter. Assuming as surgical success outcome the spontaneous micturition, it was verified that differences between BVE are statistically significant in these patients. Men who remained on indwelling catheters had a lower pre-operative BVE in comparison to men who had spontaneous micturition (median 5,99 vs 64.9, p= 0.042).

Discussion/Conclusion: Several urodynamic parameters had been used as a predictor of prostate surgery efficiency. BVE was found to be a non-invasive predictor of surgery benefits in patients with chronic urinary retention. Patients who present detrusor underactivity and a high BVE may benefit from a prostate e surgery, avoiding the need for chronic bladder catheterization.

PO 02

THE PREVALENCE OF LUTS IN DIABETIC PATIENTS CHRONICALLY TREATED WITH SGLT2I

Gabrielcosta[1]; Diogo Pereira[1]; Francisco Carvalho[1]; João Fevereiro[1]; Raquel Catarino[1]; Carlos Silva[2]; Manuel Cerqueira[1]; Rui Prisco[1]; Tiago Antunes-Lopes[2]
[1]Unidade Local de Saúde de Matosinhos, EPE / Hospital Pedro Hispano [2] Centro Hospitalar de S. João, EPE

Introduction: Sodium/glucose cotransporter-2 inhibitors (SGLT2i) are new generation oral antidiabetics, acting through inhibition of sodium and glucose absorption in proximal renal tubules, thus increasing urinary glucose excretion. The resulting osmotic diuresis has raised the concern that SGLT2i might be associated with increased LUTS, which is still not clear in the literature.

Goal: Our aim was to assess the prevalence of LUTS in patients with type 2 diabetes mellitus (T2D) chronically treated with SGLT2i.

Materials & methods: This is cross-sectional study, which included patients with T2D chronically treated with SGLT2i, followed by Endocrinology between 2010 and 2020. Inclusion criteria were: age 45-80 years old; T2D diagnosis 3 years ago or more; taking SGLT2i for 1 year or more. Exclusion criteria were: presence of prostate or bladder cancer, urinary lithiasis, pelvic radiotherapy, neurogenic bladder, or known lower urinary tract dysfunction. A urine dipstick analysis was performed to exclude urinary infection and confirm high urinary glucose concentration. The following questionnaires were then applied: IPSS, OABSS and PPBC. Uroflowmetry, prostate volume and post-void residual (PVR) measurement were also performed.

Results: A total of 34 patients were enrolled in the study (n=23 male and n=11 female). Mean age was 62 years. We found mild storage and voiding LUTS and good functional parameters with a mean bladder voiding efficiency (BVE) of 81,19% and a mean Qmax of 19.4 mL/s. Correspondingly, patients reported a very good quality of life and in PPBC assessment 79% of patients reported no symptoms or very minor symptoms. Demographic, questionnaires scores and morpho-functional parameters are summarized in table 1. No significant differences were found between genders in all parameters.

Conclusion: In our study, diabetic patients of both genders chronically treated with SGLT2i presented mild LUTS and showed good BVE. We hypothesize SGLT2i long-term use could be valuable to bladder remodeling and thus counteract diabetic cistopathy. Further studies are needed to better define the impact of SGLT2i on LUTS and bladder function.

PO 03

OUTCOMES AND ASSOCIATIONS BETWEEN LOWER URINARY TRACT AND BOWEL DYSFUNCTION INSACRAL NEUROMODULATION

Miguel Marques Monteiro[1]; Marco Pires[1]; Ana Lopes[1]; Sílvia Neves[1]; Manuel Castanheira de Oliveira[1]; Ana Povo[1]
[1]Centro Hospitalar do Porto, EPE / Hospital Geral de Santo António

Introduction: Sacral Neuromodulation (SNM) is a minimally invasive technique that has been used as a treatment option for both refractory lower urinary tract dysfunction (LUTD) and bowel dysfunction, including different types of fecal incontinence and Low Anterior Resection Syndrome (LARS). Both conditions seem to share at least some physiopathological pathways, based on neuroanatomical knowledge. We hypothesized that sacral nerve root stimulation used to treat a primary dysfunction could affect the function of the other.

Goals: Little data is available concerning the prevalence and management of simultaneous urinary and bowel dysfunction. We aimed to

estimate the incidence of concomitant urinary and bowel dysfunction in patients submitted to SNM and evaluate the clinical efficacy of SNM in this group; We also evaluated the onset of new different urinary or bowel symptoms after the intervention.

Material and methods: An observational, retrospective, single-center analysis was carried out. We reviewed the records of 86 patients (median age 51,3 years, 86,1% female) submitted to SNM device for urinary/bowel dysfunction between October/2012 and April/2022. Patients were evaluated and asked to fill in voiding and bowel diaries, fecal incontinence scores and quality of life scores before and after implantation. Clinical success was defined as an improvement of at least one symptom in ≥ 50%. Statistical Package for the Social Sciences software was used for statistical analysis.

Results: Seventy-nine patients underwent the test phase, fifty-three (~67%) had only urological disorders, fifteen (~19%) had only fecal incontinence and eleven (~14%) had both disorders. The test phase was successful in sixty-nine patients (~87%). Subgroup analysis showed that the best test responders were patients with fecal incontinence (94%), followed by urge urinary incontinence (88%) and chronic urinary retention (80%). All patients with concomitant urinary/bowel dysfunction underwent definite implantation. However, we only observed improvement for both disorders in 73% of patients. Ten patients reported (14,5%) new different urinary (n=5) or bowel (n=5) symptoms during the follow-up period. After definitive SNM, the device removal rate was 10,1% and the average time until removal was 46 months.

Discussion/Conclusions: SNM seems to be equally effective in the treatment of patients with isolated LUTD or bowel dysfunction and in patients with mixed pattern dysfunction. There was relevant report of new different urinary or bowel symptoms after intervention that may be related with stimulation parameters of SNM. However, careful interpretation of this data is necessary. Since there is a significant proportion of patients with mixed urologic/bowel dysfunction, the creation of a collaborative group between urology and coloproctology is fundamental for optimal management of these patients.

PO 04

ABDOMINAL SURGICAL REPAIR OF APICAL PROLAPSE: A THREE-YEAR EXPERIENCE OF A PORTUGUESE CENTRE

Fernanda Cristina Alves[1]; Mariana Morais[1]; Mário Moura[1]; Yida Fan[1]; Ana Moreira[1]; Osvaldo Moutinho[1]

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Introduction: Pelvic organ prolapse (POP) is a common condition with an overall prevalence in menopausal women over 50 years of age around 40%. The least common vaginal wall defects are in the apical compartment (14% of cases).

POP´s prevalence is increasing: population-based studies report an 11-19% lifetime risk in women undergoing surgery for prolapse or incontinence.

Established risk factors for POP include parity, advancing age, obesity and family history.

To repair apical vaginal prolapse the surgeon must decide between abdominal or vaginal surgical routes. Abdominal repair of apical prolapse is performed by securing the anterior and posterior vaginal walls via surgical mesh to the anterior longitudinal sacral ligament just below the sacral promontory.

Data suggests that abdominal surgery, typically with and abdominal sacrocolpopexy, provides better objective anatomic outcomes than native tissue vaginal apical support procedures for most women.

Goals: This study aimed to report a three-year experience on this procedure at a district Portuguese hospital.

Material and methods: In this retrospective study, data from patients undergoing abdominal repair of apical prolapse between January 2018 and December 2020 were obtained from patients clinical database. Information included demographics, parity, previous urogynecological surgeries and classification of the pelvic organ prolapse using simplified pelvic organ prolapse quantification system (simplified POP-Q); operative characteristics were recorded and surgical results were assessed in function of intraoperative and postoperative surgical complications, hospital stay and necessity of further interventions.

Results: A total of 42 abdominal repairs of apical prolapse were performed: 20 (47,6%) abdominal sacrocolpopexies performed alone, 7 (16,7%) abdominal sacrocolpopexies performed at the same time of the total hysterectomy, 6 (14,3%) laparoscopic procedures and 9 (21,4%) sacral cervicopexies, performed at the same time of the subtotal hysterectomy.

The studied population consisted of women with an average age of 63,8 years, of which 37 were post-menopausal. 88% of women had had at least one vaginal birth and only 23% of patients had no history of previous urogynecological surgery. The average length of hospital stay was 4,1 days.

Until date, of the 42 cases, there were 4 reported recurrences of prolapse: 2 in the anterior compartment, 1 in the apical compartment and another in the posterior compartment (all of them of asymptomatic nature).

Discussion/Conclusions: Pelvic organ prolapse can have a detrimental impact on women`s body image and sexuality, besides impacting daily life activities.

Given that its prevalence has been increasing, it is important to review treatment approaches for these patients so that we can improve the care that is provided.

PO 05

TRANSOBTURATOR VERSUS SINGLE-INCISION MID-URETHRAL SLINGS: ARE OUTCOMES SIMILAR?

Miguel Gil[1]; Pedro Silva[1]; João Cunha[1]; Nguete Veloso[1]; João Guerra[1]; Vanessa Andrade[1]; Mariana Medeiros[1]; Thiago Guimarães[1]; Frederico Ferronha[1]; José Cabrita Carneiro[1]; Luís Campos Pinheiro[1]

[1]Hospital de São José

Introduction: Mid-urethral slings are the standard surgical treatment for stress urinary incontinence due to urethral hypermobility. In recent years, single-incision slings have gained popularity as an alternative to transobturator mid-urethral slings. However, there is still no enough evidence of its efficacy and safety.

Goals: This study aim is to compare single-incision mid-urethral slings' efficacy and safety to the standard of care transobturator mid-urethral slings.

Material and methods: Retrospective analysis of patients submitted to mid-urethral sling procedures from January 2020 to May 2022 for stress urinary incontinence in Centro Hospitalar Universitário de Lisboa Central. Patients who had previous surgical interventions for stress incontinence in the past were excluded. The choice of procedure (transobturator or single-incision sling) was based on surgeon experience. Complications and outcomes were recorded. Subjective cure was defined as patient satisfied with no need to additional interventions.

Results: 53 patients were submitted to mid-urethral sling procedures during the study period. 2 of them were excluded because of previous interventions. From the remaining 51 patients: 16 had single-incision slings and 35 had transobturator slings (the in-to-out tech-

nique was performed in 12 cases, the out-to--in technique in 22 cases and an adjustable transobturator sling in 1 case). Regarding patients submitted to single-incision sling procedures, no complications were recorded and all patients were satisfied and considered as cured after surgery. No patients reported emptying dysfunction nor de novo storage symptoms. Regarding patients submitted to transobturator sling procedures, there were 2 complications: vaginal perforation and thigh hematoma. Only 1 patient was not considered as cured. No emptying symptons were reported but 2 patients developed de novo storage symptoms.

Discussion and conclusions: This study confirms that single-incision mid-urethral slings are safe and at least as effective as transobturator mid-urethral slings. Moreover, it suggests that single-incision slings might have a lesser rate of storage symptomatology. However, larger studies are warranted to validate these results. In conclusion, giving the very high satisfaction rate of women submitted to single-incision mid-urethral sling procedures, these should be considered in all patients with stress urinary incontinence due to urethral hypermobility.

PO 06

VESICOVAGINAL FISTULA TREATMENT – WHERE DO WE STAND?

Sara Duarte[1]; António Modesto Pinheiro[1]; Eduardo Felício[1]; Guilherme Bernardo[1]; Andrea Furtado[1]; Sónia Ramos[1]; Fernando Ferrito[1]
[1]Hospital Prof. Doutor Fernando Fonseca

Introduction: In developed countries, most vesicovaginal fistulas (VVF) are iatrogenic in the context of pelvic surgery, with an estimated incidence of 0.8 per 1000 hysterectomies. On the other hand, in low-resourced countries VVF most often occurs after prolonged obstructed labors. Less common causes are radiation-induced and advanced pelvic malignancies. This condition creates a social stigma, with negative physical, psychological, emotional and economic impact. The predominant treatment is surgical, but the timing, technique and approach, remain controversial. Until today, no surgical approach as proven to be superior to others. The outcome depends on the etiology, size and location of the fistula and also on the surgeon's experience.

Goals, materials & methods: The purpose of this review was to assess the available literature regarding the surgical approaches of VVF repairment, focusing on the effectiveness of the vaginal and minimally invasive transabdominal (MITA) approaches. To achieve this goal, we searched the keywords "vesicovaginal fistula" and "laparoscopic" and "vaginal", mostly through PubMed, restricting the database between 2012 and 2022.

Results: The research yielded 86 citations, selecting 9 full articles. The trans-vaginal approach is still the most commonly used. The success rates comparing trans-vaginal and trans-abdominal repairs were 90.9% and 84%, respectively. Laparoscopic and robotic-assisted vesicovaginal fistula repair showed overall success rates between 80% and 100%. There are no studies comparing trans-vaginal repair with MITA approaches but laparoscopic VVF repair is associated with a reduced patient post-operative morbidity and shorter hospital stay, with similar success results.

Discussion/Conclusions: Fistula etiology seems to play a very important role while choosing the surgical approach. Fistula complexity and location, number of fistulous tracts, history of previous repair and surgeon's experience are also important factors. MITA approaches have been gaining popularity, especially in iatrogenic fistulas, since these are commonly supratrigonal, with larger

fistulous tracts, less likely accessible with a trans-vaginal approach.

PO 07

TREATMENT OF FEMALE URETHRAL DIVERTICULA – A SYSTEMATIC REVIEW

Guilherme Silva Bernardo[1]; Andrea Furtado[1]
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Objective: To present a review of the current literature regarding the presentation, diagnosis, and treatment of female urethral diverticula (UD).
Methods: A systematic search of the PubMed database was performed to identify studies evaluating female UD. Article titles, abstracts and full-text manuscripts were screened to identify relevant studies, which then underwent data extraction and analysis.
Results: In all, 18 studies evaluating the presentation, diagnosis and treatment of female UD were deemed relevant for inclusion. Almost all studies were retrospective single-arm case series. Female UD are outpouchings of the urethral lumen into the surrounding connective tissue. The presentation of female UD is diverse and can range from incidental findings to lower urinary tract symptoms, frequent urinary tract infections, dyspareunia, urinary incontinence (UI), or malignancy. Repair of UD begins with an accurate assessment and diagnosis, which should include adequate radiographic imaging, usually including magnetic resonance imaging. Once the diagnosis is confirmed, the usual treatment is surgical excision and reconstruction, most often through a transvaginal approach. The principles of transvaginal urethral diverticulectomy include: removal of the entire urethral diverticulum wall, watertight closure of the urethra, multi-layered and non-overlapping closure of surrounding tissue with absorbable suture, and preservation or creation of continence. Results of surgical repair are usually excellent, although long-term recurrence of these lesions may occur. Complications of urethral diverticulectomy include urethrovaginal fistula, UI, and rarely urethral stricture.
Conclusion: Whilst urethral diverticulectomy excision and reconstruction is a challenging procedure, it is ultimately satisfying for the patient and the surgeon when relief of bothersome symptoms is achieved. Adherence to principles of reconstructive surgery is important to ensure a satisfactory result.

PO 08

NON-ANTIBIOTIC TREATMENTS AND PROPHYLAXIS OF SIMPLE URINARY TRACT INFECTIONS

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Urinary tract infections (UTIs) are one of the most common infections in everyday clinical practice. It is one of the most common reasons for antibiotic use worldwide which can lead to antibiotic resistance and other complications such as Clostridioides difficile infections. This has led to an increasing interest in the use of non-antibiotic treatment options for simple urinary tract infections.
This narrative review provides an overview of non-antibiotic treatments for simple cystitis, recurrent simple cystitis and nonantibiotic prophylaxis of UTIs, in ambulatory non-pregnant adult women.
PubMed and international guidelines were reviewed and articles and guidelines were included if published in English or Portuguese. From 76 citations identified 9 met our study inclusion criteria: 2 systematic reviews, 1 RCT, 1 comparative single-center study, 1 review article, 1 meta-analysis and 3 guidelines.
There is some evidence that supports non-antibiotic options for the treatment and prophylaxis of UTIs. However, antibiotic therapy

is still the first line of treatment for UTIs and further research is needed to built more robust evidence to support the role of non-antibiotic agents in the treatment and prophylaxis of UTIs.

PO 09

TVT-O, A MINIMALLY INVASIVE TECHNIQUE FOR THE TREATMENT OF FEMALE INCONTINENCE – A SYSTEMATIC REVIEW

Guilherme Silva Bernardo[1]
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Objective: Present a review of the current literature regarding the use of TVT-O for the treatment of female stress incontinence
Methods A systematic search of the PubMed database was performed to identify studies evaluating TVT-O. Article titles, abstracts and full-text manuscripts were screened to identify relevant studies, which then underwent data extraction and analysis.
Results: A total of 17 articles involving the use of TVT-O for the treatment of female stress incontinence were found, I have found 7 clinical trials and ten reviews. Tension-free sub-urethral tapes have revolutionized the surgical treatment of female stress urinary incontinence for the past decade. From 1996 a minimal invasive surgical procedure, the Tension-free Vaginal Tape (TVT) has rapidly become the gold standard in surgical treatment of stress urinary incontinence. With TVT 65-95% of women are cured. However, approximately 3-6% of women will develop symptoms of an overactive bladder, resulting in reduced quality of life
Conclusion: The technique is simple and reproducible and the incidence of complications is minimized. Stress urinary incontinence cure rates of almost 90%

PO 10

QUALITY OF LIFE IN PATIENTS WITH MULTIPLE SCLEROSIS AND URINARY INCONTINENCE

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Introduction: Multiple Sclerosis is the most common neuroinflammatory disease of the central nervous system. Bladder dysfunction is one of the most disabling aspects of multiple sclerosis and can affect up to 80% of the patients during the course of their disease. Urinary incontinence has a significant impact on quality of life of these patients, influencing their social activity.
Goals: Evaluate the impact in quality of life of urinary incontinence in women with multiple sclerosis.
Materials and methods: A sample of 33 women with multiple sclerosis followed in uroneurology consultation of our hospital were evaluated about urinary complaints. Those patients who suffered from urinary incontinence were contacted to answer questionnaires that evaluate the impact of that on their quality of life.
Results: Thirty three patients were evaluated: 51,5% reported urge incontinence, 6,1% stress incontinence and 24,2% both. 18,2% of the patients denied incontinence and had another urinary complaints, like: urgency, nocturia, frequency or voiding symptoms. Two questionnaires were applied: IIQ-7 (Incontinence Impact Questionnaire-short form) and I-QOL (Incontinence Quality of Life Questionnaire). The mean score of IIQ-7 was 47,71 and in I-QOL 50,36. Considering the subscales, social embarrassment had the worst result and psychosocial impact the best result.
Discussion/conclusion: Multiple sclerosis

has a great impact in the life of the patient in many ways, but also through urinary complaints. Most of our sample needed pharmacological treatment and, besides that, needs to use daily protection against urinary leakage. Urinary incontinence has a non-despicable impact on the quality of life of these patients (50 of 100 points). We need an early diagnosis of urinary disorders in these patients, so we can start rehabilitation as soon as possible, limiting all the secondary complications like depression, anxiety and social isolation.

PO 11

SEXUAL SATISFACTION AFTER SACROCOLPOPEXY: APPLICATION OF "THE NEW SEXUAL SATISFACTION SCALE"

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Introduction: Sexual function is an important component of quality of life and can be affected by pelvic organ prolapse (POP) and the resultant surgical interventions.

Abdominal sacrocolpopexy (SCP) is considered to be the most durable operation for advanced POP and is offered as a primary surgical option for uterovaginal prolapse to improve longer-term surgical outcomes.

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

Goals: 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.

Material 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 demographic outline of the population characteristics can be found on table 1.

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

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.

Conclusion: 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.

PO 12

SÍNDROME DO PERÍNEO DESCENDENTE – REVISÃO A PROPÓSITO DE UM CASO CLÍNICO

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O síndrome do períneo descendente (SPD) é uma condição pouco discutida relacionada com obstrução à defecação, problema este com que se deparam de forma regular uro-

ginecologistas que fazem cirurgia pélvica reconstrutora. Embora o SPD seja descrito na literatura há muitas décadas, ainda é pouco diagnosticada e de difícil manejo. Um alto índice de suspeição combinado com exame físico compatível com excesso de descida perineal, avaliação dos sintomas do paciente e exames de imagem como defecografia são necessários para que o diagnóstico seja feito com precisão. As opções primárias de tratamento incluem medidas conservadoras, embora várias abordagens cirúrgicas tenham vindo a ser descritas na literatura.

Apresentamos o caso clínico de uma mulher de 68 anos com história de esforço crónico para defecar e sensação de esvaziamento incompleto. Referia ainda necessidade de suporte digital da região perineal para evacuações mais eficazes. O diagnóstico foi realizado com ressonância magnética dinâmica que revelou movimento caudal da junção anoretal com esforço.

Conforme imagens apresentadas no poster, a doente foi submetida a cirurgia laparoscópica com colocação de prótese, fixando sem tensão o ligamento sacroisquiático ao ligamento de Cooper.

O SPD é uma condição difícil de tratar e que pode ser a causa de obstrução à defecação, causando significativa alteração na qualidade de vida das doentes. Torna-se fundamental reconhecer estas situações com base na clínica, exame objetivo e exames de imagem para que possam ser tomadas medidas terapêuticas em conformidade.

PO 13

URETROPLASTIA COM ENXERTO DE MUCOSA ORAL PARA ESTENOSE DE URETRA FEMININA

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Introduçao: A estenose de uretra feminina é uma condição incomum, com incidência de 4-13% nas mulheres com obstrução infravesical. De entre as suas causas destaca-se trauma, lesão iatrogénica, infeção, neoplasia e radiação. Ao exame físico é possível inferir estenose se impossibilidade de progressão de sonda de 14Fr. A avaliação radiológica é mandatória para o seu diagnóstico. As opções terapêuticas incluem uretrotomia interna, dilatação uretral e uretroplastia, sendo última a que está associada a menores taxas de recorrência e necessidade de procedimentos adicionais.

Relato de caso: Descrevemos o caso clínico de uma mulher de 63 anos com quadro de hesitação miccional, jato fraco e sensação de esvaziamento incompleto, com 15 anos de evolução e de agravamento progressivo.

Submetida previamente a dilatações uretrais com sondas até 18Fr, com recorrência dos sintomas semanas após procedimentos.

Ao exame físico verificou-se mobilidade uretral reduzida e possibilidade de algaliação apenas com sonda 6Fr.

Neste poster mostramos imagens e descrevemos a cirurgia realizada que consistiu em uretroplastia com enxerto de mucosa oral com excelentes resultados pós operatórios, dos quais destacamos urofloxometria com Qmax de 17mL/s e sem resíduo pósmiccional.

Conclusão: A uretroplastia com mucosa oral

é um método eficiente para o tratamento de estenoses de uretra feminina.

PO 14

PRIAPISMO FEMININO ASSOCIADO A CLITORIMEGALIA APOS USO DE ANABOLIZANTES

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Introdução: O priapismo feminino é definido pela ereção dolorosa e prolongada do clitóris, por tempo superior a 6 horas, e sem relação com estímulo sexual. Com incidência desconhecida, é uma condição rara e de poucos casos relatados na literatura. Trata-se de uma urgência urológica, de diagnóstico desafiante e cujo tratamento ainda é tema de debate. Relatamos em seguida um caso de priapismo feminino em que foram necessárias diferentes abordagens para resolução do quadro. Faremos posteriormente uma breve discussão dos principais aspectos desta condição e quais as estratégias que podem ser adotadas em cada situação.

Relato de caso: Paciente feminina, de 31 anos, com dor na região genital associada a enrijecimento e sensibilidade local. Quadro iniciado após relação sexual. Referia uso prévio de hormonas anabolizantes para melhoria de desempenho físico e estético. Fumadora, medicada com bupropiona e escitalopram para cessação tabágica. Ao exame dos genitais, observava-se um clitóris hipertrofiado, hiperemiado, entumecido e doloroso a palpação. À ultrassonografia com doppler do clitóris, apresentava corpos cavernosos dilatados, com fluxo arterial presente, porém reduzido. Não havia evidência de fístula arteriovenosa. Optou-se pelo tratamento conservador com prescrição de analgesia, pseudoefedrina e compressa de gelo local. Obteve melhora do quadro, porém com retorno após 4 dias por recorrência dos sintomas. Procedeu-se então a punção do clitóris para aspiração do conteúdo e infusão de adrenalina. Houve melhora imediata dos sintomas e resolução do priapismo.

Conclusão: O priapismo feminino é uma condição rara, com poucos casos descritos na literatura, de difícil diagnóstico e tratamento. O tratamento conservador apresenta bons resultados, no entanto em algumas situações esta conduta parece não ser o suficiente. Neste contexto a adoção de técnicas de drenagem do clitóris é a opção. Esta conduta, no entanto, não tem suporte técnico na literatura, e deve ser indicada com parcimónia em razão do risco de complicações locais. Uma avaliação mais aprofundada sobre este procedimento deve apoiar seu uso com maior segurança em situações de priapismo refratário a medidas conservadoras.

PO 15

EVALUATING THE RESULTS OF TRANS-OBTURATOR TAPE (TOT) SLING PROCEDURE

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Introduction: Urinary incontinence is defined as the complaint of any involuntary loss of urine. Stress urinary incontinence is the involuntary leakage of urine during exertion (exercise or movements such as coughing, sneezing, and laughing). Stress urinary incontinence has an observed prevalence of between 4% and 35% and is often seen in women after middle age. In stress incontinence the intrinsic structure sphincter itself is intact and normal but it loses efficiency because of excessive mobility and loss of support, so hypermobility

or lowering of the position of the vesicourethral segment cause stress urinary incontinence. The principal treatment of stress urinary incontinence is proper suspension and support of the vesicourethral segment in a normal position, mainly through the use of the trans-obturator tape sling procedure.

Goals: The objective of this study is to determine the success rate and complications associated with the trans-obturator tape sling procedure.

Material and methods: We retrospectively reviewed the data of patients submitted to trans-obturator tape sling procedure for treatment of stress urinary incontinence between 2018 and 2020 in Central Lisbon University Hospital Centre, all patients were evaluated for presence of urinary stress incontinence and for surgical complications of the procedure. The final data was analyzed as per the standard statistical method.

Results: A total of 157 patients were included in the analysis, of which 16 (10,19%) had some degree of stress urinary incontinence. There were 14 (8,92%) post-surgical complications, one (0,64%) vaginal erosion, two (1,27%) perineal pain, two (1,27%) dyspareunia and eleven (7,01%) de novo urgency incontinence.

Discussion/Conclusions: In our study most of the patients achieved surgical cure of stress urinary incontinence, with a 89,81% success rate and just a 8,92% complication rate, of which de novo urinary urgency incontinence (7,01%) was the most common, only two (1,27%) patients were reoperated due to complications of the procedure. Most patients with complications were successfully managed without reintervention and were satisfied with the results of the procedure.

Trans-obturator tape sling procedure remains a safe and effective treatment option for patients with stress urinary incontinence, the observed complication rate was low, de novo urinary urgency incontinence the most common, with most complications being managed in outpatient care.

PO 16

EFFECT OF UNDERACTIVE DETRUSOR ON TREATMENT EFFICACY OF WOMEN WITH URINARY INCONTINENCE

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Introduction: Urinary incontinence has the largest negative effect on patient quality of life among lower urinary tract symptoms (LUTS). 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.

Adjustable sling procedures, such as transobturator adjustable tape (TOA) or the Remeex system, have better outcomes than conventional MUS because they control tension both during and after surgery.

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

Material and methods: Subjects were considered to have intrinsic sphincter deficiency (ISD) identified by a Valsalva leak point pressure (VLPP) measurement < 60 cmH2O and to have detrusor underactivity by a Qmax < 15 ml/s at PdetQmax < 20 cm H2O. The mesh tension was controlled one day after surgery. The objective cure rate was defined as no leakage using the cough test with a full bladder.

Results: We analysed eleven women with urinary incontinence and ISD. Five of these had DU.

The clinical characteristics of patients treated with TOA procedure are shown in table 1.
Patients were divided into two groups: Group A with DU, n = 5; Group B without DU, n=6.
The mean of age was 70.2 ± 6.2 in group A and 60.7 ± 5.6 in group B.
There wasn't a statistically significant difference in objective cure rate in the two groups one year after surgery: in group A, the objective cure rate was 80% and in group B was 83,3%. None of the patients needed clean intermittent catheterization during follow-up.
Conclusion: The TOA allows postoperative readjustment of the suburethral sling which allows the achievement of good short-term results.
TOA procedures seem to be effective and safe for UI, more clinical studies with more patients and long-term follow up are required for a definite conclusion.

PO 17

COMPARATIVE STUDY OF THE EFFICACY OF INTRAVESICAL INSTILLATION OF CHONDROITIN SULFATE VS. HYALURONIC ACID IN PATIENTS WITH INTERSTITIAL CYSTITIS, RADIATION-INDUCED CYSTITIS OVERACTIVE BLADDER AND CHRONIC RECURRENT CYSTITIS

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Introduction: Glycosaminoglycans deficiency may be involved in the pathophysiology of several bladder disorders that courses with pain.
Goals: This study aims to compare the efficacy of treatment with intravesical instillation of hyaluronic acid or chondroitin sulfate in the treatment of the most varied bladder disorders.
Material and methods: Observational comparative study of patients undergoing intravesical administration of hyaluronic acid or chondroitin sulfate between July 2019 and January 2022 in a tertiary centre of Portugal. Patients were stratified into 4 subgroups according to underlying pathology: Interstitial Cystitis, Radiation-induced Cystitis, Overactive Bladder and Chronic Recurrent Cystitis. All patients underwent cystoscopy and cytology before starting treatment. Patients were contacted by telephone in order to verify the improvement of complaints after treatment and to investigate the incidence of urinary tract infections during the treatment period. Statistical analysis was performed using SPSS v.26.
Results: During the study period, 38 patients were evaluated, mainly female patients.
Group of patients undergoing chondroitin sulfate instillation: 24 (63.2%) patients were identified, 20 (83.3%) female patients and 4 (16.7%) male patients. 7 (29.2%) had Interstitial Cystitis, 2 (8.3%) had Radiation-induced Cystitis, 1 (4.2%) had Overactive Bladder, 14 (58.3%) had Chronic Recurrent Cystitis. 6 (25%) of this subgroup of patients had no clinical improvement, 2 (8.3%) had mild improvement, 13 (54.1%) had moderate improvement, and 3 (12.5%) had remission of symptoms. 7 patients experienced UTI during treatment.
Group of patients undergoing hyaluronic acid instillation: 14 (36.8%) patients were identified, 13 (92.8%) female and 1 (7.2%) male. 3 (21.4%) have Interstitial Cystitis, 1 (7.1%) Radiation-induced Cystitis, 1 (7.1%) Overactive Bladder, 9 (64.4%) Chronic Recurrent Cystitis. 9 (64.2%) showed slight improvement, 5 (35.7%) showed moderate improvement. 6 patients experienced UTI during treatment.
Discussion/Conclusion: The reduction of symptoms in patients with bladder disorders candidate for intravesical instillation seems to be superior with intravesical instillation of chondroitin sulfate however the small sample and the subjective character of pain are limiting factors of this study.

Table 1 – Groups characterization

	chondroitin sulfate	Hyaluronic acid
Total (n)	24 (63,2%)	14 (36,8%)
Age (m)	64,9	57,2
Sex		
Female	20 (83,3%)	13 (92,8%)
Male	4 (16,7%)	1 (7,2%)
Disorders		
Interstitial Cystitis	7 (29,2%)	3 (21,4%)
Radiation-induced Cystitis	2 (8,3%)	1 (7,1%)
Overactive Bladder,	1 (4,2%)	1 (7,1%)
Chronic Recurrent Cystitis	14 (58,3%)	9 (64,4%)
Number of instillations (m)		
Improvement?		
No improvement	6 (25%)	0 (0%)
Mild improvement	2 (8,3%)	9 (64,2%)
Moderate improvement	13 (54,1%)	5 (35,7%)
Remission	3 (12,5%)	0 (0%)
UTI		
No	17 (70,8%)	8 (57,1%)
Yes	7 (29,2%)	6 (42,9%)

Table 2 – Symptoms improvement depending of type of instillation and disorders

Disorders			Improvement				Total
			No improvement	Mild	Moderate	Remission	
Interstitial Cystitis	Instilation	Hyaluronic	0	1	2	0	3
		Chodroitin	2	1	3	1	7
	Total		2	2	5	1	10
Radiation-induced Cystitis	Instilation	Hyaluronic		1	0		1
		Chodroitin		0	2		2
	Total			1	2		3
Overactive Bladder	Instilation	Hyaluronic	0	1			1
		Chodroitin	1	0			1
	Total		1	1			2
Chronic Recurrent Cystitis	Instilation	Hyaluronic	0	6	3	0	9
		Chodroitin	3	1	8	2	14
	Total		3	7	11	2	23
Total	Instilation	Hyaluronic	0	9	5	0	14
		Chodroitin	6	2	13	3	24

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