Let’s meet in Vancouver

42nd Annual Meeting
June 20 - 24, 2017
Canada
# Table of Contents

- **Welcome Letters** ................................................................. 4 - 5
- **2015 IUGA Leadership** .......................................................... 6 - 7
- **About IUGA** ............................................................................. 8
- **Meeting Information** ............................................................... 9
- **Presentation Information** .......................................................... 13
- **Mobile App: IUGA 2016** .......................................................... 13
- **Social Events** ........................................................................... 14
- **Convention Centre Map** ............................................................ 15
- **Schedule at a Glance Tuesday** .................................................. 17
- **Live Surgery** ........................................................................... 19
- **Pan-Asian Session** ................................................................... 20
- **Ibero-American Session** ............................................................ 21
- **Schedule at a Glance Wednesday** ............................................. 22 - 23
- **Workshops - Session I** .............................................................. 24
- **Workshop Session A, B, C** ......................................................... 26
- **Workshops - Session D, 2** ......................................................... 27
- **Protect - Train the Trainer Program** ........................................... 29
- **Schedule at a Glance Thursday** ............................................... 31
- **Ulf Ulnsted Memorial Lecture** .................................................... 33
- **Roundtable** ............................................................................ 37
- **Schedule at a Glance Friday** ..................................................... 40
- **Meet the Experts-Roundtable Breakfast** .................................... 41
- **State of the Art Lecture** ............................................................ 43
- **Schedule at a Glance Saturday** .................................................. 49
- **E-Posters** ................................................................................ 54
- **2016 Sponsors and Exhibitors** ................................................... 74
- **Exhibition Floor Plan** ............................................................... 76
WELCOME FROM 2016 HOSTS

We welcome you to the beautiful city of Cape Town, South Africa, and the 41st annual meeting of the International Urogynecological Association. Breathtaking views await you and a scientific meeting that will focus on an array of topics will surely make this meeting one to remember. As co-chairs of this event we are very proud this will be the first meeting of IUGA to be held in Cape Town. Dedicated to gynecologists, urologists, urogynecologists, gastroenterologists, pain specialists, rehabilitation physicians, neurologists, and physiotherapists the meeting is a fantastic opportunity to gather knowledge and improve our multidisciplinary practice.

The Program Committee, with the help of the Local Organizing Committee, has designed a schedule featuring groundbreaking research, scientific advancement and innovative technologies that have been developed over the past year. As the leading event in Urogynecology, we are excited to unveil new and exclusive research.

Connect with internationally-respected experts while accessing cutting edge educational programs including: more than 25 pre-conference workshops, over 125 oral scientific presentations, five lectures, and the ever popular Meet the Experts Roundtable Breakfasts, industry supported educational events and new this year - 16 different mini state of the art lectures in almost every session. The Exhibit Hall will showcase innovative and relevant products and services.

No IUGA meeting is complete without our social programs! Plan to network with colleagues and friends at the Welcome Reception on Wednesday, August 3rd and our Friday Night Dinner on August 5th. These fun occasions (listed on Page 15) will allow you to catch-up with old friends and meet new colleagues.

Take advantage of this invaluable learning experience while enjoying the hospitality of Cape Town and the beauty of South Africa!

Peter de Jong
2016 Local Organizing Committee Co-Chair

Stephen Jeffery
2016 Local Organizing Committee Co-Chair
WELCOME FROM OUR PRESIDENT

Dear colleagues and friends,

Welcome to Cape Town, South Africa as we celebrate the 41st Annual Meeting.

This is undoubtedly the premier urogynecological meeting of the year. In order to meet this goal, the programme committee along with the help of the local organizing committee has structured a unique blend of stimulating science and varied social activities.

Our hosts, Peter de Jong and Stephen Jeffery (Local Organizing Committee Co-Chairs), along with their colleagues and the IUGA Programme Committee led by Ranee Thakar, have prepared an excellent scientific programme including workshops and lectures.

Due to the positive responses from our mini state of the art lectures last year, we are pleased to be able to present to you 16 different lectures. The topics range from “Uterine Prolapse: Passenger or Perpetrator” to “Robotic Surgery in Urogynecology” to “Stem cell research”. The Ulf Ulmsten Lecture is always informative and thought provoking and this year it is no different. “From Bench to Bedside in Pelvic Floor Surgery” by Jan Deprest will be of interest to everyone.

The IUGA Scientific Committee led by Dudley Robinson has selected the best and most interesting abstracts for presentation, from almost 400 submitted. Now this year, there will be e-Poster Presentations which will be held during lunch on Thursday and Friday. All this makes for very exciting and stimulating scientific sessions.

The meeting is timely for all our members including surgeons, physiotherapists and specialist nurses. For example we are acutely aware of the current controversies surrounding mesh, tapes, obstetric practice and anal sphincter trauma, and ‘cosmetic surgery’; all of these will be addressed which will hopefully stimulate discussion and provide useful guidance. There will also be a full and exciting programme relating to conservative management as we continue to promote physiotherapy and pelvic floor rehabilitation.

South Africa is a great tourism destination, recently voted the best city in the World by Telegraph Travel. There will be plenty for you and accompanying persons to do and see. I encourage you to spend a few extra days to appreciate the flavor and all that Cape Town has to offer.

Enjoy IUGA’s 41st annual meeting!

Warmest Regards,

Bob Freeman
IUGA President, 2016
IUGA 2016 LEADERSHIP

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President

Dr. Lynsey Hayward
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Dr. Anna Rosamilia
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Europe

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Dr. Jorge Milhem
Haddad
Latin America

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Dr. J Oliver Daly
Fellows

Dr. Deborah Karp
Publication

Dr. Olanrewaju Sorinola
Public Relations

Dr. Tony Bazi
Research & Development

Dr. Dudley Robinson
Scientific

Dr. Joseph Lee
Terminology and Standardization
PROGRAM COMMITTEE
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J. Oliver Daly
Bob Freeman
Peter de Jong
Stephen Jeffery
Roy Ng
Dudley Robinson

LOCAL ORGANIZING COMMITTEE
Peter de Jong (Co-Chair)
Stephen Jeffery (Co-Chair)
Zeeha Abdool
Kendall Brouard
Etienne Henn
Suran Ramphal
Kobus van Rensburg
Lindsay Wallace
Claire Warden
Frans van Wijk

2016 IUGA SCIENTIFIC COMMITTEE
Dudley Robinson (Chair)
Zeeha Abdool
Vivian Aguilar
Maria Bortolini
Jan Deprest
Hans Peter Dietz
Englebert Hanzal
Etienne Henn
Fred Milani
Philip Tooze-Hobson
C. Huub van der Vaart

2016 WORKSHOP COMMITTEE
Sylvia Botros-Brey (Chair)
Zeeha Abdool
Maria Victoria Estanol
Ilias Giarenis
Aparna Hegde
Catherine Matthews
Barry O’Reilly
David Shaker
Kobus van Rensburg
ABOUT IUGA

The International Urogynecological Association (IUGA) is a not-for-profit international professional medical organization with a defined mission, to “advance urogynecological knowledge around the world”. It was founded in 1975 and Axel Ingelman-Sundberg, as its first President, began a tradition of scientific integrity in the study of urogynecology that IUGA, with its rapidly growing membership, has continued to foster. The international base of the society includes representation from 70 countries, which allows for the prompt dissemination of new ideas throughout the world. New 85+ educational programs have included the IUGA eXchange, which has enabled experienced urogynecologists to share knowledge in countries and regions where there is little clinical expertise in the care of female pelvic floor disorders, and IUGA Regional Symposia designed as technical sessions held in regions of the world where Urogynecology is already represented. The organization has recently grown to nearly 3,000 members whose enthusiastic participation in IUGA Committees has contributed to the production of important IUGA sponsored documents.

Founding Members

Axel Ingelman-Sundberg (Sweden)  
Jack R. Robertson (US)  
Donald R. Ostergard (US)  
Ulf Ulmsten (Sweden)  
Eckhard Petri (Germany)  
Wolfgang Fischer (Germany)  
Bozo Kralj (Slovenia)  
Oscar Contreras-Ortiz (Argentina)  
Stuart Stanton (UK)  
David Warrell (UK)  
Abbo Hassan Abbo (Sudan)

Past Presidents

Axel Ingelman-Sundberg 1976-1980  
Jack R. Robertson 1983-1985  
Donald R. Ostergard 1985-1988  
Bozo Kralj 1988-1990  
Eckhard Petri 1990-1992  
James Gibson 1992-1994  
Harold Drutz 1994-1996  
Oscar Contreras-Ortiz 1996-1998  
Linda Cardozo 1998-2000  
Hans Van Geelen 2000-2002  
Peter Dwyer 2002-2004  
Paul Riss 2004-2006  
Tsung Hsien (Charles) Su 2006-2008  
Peter K. Sand 2008-2010  
Harry Vervest 2010 - 2012  
G. Willy Davila 2012 - 2014
MEETING INFORMATION

Meeting Venue

Cape Town International Convention Centre (CTICC)

Meeting Language

The official language for the meeting is English.

Registration Desk

The main registration and information desk will be open in the conference venue as follows:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>7:00 am - 6:00 pm</td>
</tr>
<tr>
<td>Wednesday</td>
<td>6:30 am - 6:00 pm</td>
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<tr>
<td>Thursday</td>
<td>6:30 am - 6:00 pm</td>
</tr>
<tr>
<td>Friday</td>
<td>6:30 am - 6:00 pm</td>
</tr>
<tr>
<td>Saturday</td>
<td>7:30 am - 12:30 pm</td>
</tr>
</tbody>
</table>

Inquiries for the following should be made at the registration desk:
- Registrations queries
- Accommodation queries (only if you have booked your room through Turners)
- General information
- Social events
- Internet access
- IUGA membership
- Lost items
- Congress materials (badges, program)

Name Badges

Badges must be worn at all times as this is your ticket to all sessions, including the Welcome Reception. Please note, if you have booked tickets for the workshops and social functions you will find these in your badge pocket. Access will not be given without a badge. Kindly note there is a 150.00 RAND fee to replace a lost name badge.

Certificate of Attendance

All certificate of attendance will be available only after completing the online survey which will be distributed by email immediately following the end of conference.

Accommodation:

Should you require any information regarding your accommodation please proceed to the registration desk.

Speaker Ready Room

The speaker ready room is located in room 1.74. Speakers should make themselves known at the registration desk where directions to the speaker ready room will be given. If you have already provided your presentation it is advised to preview this in advance of your session. Please ensure you provide and preview your presentation no later than 2 hours before your presentation slot.
Speaker ready room hours:

<table>
<thead>
<tr>
<th>Day</th>
<th>7:00 am - 5:00 pm</th>
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<tbody>
<tr>
<td>Tuesday</td>
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<td>Wednesday</td>
<td>7:00 am - 5:00 pm</td>
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<tr>
<td>Friday</td>
<td>7:00 am - 5:00 pm</td>
</tr>
<tr>
<td>Saturday</td>
<td>7:00 am - 11:30 am</td>
</tr>
</tbody>
</table>

Exhibition

IUGA 2016 is located in Exhibit Hall 1A, 1B and 2. Please see the full list of exhibitors on page 72.

Opening Hours:

<table>
<thead>
<tr>
<th>Day</th>
<th>5:30 pm - 7:30 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>10:00 am - 4:30 pm</td>
</tr>
<tr>
<td>Friday</td>
<td>10:00 am - 4:30 pm</td>
</tr>
</tbody>
</table>

First Aid

If first aid assistance is required, please notify any member of staff. The on-site first aid team will then be notified immediately.

Accessibility

For those with visual impairments:

- Assistance dogs are allowed at all parts of our venue and will be provided water bowls on request. Please ask a volunteer or member of staff for assistance.
- A describer system for the visually impaired is available in many of the meeting rooms. Please ask a volunteer or member of staff for assistance.
- All rooms, halls, lifts and toilets are signposted in large print,

For those with physical disabilities:

The Cape Town International Convention Centre and all of its meeting spaces are wheelchair accessible. The main entrances are accessible via ramps. There is lift access to all levels, in addition to escalators and stairwells. The Convention Centre has its own parking.

Parking

Parking at the CTICC is never a problem, with over 1300 secure, easily accessible on-site parking bays available to visitors.

The 1500 bays on P1 are accessed via the Buitengracht or Walter Sisulu Avenue/Long Street entrance and require a short walk across Convention Square to enter the CTICC.

The 250 bays on P2 are located in the Westin Cape Town hotel basement.

The 336 bays on P3 are situated in the CTICC basement. Additional, overflow parking can be arranged if necessary. Shuttle services are provided from these parking areas to the CTICC.

Parking is not included in the venue rental, and guests are required to use the convenient pay-on-foot parking ticket kiosks to pay for their parking on an hourly basis. Alternatively, event organisers can organise to pre-book parking for their guest by prior arrangement. These pre-booked parking tickets can be bought at a price of R40 per guest, per day.

Internet Access

Wireless Internet is available in the Convention Centre and does not have a password. You simply click on CTICC.

Lost and Found

Articles found should be taken to the CTICC Reception Desk.
Useful Information – Cape Town, South Africa

Directory inquiries: 10118
International telephone code: 00 and the international code applicable
South Africa International code: 0027
Cape Town code: 012

Emergency Contact Numbers
Ambulance 10177
Netcare Medical Response 082911
EMRS Medical Response 10177
Police and Flying Squad 10111

Public Transport

Launched in 2010, MyCiTi forms part of the City of Cape Town's aim to provide fast, affordable and environmentally conscious transport. The Bus Rapid Transit System, which is the first of its kind (along with Rea Vaya in Johannesburg) in Mzansi, operates along designated routes, which cover much of the seaside metropolis. MyCiTi has an extensive and efficient route along the Atlantic Seaboard, and also offers up a helpful and affordable airport route. The transport mode continues to grow as part of the City of Cape Town’s Intergrated Rapid Transport system plan, and has the intention to expand to the Southern Suburbs region with a Wynberg/Plumstead to Khayelitsha channel. Good to know: Whether or not travellers are regular MyCiTi users, it’s best to have a card regardless. The cards cost a once-off fee of R35 and are available from appointed kiosks and participating retailers.

Taxis
While these aren’t necessarily the most economical transport alternative, they do come in handy when there is no taxi/bus/train in sight, or if commuters need to get to somewhere that isn’t a common public transport route. Costs differ from cab company to cab company, but the base range is R10 per kilometre, with between R30 and R40 being the minimum fee. Good to know: To make sure that you know how much your trip is really worth, make sure that you have an idea of the kilometres of your route so that you don’t overpay. It’s also always good to have a trusted cab number already saved on your phone for ease of access.

Shopping

Cape Town is home to many upmarket shopping malls most of which include big chain stores and smaller boutiques as well as banking facilities, restuarants and coffee shops and movie theatres. Depending on their locations, some malls also offer curio shops. Most malls offer safe, pay-per-hour parking.
Most shops in the city centre and suburbs open between 08:00 and 17:00/17h30. Shops in major shopping malls open at 09:00 and close at 21:00 or later (especially at the V&A Waterfront), even on Sundays and most public holidays. Government agencies still keep to traditional weekday only hours. Most banks close at 15h30, and have limited Saturday morning opening hours.

Eating Out

Cape Town is at the cutting edge of culinary trends and tastes. Beach cafes, coffee shops, fine dining restaurants, neighborhood pizza joints, buzzing cocktail spots or hipster hangouts await you.

Tipping

Tipping is at your discretion and given if you receive a good service. All fees in South Africa are VAT inclusive but do not include service fees.

Smoking Policy

Under South African law smoking is not permitted in any public spaces including pubs, restaurants, hotel lobbies, and all enclosed public areas.
Insurance

The Congress Organisers have taken reasonable care in making arrangements for the Congress, Exhibition and Social Events. Neither the organising body, the local organising committee, the Professional Conference Organiser nor its sponsors assume any responsibility, contractual or delictual for any loss, injury or damage to persons or additional expenses incurred as a result of delays or changes in air, rail, sea, road or other services, strikes, sicknesses, weather, or for any acts or omissions by any persons, or for any unforeseen changes to the programme including cancellation of the Congress due to force majeure or any related events or activities. All participants are accordingly advised to make their own arrangements for adequate insurance cover including personal health and travel insurance.

Photography

Please note there will be an official photographer at the annual meeting. Photographs taken during the event may be used in future IUGA publications. Please do not take photographs during scientific sessions.

Mobile Phones

Participants are kindly requested to keep their mobile phones switched off during sessions.

Disclosure

It is the policy of IUGA to ensure balance, independence, objective and scientific integrity in all sponsored educational programs. All congress speakers, organizers, chairpersons and committee members are required to complete a conflict of interest disclosure form. This information is published and available online through the IUGA annual meeting website at www.iugameeting.org. All presenters at an IUGA educational program are required to disclose to the audience any real or apparent conflict of interest related to the content of their presentation and must also disclose any discussion of unlabeled/unapproved uses of drugs or devices.

FIUGA 5K Fun Run/Walk

Buses will depart at the Cape Town International Convention Centre at 6:00 am; Start time is at 6:15 am. Buses will return at 7:30 am.

For more information, please visit the registration desk.

POSTERS

MOUNTING FOR ORAL POSTERS

Wednesday, August 3rd after 16.00/4:00 pm and before 11:00 am on Thursday, August 4th. Posters should be removed by 5:00 pm on Friday, August 5th.
PRESENTATION INFORMATION

The IUGA Meeting will feature five types of presentations:

- **Oral Podium (Paper) Presentations** will be granted 7 minutes to present, followed by 3 minutes discussion.
- **Oral Poster Presentations** will be granted 4 minutes to present, followed by 2 minutes discussion. Presenters should also prepare a poster to be exhibited in the exhibition hall only.
- **Video Presentations** will be granted 8 minutes (maximum) to present, followed by 2 minutes discussion.
- **ePoster Presentations (ePosters)** Presenters will have 2 minutes to present, followed by 1 minute discussion. ePosters will not require hanging.
- **The Video Salon** is exhibited as un-moderated/non discussed, and will be displayed for the duration of the meeting in the same area as the E-Posters.

**IMPORTANT**

**Previous Publication**
The quality and scientific integrity of the abstracts presented at an IUGA Annual Meeting rests with the contributing authors. Your abstract should not result in a publication before presentation at the IUGA meeting. Disciplinary action will be taken against authors who have knowingly presented previously published data at an IUGA Annual Meeting.

Mobile App: IUGA 2016

We are offering a free mobile app for iPhone, iPad and Android devices as well as a mobile web version for Blackberry, Windows and other devices. The app provides attendees access to the full program schedule with speaker information, maps, presentation information, workshop handouts, and up-to-the-minute updates.

Follow the steps below to access it:
- Search “IUGA 2016 meeting” in the Apple App Store or Google Play store. Blackberry and Windows users can access the app via the mobile web URL: m.core-apps.com/uga2016.
- Pick any username, enter it when prompted and that will be your username going forward (note: there is not a separate step for creating a username)
- Enter the password “iuga”.

Download the app to customize your schedule, browse events by day or category, receive real-time updates and more.

IUGA Office Staff

Charles Shields, Jr.
Executive Director

Maureen Lupo-Hodgson
Associate Executive Director

Amy Cassini
Membership, Marketing & Communications Manager

Amanda Grabloski
Manager of Educational & Research Programs

Nailah Metwally
Administrative Assistant

Johanna Gomez
Graphic Designer

Carlos Molina
Web Master
**SOCIAL EVENTS**

**Welcome Reception**

**Wednesday, August 3, 2016**

**5:30 - 7:30 pm**

Help us kick off the start of the 41st annual meeting by attending the Welcome Reception! Enjoy light refreshments and food South African style while catching up with colleagues, connecting with new friends and interacting with exhibitors and sponsors.

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**Friday Night, Dinner and Dancing**

**Friday, August 4, 2016**

**7:00 pm - 1:00 am**

**Cape Town Fish Market**

Situated in the heart of Cape Town’s working harbor, with the dramatic backdrop of Table Mountain, the Victoria and Alfred Waterfront is widely acknowledged as one of the best in the world.

This is where you will find The Cape Town Fish Market, with its vibrant concept comprising a unique recipe of mixed elements, with chic yet informal surroundings, offering a feast of delicious flavors.

You will embark on a unique journey into a typical Township Tavern. Unique to South Africa, with its lively entertainment, Pantsula dancers, typical beer, African face painting and colorfully decorated décor. Put on your dancing shoes...this night will be one you will never forget.

Cost: R2,790.72
Dress: South African Chic

Buses will depart from the CTICC beginning at 18.45.
Visit the IUGA Booth!

Visit us on the exhibition floor
Booth 61
for more information about:

- The Foundation for International Urogynecological Assistance and the Ghana project
- Purchasing patient education materials including the Pelvic Floor Dysfunction Anatomical & Surgical Chart
- Renewing or signing-up for an IUGA membership
- IUJ (the blue journal)
- Educational programs and activities
- The IUGA e-Portal
- The new surgical database to collect your surgical outcome data

For more information about IUGA or to join
go to www.iuga.org.
## SCHEDULE AT A GLANCE

### TUESDAY, AUGUST 2, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 am - 6:00 pm</td>
<td>Registration &amp; Badge Pickup</td>
<td></td>
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<tr>
<td></td>
<td>Exhibition Set up</td>
<td></td>
</tr>
<tr>
<td>7:45 am - 5:00 pm</td>
<td>Fellows’ Day (ticketed event)</td>
<td>Roof Terrace Room</td>
</tr>
<tr>
<td>8:00 am - 5:00 pm</td>
<td>Live Surgery (ticketed event)</td>
<td>Groote Schuur Hospital</td>
</tr>
<tr>
<td>1:00 pm - 6:00 pm</td>
<td>Ibero-American Meeting (ticketed event)</td>
<td>Room 2.61 - 2.63</td>
</tr>
<tr>
<td>1:00 pm - 6:00 pm</td>
<td>Pan-Asian Meeting (ticketed event)</td>
<td>Room 2.64 - 2.66</td>
</tr>
<tr>
<td>6:00 pm - 7:30 pm</td>
<td>Cosmetic Gynecology Special Interest Group (SIG) Meeting</td>
<td>Room 2.41-2.43</td>
</tr>
<tr>
<td>6:00 pm - 7:30 pm</td>
<td>Laparoscopic Surgery Special Interest Group (SIG) Meeting</td>
<td>Room 1.41 - 1.42</td>
</tr>
<tr>
<td>6:00 pm - 7:30 pm</td>
<td>Neuro-Urogynecology and Urogenital Pain Special Interest Group (SIG) Meeting</td>
<td>Room 1.43 - 1.44</td>
</tr>
<tr>
<td>6:00 pm - 7:30 pm</td>
<td>Pelvic Floor Imaging Special Interest Group (SIG) Meeting</td>
<td>Room 2.44 - 2.46</td>
</tr>
<tr>
<td>6:00 pm - 7:30 pm</td>
<td>Pelvic Floor Rehabilitation Special Interest Group (SIG) Meeting</td>
<td>Room 1.61 - 1.62</td>
</tr>
<tr>
<td>6:00 pm - 7:30 pm</td>
<td>Obstetric Pelvic Floor Trauma Special Interest Group (SIG) meeting</td>
<td>Room 1.63 - 1.64</td>
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</table>
Physician-in-Training Activities

Fellows’ Day

Urogynecology global health forum: special focus on obstetric fistulas, and bladder repair & management

Tuesday, August 2nd
7:45 a.m.- 5:00 p.m.

Registration rates
Morning sessions through lunch: R1,023.23/$63.65
Afternoon sessions: Free

Any fellow, trainee or consultant from Africa is welcome to register and participate in Fellows’ Day this year.

Program*

7:45 a.m. Registration & Welcome
8:00 a.m. Panel of presenters focused on obstetric fistula
  What is a complex obstetric fistula: Anatomy of a complex condition
  Surgical management of vesicovaginal and rectovaginal fistulas
  Social complexity surrounding obstetric fistulas/FGM: understanding the issue
  What is the expectation and role of the specialist in low resource settings?
9:40 a.m. Break
10:00 a.m. Hands-on bladder workshop
  Cystoscopic procedures
  Bladder repair
12:00 p.m. Lunch
1:00 p.m. Keynote speaker – Dr. Aparna Hegde (India)
1:30 p.m. Surgical video forum
  Management of bladder injuries
  Management of vesicovaginal fistulas
  Management of rectovaginal fistulas
2:45 p.m. Fellows’ research network symposium
  Review and discussion of submitted proposals

*Program is subject to change.
**LIVE SURGERY**

*Tuesday, August 2nd*
*8:00am – 5:30pm*
*at the Groote Schuur Hospital in Cape Town, South Africa.*

*Buses will depart the CTICC at 07:15 am*
*Buses will return at 17.30 (5:30 pm)*

Delegates will be in one room with broadcasts from three operating rooms. Surgeries will be projected from three operating rooms alternating to view two screens at a time and commentary also alternating.

The schedule of surgeries are as follows:

<table>
<thead>
<tr>
<th>Time</th>
<th>Screen 1</th>
<th>Surgeon</th>
<th>Time</th>
<th>Screen 2</th>
<th>Surgeon</th>
<th>Time</th>
<th>Screen 3</th>
<th>Surgeon</th>
</tr>
</thead>
<tbody>
<tr>
<td>08h00-09h00</td>
<td>Sling for stress incontinence</td>
<td>Stephen Jeffery</td>
<td>08h00-10h00</td>
<td>Laparoscopic Pectopexy for Vault Prolapse</td>
<td>Gunter Noe</td>
<td>08h00-10h00</td>
<td>Laparoscopic sacrolipopexy and paravaginal repair with Restorelle mesh with Sling</td>
<td>Robert Moore and John Miklos (USA)</td>
</tr>
<tr>
<td>10h00-11h00</td>
<td>Anterior Repair with Uphold Mesh</td>
<td>Dr Catherine Matthews (USA)</td>
<td>11h00-12h30</td>
<td>CESA procedure Laparoscopic procedure for vault prolapse</td>
<td>Dr Sokol Rexhepi and Dr Sebastian Ludwig (Germany)</td>
<td>10h30-13h30</td>
<td>Total Total Laparoscopic Hysterectomy and Sacrocolpopexy</td>
<td>Dr Stephen Jeffery and Pieter Kruger (South Africa)</td>
</tr>
<tr>
<td>12h00-13h30</td>
<td>Anterior Repair with Restorelle DirectFix Mesh</td>
<td>Prof Jan-Paul Roovers (Netherlands)</td>
<td>13h30-14h30</td>
<td>High Uterosacral Ligament suspension for vault prolapse</td>
<td>Dr Bob Shull (USA)</td>
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</tr>
<tr>
<td>14h00-15h30</td>
<td>Laparoscopic Sacrohysteropexy</td>
<td>Dr Mark Slack (UK)</td>
<td>15h00-16h00</td>
<td>Rectus Fascia Sling</td>
<td>Dr Stephen Jeffery (South Africa)</td>
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<tr>
<td>16h00-17h00</td>
<td>Vaginal removal of exposed Sacrocolpopexy Mesh</td>
<td>Prof Jan-Paul Roovers (Netherlands)</td>
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**LUNCH IN HEART TRANSPLANT MUSEUM**

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<td>12h00-13h30</td>
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PAN-ASIAN MEETING

Tuesday, August 2nd
1:00 pm – 6:00pm
Chair: Tsia-Shu Lo

In the past Pan-Asia meetings, we have learned from the increasing number of participants that there is a vast diversity on the clinical practice among Asian countries. Therefore, this year’s program is aimed to create and agree on an international clinical practice guideline among ourselves in the management of pelvic floor dysfunction. This session will include “Overview on Asia”, contemporary topics and discussions on cases relevant to the Asian region.

Registration is free. RSVP required at the time of registration by selecting this session.
Official language: English

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>12.30 - 1.00 pm</td>
<td>Registration</td>
<td>MC: Orawee Chintanakarn</td>
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<tr>
<td>1.00 - 1.05 pm</td>
<td>Opening address by organizing chair</td>
<td>Tsia-Shu Lo</td>
</tr>
<tr>
<td>1.05 - 1.25 pm</td>
<td>Welcome address by the President of IUGA</td>
<td>Prof. Bob Freeman &amp; his Board</td>
</tr>
<tr>
<td>1.25 - 3.30 pm</td>
<td>Overview of surgical trends of SUI in Asia women</td>
<td>Chair: Suvit Bunyavejchevin</td>
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<tr>
<td></td>
<td>1) 1.25-3.20 pm: presentation from countries</td>
<td>Co-chair: Lisa T. Prodigalidad</td>
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<tr>
<td></td>
<td>China</td>
<td>Moderator: Kuan-Hui Huang</td>
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<td>2) 3.20-3.30 pm: Summary</td>
<td>Tsia-Shu Lo</td>
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<tr>
<td>3.30 - 3.50 pm</td>
<td>Coffee/tea break</td>
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<tr>
<td>3.50 - 4.05 pm</td>
<td>Lecture - Surgical outcome evaluation</td>
<td>Chair: Roy, Kwok Weng Ng</td>
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<td>How to evaluate the post-operative outcome after anti-SUI surgery</td>
<td>Co-chair: Masayasu Koyama</td>
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<td>Moderator: Cheng-Yu Long</td>
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<tr>
<td>4.05 - 4.20 pm</td>
<td>How to evaluate the post-operative outcome after prolapse surgery</td>
<td>Hazem M. AL-Mandeel</td>
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<tr>
<td>4.20 - 4.35 pm</td>
<td>Database audit (IUGA database)</td>
<td>Dr. Hun-Shan Pan</td>
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<tr>
<td>4.35 - 4.45 pm</td>
<td>Q &amp; A</td>
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<td>4.45 - 5.45 pm</td>
<td>Stun the expert (LUTS)</td>
<td>Chair: Jimmy Nomura</td>
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<td>Case 2</td>
<td>Co-chair: Christopher, Chong</td>
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<td>Case 3</td>
<td>Moderator: Teerayut Tementakiptpaisan</td>
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<td>Case 4</td>
<td>Hazem M. AL-Mandeel</td>
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<td>Kai Lyn Ng</td>
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<td>Harvard Lim, Aparna Hegde - Panellist</td>
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<tr>
<td>5.45 - 6.00 pm</td>
<td>Closing remarks &amp; photos</td>
<td>Orawee Chintanakam</td>
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</tbody>
</table>
IBERO-AMERICAN MEETING

Tuesday, August 2nd
1:00 pm – 6:00pm
Chair: Jorge Milhem Haddad

This session is aimed at encouraging further exchange and networking among attendees from Latin America, the Iberian peninsula and others. This year, we have increased the video session about different edited urogynecology surgeries, including at least 3 months of follow up.

Registration is free. RSVP required at the time of registration by selecting this session.

Official languages: Spanish and Portuguese

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>1:00 - 1:15 pm</td>
<td>Opening</td>
<td>Jorge M. Haddad and Rodrigo A. Castro</td>
</tr>
<tr>
<td>1:15 - 1:30 pm</td>
<td>Obstruction after MUS</td>
<td>Carlos Rondini (Ch)</td>
</tr>
<tr>
<td>1:30 - 1:45 pm</td>
<td>Vascular injuries after MUS</td>
<td>Hector Soldering (Ar)</td>
</tr>
<tr>
<td>1:45 - 2:00 pm</td>
<td>Recurrence after MUS</td>
<td>Zsuzsanna Jámy-Di Bella (Br)</td>
</tr>
<tr>
<td>2:00 - 2:15 pm</td>
<td>Extrusion after genital prolapse using Mesh</td>
<td>Martha Medina (Peru)</td>
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<tr>
<td>2:15 - 2:30 pm</td>
<td>Dyspareunia after posterior prolapse surgical treatment</td>
<td>Virginia Roncatti (Br)</td>
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<tr>
<td>3:10 - 3:30 pm</td>
<td>Coffee Break</td>
<td>Luiz Gustavo de Oliveira Brito (Br)</td>
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<tr>
<td>3:30 - 4:30 pm</td>
<td>LATAM Non discussed Posters</td>
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<tr>
<td>4:30 - 4:40 PM</td>
<td>Edited Videos of different surgeries and follow up at least 3 months after the procedures</td>
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<td>4:40 - 4:50 PM</td>
<td>VESICAL ENDOMETRIOSES TREATMENT - Leonardo Bezerra (Br)</td>
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<tr>
<td>4:50 - 5:00 PM</td>
<td>ROBOTIC SURGERY FOR POSTERIOR AND APICAL PROLAPSE - Enrique Ubertazzi (Ar)</td>
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<tr>
<td>5:00 - 5:10 PM</td>
<td>VESICAL VAGINAL FISTULA BY VAGINAL APPROACH - Jorge M. Haddad (Br)</td>
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<tr>
<td>5:10 - 5:20 PM</td>
<td>ANTERIOR AND APICAL PROLAPSE WITH &quot;SLING&quot; (&quot;SPLENETIS&quot;) - Agustin Sampietro (Ar)</td>
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<tr>
<td>5:20 - 5:30 PM</td>
<td>UTOV- VESICAL FISTULA TREATMENT - Virginia Roncatti (Br)</td>
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<tr>
<td>5:30 - 5:50 PM</td>
<td>VAGINAL HYSTERECTOMY IN UTEROVAGINAL PROLAPSE - Edgardo Castilho Pino (Ur)</td>
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<tr>
<td>5:50 - 6:00 pm</td>
<td>Closing and remarks</td>
<td>Jorge M. Haddad</td>
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</table>

Please note: Speakers and program subject to change without prior notice
### SCHEDULE AT A GLANCE

**WEDNESDAY, AUGUST 3RD, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:30 am - 6:00 pm</td>
<td>Registration &amp; Badge Pickup</td>
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<td>Exhibition Set up</td>
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<tr>
<td>8:00 am - 12:00 pm</td>
<td><strong>Workshops Session 1 (ticketed event)</strong></td>
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<tr>
<td></td>
<td><strong>WS 1</strong> - Hands-On Workshop on Diagnosis and Repair of 3rd /4th Degree Obstetric Tears - Co-Chairs: Abdul Sultan, Ranee Thakar - Hands-On Room 1.41-1.42</td>
</tr>
<tr>
<td></td>
<td><strong>WS 2</strong> - Vaginal Fistulae and Pelvic Floor Rehabilitation I: the Door-to-Door Concept - Chair: Bary Berghmans - Interactive Seminar Room 2.43</td>
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<tr>
<td></td>
<td><strong>WS 4</strong> - The Role of Urogynaecological Databases in Governance and Research: A Worldwide Experience - Chair: Philip Toozs-Hobson - Interactive Seminar Room 2.64-2.66</td>
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<tr>
<td></td>
<td><strong>WS 5</strong> - Hands-On Urodynamic Course - Chair: Timothy McKinney - Hands-On Room 1.63-1.64</td>
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<td></td>
<td><strong>WS 6</strong> - Perineal Management during Delivery: Prevention, Evaluation, Education and Repair of Obstetric Perineal Trauma - Co-Chairs: Katarina Laine, Jan Willem De Leeuw - Hands-On Room 1.43-1.44</td>
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<td></td>
<td><strong>WS 7</strong> - Surgical Anatomy of the Female Pelvis &amp; how it relates To Pelvic Reconstructive Surgery - Chair: Wolfgang Umek - Hands-On Room 1.61-1.62</td>
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<tr>
<td></td>
<td><strong>WS 8</strong> - Complications of Incontinence and Prolapse Surgery: Evaluation, Intervention, and Resolution - Chair: Howard Goldman - Interactive Seminar Room 2.61-2.63</td>
</tr>
<tr>
<td></td>
<td><strong>WS 9</strong> - Role Of Biological Materials For Pelvic Floor Reconstruction In The Era Of Mesh Controversy - Chair: Ajay Singla - Interactive Seminar Room 2.45</td>
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<td></td>
<td><strong>WS 10</strong> - Reviewing a Manuscript – Tips and Tricks from The Editors Interactive Seminar - Chair: Paul Riss Room 2.46</td>
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<td><strong>WS 11</strong> - Urinary Incontinence: Optimizing Outcomes for Elderly Women - Chair: Adrian Wagg - Interactive Seminar Room 2.44</td>
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<tr>
<td>8:00 am - 10:00 am</td>
<td><strong>Workshop Session A (ticketed event)</strong></td>
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<td><strong>WS 12</strong> - Dynamic Rehabilitative Ultrasound (DRUS) – A Hands-On Workshop - Chair: Baerbel Junginger - Hands-On Roof Terrace Room</td>
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<td>10:30 am - 12:30 pm</td>
<td><strong>Workshop Session B (ticketed event)</strong></td>
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<td><strong>WS 13</strong> - Female Sexual Dysfunction in Urogynaecology Practice - Co-Chairs: Jan Paul Roovers, Jacobus van Rensburg - Interactive Seminar Roof Terrace Room</td>
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<tr>
<td>1:00 pm - 3:00 pm</td>
<td><strong>Workshop Session C (ticketed event)</strong></td>
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<td><strong>WS 23</strong> - Negotiation: Getting What You Need, for Your Patients for Yourself, for Your Career - Co-Chairs: Veronica Mallett, Vani Dandolu - Interactive Seminar Room 2.44</td>
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<td><strong>WS 24</strong> - The Overactive Pelvic Floor - Chair: Anna Padoa - Interactive Seminar Room 2.45</td>
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<td>10:30 am - 12:30 pm</td>
<td><strong>Workshop Session D (ticketed event)</strong></td>
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<td>WS 25 - Developing a Pre-Departure Training Program and Post-Departure Debriefing for Global Health Experiences - Chair: Chi Chiung Grace Chen - Interactive Seminar</td>
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<td>WS 26 - Management of Complications of Trans-Vaginal Mesh - Co-Chairs: Jacobus van Rensburg, Geoff Cundiff - Interactive Seminar</td>
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<tr>
<td>1:00 pm - 5:00 pm</td>
<td><strong>Workshop Session 2 (ticketed event)</strong></td>
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<td>WS 14 - Vaginal Fistulae and Pelvic Floor Rehabilitation II: the Door-to-Door Concept - Chair: Bary Berghmans - Interactive Seminar</td>
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<td>WS 16 - Ambulatory Urogynaecology - Co-Chairs: Linda Cardozo, Dudley Robinson - Hands-On</td>
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<td>WS 17 - Educational Clay Workshop for Pelvic Anatomy - Chair: Deborah Myers - Hands-On</td>
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<td>WS 18 - Pelvic Floor Ultrasound - Co-Chairs: Hans Peter Dietz, Ka Lai Shek - Hands-On</td>
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<td>WS 19 - An Evidence-Based Approach to the Management of Accidental Bowel Leakage - Chair: Catherine Matthews - Interactive Seminar</td>
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<td>WS 20 - Complications in Pelvic Floor Surgery - What Would You Do? - Chair: Eckhard Petri - Interactive Seminar</td>
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<td>WS 21 - Current Controversies in Pelvic Organ Prolapse Surgery - Chair: Michael Moen - Interactive Seminar</td>
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<td>WS 22 - Challenges in Obstetric Fistula Surgery: Management of Complex Cases - Co-Chairs: Ambereen Sleemi, Mulu Muleta - Interactive Seminar</td>
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<tr>
<td>1:00 pm - 5:00 pm</td>
<td>PROTECT - Train the Trainer Program</td>
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<td>5:30 pm - 7:30 pm</td>
<td>Welcome Reception</td>
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WORKSHOPS - Session I

8:00am – 12:00pm

WS 1 - Hands-On Workshop on Diagnosis and Repair of 3Rd /4Th Degree Obstetric Tears
Hands-On
Co-Chairs: Abdul Sultan, Ranee Thakar
Faculty: Jan Willem de Leeuw, Natarajan Rajamaheswari
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Understand the anatomy and physiology of the anal sphincter
- Learn how to identify, repair and manage primary obstetric anal sphincter injuries (OASIS)
- Learn the technique and interpretation of endoanal ultrasound

Room 1.41-1.42

WS 2 - Vaginal Fistulae and Pelvic Floor Rehabilitation I: The Door-to-Door Concept
Interactive Seminar
Chair: Bary Berghmans
Faculty: Sohier Emeil, Chi Chiung Grace Chen, Maura Seleme, Jessica McKinney
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Understand the significance and structure of the different health care provider’s (medical doctors, pelvic physiotherapists, psychologists, nurses) assessment like history-taking, exam, classification, analysis & evaluation of the pelvic floor in women with vaginal fistulae
- Discuss and understand the level of evidence for the need of information and education to prevent vaginal fistulae and pelvic floor dysfunctions in women
- Discuss and understand the etiology of vaginal fistulae and its consequences for the pelvic floor

Room 2.43

WS 3 - Laparoscopic Sacrocolpopexy – A Practical Course
Hands-On
Co-Chairs: Bruno Deval, Stephen Jeffery
Faculty: Jan Deprest, Michel Cosson, Mija Blagajne
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Experience advanced laparoscopy
- Know how to suture endoscopically
- Expect in the immediate future a higher uptake of the procedure

Room 2.41-2.42

WS 4 - The Role of Urogyneacological Databases in Governance and Research: A Worldwide Experience
Interactive Seminar
Chair: Philip Toots-Hobson
Faculty: Paul Moran, Renaud de Tayrac, Catherine Bradley, Fiona Bach
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Understand how databases can help with governance
- Understand how databases help with research
- Understand how the proposed IUGA database will work

Room 2.64-2.66

WS 5 - Hands-On Urodynamic Course
Hands-On
Chair: Timothy McKinney
Faculty: G. Willy Davila, Peter Sand, Mikel Gray
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Perform a thorough and quality urodynamic test
- Read and interpret the urodynamic tracing
- Trouble shoot problems commonly encountered during urodynamics

Room 1.63-1.64
WS 6 - Perineal Management during Delivery: Prevention, Evaluation, Education and Repair of Obstetric Perineal Trauma

Hands-On
Co-Chairs: Katarina Laine, Jan Willem De Leeuw
Faculty: Khaled Ismail, Vincent Letouzey
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Understand interventions to reduce the risk of obstetric anal sphincter injuries
- Know perineal trauma repair
- Understand methods for identification and diagnosis of obstetric perineal trauma

WS 7 - Surgical Anatomy of the Female Pelvis & How It Relates to Pelvic Reconstructive Surgery

Hands-On
Chair: Wolfgang Umek
Faculty: Karl Tamussino, Engelbert Hanzal, Marianne Koch, Heinrich Husslein, Rosa Laterza, Ksenia Halpern
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Understand the topographic anatomy of the female pelvis
- Identify specific landmarks for reconstructive pelvic floor surgery
- Apply the anatomic knowledge to surgical procedures like vaginal hysterectomy, colporrhaphy, sacrospinous ligament fixation, sacrocolpopexy

WS 8 - Complications of Incontinence and Prolapse Surgery: Evaluation, Intervention, and Resolution

Interactive Seminar
Chair: Howard Goldman
Faculty: Sandip Vasavada, Catherine Matthews, Javier Pizarro-Berdichevsky
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Avoid common complications of incontinence and prolapse surgery
- Evaluate and manage complications of incontinence and prolapse surgery
- Formulate effective treatment plan for patients with sling or prolapse surgery complications

WS 9 - Role of Biological Materials for Pelvic Floor Reconstruction in the Era of Mesh Controversy

Interactive Seminar
Chair: Ajay Singia
Faculty: Jittima Manonai, Vani Dandolu, Rahmi Onur
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Understand the science behind the tissue repair
- Understand the biological materials available for reconstruction and their use in clinical practice
- Understand pros and cons of mesh use and in reference to FDA warning

WS 10 - Reviewing a Manuscript – Tips and Tricks from The Editors

Interactive Seminar
Chair: Paul Riss
Faculty: Maria Augusta Bortolini, Rebecca Rogers, Rufus Cartwright, Peter Dwyer, Gunnar Lose
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Give high quality manuscript reviews
- Have an in-depth understanding of the peer review process
- Become familiar with ethical questions

WS 11 - Urinary Incontinence: Optimizing Outcomes for Elderly Women

Interactive Seminar
Chair: Adrian Wagg
Faculty: Martha Spencer, William Gibson, Kathleen Hunter
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Understand the evidence based assessment and management of older women with urinary incontinence
- Understand the impact of multimorbidity on the ability of older women to successfully toilet and how to address those identified comorbid conditions
- Understand the evidence informed management techniques for frail older women
WORKSHOPS - Session A

8:00am – 10:00am

WS 12 - Dynamic Rehabilitative Ultrasound (DRUS) – A Hands-On Workshop
Hands-On
Chair: Baerbel Junginger
Faculty: Kaven Baessler
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Perform ultrasound for patient education and visual biofeedback
- Understand bladder neck and anorectal angle pathology
- Understand pathomechanisms and therapy on ultrasound

WORKSHOPS - Session B

10:30am – 12:30pm

WS 13 - Female Sexual Dysfunction in Urogynaecology Practice
Interactive Seminar
Co-Chairs: Jan Paul Roovers, Jacobus van Rensburg
Faculty: Kimberly Kenton, Rosalind Boa
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Evaluate sexual function
- Understand the impact of urinary incontinence and pelvic organ prolapse and its treatment on FSD
- Understand the management of problems in FSD with the focus on urogynaecological practice.

WORKSHOPS - Session C

1:00pm – 3:00pm

WS 23 - Negotiation: Getting What You Need, for Your Patients for Yourself, for Your Career
Interactive Seminar
Co-Chairs: Veronica Mallett, Vani Dandolu
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Prepare for a negotiation session thoroughly
- Understand approaches and techniques for successful negotiations
- Understand principles and practices of fair negotiations

WS 24 - The Overactive Pelvic Floor
Interactive Seminar
Chair: Anna Padoa
Faculty: Mauro Cervigni, Deborah Cohen
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Understand the definition, etiology and pathophysiology of non-relaxing pelvic floor muscle tone
- Manage evaluation of patients with OPF with a multidisciplinary approach
- Plan a treatment strategy for pelvic floor overactivity and common related urogynecologic conditions
WORKSHOPS - Session D

3:30pm - 5:30pm

WS 25 - Developing a Pre-Departure Training Program and Post-Departure Debriefing for Global Health Experiences

Interactive Seminar
Chair: Chi Chiung Grace Chen
Faculty: Mohan Regmi, Denis Rwabizi

Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Discuss the importance of pre-departure training and post-departure debriefing programs for global health experiences, both for U.S. trainees going abroad and for international trainees coming here.
- Brainstorm important elements of pre-departure training and post-departure debriefing programs and the different modalities to convey this information.
- Discuss existing pre-departure training and post-departure debriefing programs both for U.S. trainees going abroad and for international trainees coming here.

Room 2.44

WS 26 - Management of Complications of Trans-Vaginal Mesh

Interactive Seminar
Co-Chairs: Jacobus van Rensburg, Geoff Cundiff
Faculty: Mark Slack, David Quinlan

Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Describe the scope of complications from transvaginal mesh
- Review the literature on management complications
- Define an evidence based informed treatment algorithm

Room 2.45

WORKSHOPS - Session 2

1:00pm – 5:00pm

WS 14 - Vaginal Fistulae and Pelvic Floor Rehabilitation II: the Door-to-Door Concept

Interactive Seminar
Chair: Bary Berghmans
Faculty: Schier Elniel, Chi Chiung Grace Chen, Maura Seleme, Jessica McKinney

Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Understand the medical doctor's assessment and treatment (also in the multidisciplinary setting) of pelvic pain, urinary incontinence and fecal incontinence in women with vaginal fistulae
- Understand the physiotherapeutical and psychological assessment and treatment (also in the multidisciplinary setting) of pelvic pain, urinary incontinence and fecal incontinence in women with vaginal fistulae
- Understand the rationale and parameters of prevention and pelvic floor rehabilitation in women with vaginal fistulae

Room 2.43

WS 15 - Laparoscopic Sacrocolpopexy – A Practical Course (repeated)

Hands-On
Co-Chairs: Bruno Deval, Stephen Jeffery
Faculty: Jan Deprest, Michel Cosson, Mija Blagajne

Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Experience advanced laparoscopy
- Know how to suture endoscopically
- Expect in the immediate future a higher uptake of the procedure

Room 2.41-2.42
WS 16 - Ambulatory Urogynaecology
Hands-On
Co-Chairs: Linda Cardozo, Dudley Robinson
Faculty: Angela Rantell, Ian Paul Roovers, Philip Toozs-Hobson, Stefano Salvatore
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Understand how to develop an Ambulatory Urogynaecology service
- Perform ambulatory procedures
- Obtain practical ‘hands on experience’ of Ambulatory procedures

WS 17 - Educational Clay Workshop for Pelvic Anatomy
Hands-On
Chair: Deborah Myers
Faculty: Rebecca Rogers, Oliver Daly, Blair Washington, Vivian Aguilar
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Describe the bony landmarks and musculature of pelvis
- Describe the pertinent ligaments of the pelvis used in reconstructive surgery
- Describe the path and function of the sciatic, obturator, and pudendal nerve

WS 18 - Pelvic Floor Ultrasound
Hands-On
Co-Chairs: Hans Peter Dietz, Ka Lai Shek
Faculty: Zeelha Abdool, Rodrigo Guzman Rojas, Kamil Svabik
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Use translabial ultrasound for basic assessment of patients with urinary incontinence and prolapse
- Use ultrasound for the evaluation of obstructed defecation
- Use exo-anal ultrasound for the evaluation of fecal incontinence

WS 19 - An Evidence-Based Approach to the Management of Accidental Bowel Leakage
Interactive Seminar
Chair: Catherine Matthews
Faculty: Trusti Muir, Kimberly Kenton
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Understand a clinical algorithm for the evaluation of accidental bowel leakage
- Describe the interaction between pregnancy, mode of delivery, and accidental bowel leakage
- Understand the appropriate management strategies ranging from biofeedback, neuromodulation, surgery, and emerging novel treatment options

WS 20 - Complications in Pelvic Floor Surgery - What Would You Do?
Interactive Seminar
Chair: Eckhard Petri
Faculty: Karl Tamussino, Don Ostergard, G. Willy Davila, Peter Dwyer
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Prevent surgical complications
- Recognize complications in time
- Handle complications adequately

WS 21 - Current Controversies in Pelvic Organ Prolapse Surgery
Interactive Seminar
Chair: Michael Moen
Faculty: Stephen Jeffery, Magnus Murphy, Marie Paraiso
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Understand technical aspects of native tissue repairs, vaginal mesh placement and sacrocolpopexy techniques
- Discuss controversial issues in prolapse surgery including uterine preservation and the use of mesh
- Review current scientific evidence comparing native tissue repairs, vaginal mesh and sacrocolpopexy
WS 22 - Challenges in Obstetric Fistula Surgery: Management of Complex Cases
Interactive Seminar
Co-Chairs: Ambereen Sleemi, Mulu Mulet
Faculty: Igor Vaz, ISOFIS fistula surgeon
Learning objectives: At the conclusion of this workshop, the participant will be able to:
- Manage persistent stress urine incontinence post OF repair
- Identify and employ options for surgical repair of the Post-OF vaginal stenosis
- Understand the irreparable fistula and options available to patients

PROTECT - Train the Trainer Program

Wednesday, August 3rd
1:00pm – 5:00pm

Room 1.41-1.42

(Prevention and Repair Of Perineal Trauma Episiotomy through Coordinated Training)

Chairpersons: Ranee Thakar and Abdul Sultan
Faculty: Jan Willem de Leeuw, Natarajan Rajamaheswari

Prerequisites are required to attend*. Registration is closed.

For questions contact amanda@iuga.org

Goal: To promote knowledge of obstetricians and midwives worldwide in the management of perineal trauma and episiotomy through structured training with a view to minimising pelvic floor and perineal morbidity associated with childbirth.

Objective: To minimise pelvic floor and perineal morbidity associated with childbirth.

* You must be registered to attend the annual meeting as well as the prerequisite online test modules and workshop #1 (Hands-On Workshop on Diagnosis and Repair of 3rd /4th Degree Obstetric Tears ) in order to attend PROTECT.
Why your support is needed

Your donation will support the development of the Urogynecology Center of Excellence at the Ghana College of Physicians and Surgeons otherwise known as "The Ghana Project". The purpose of the project is to provide training and assistance to faculty, residents and fellows in a region of the world where it is needed.

In addition to supporting the Ghana project, other FIUGA activities include:

- Educational programs for urogynecological professionals;
- Educates the general public and patients about pelvic floor health;
- Funds research for treatment of pelvic floor conditions; and
- Provides scholarships to advance research and practice.

**Registration fee: R450; R150 South Africa/Namibia/Botswana**

Buses leave the Cape Town International Convention Centre at 6:00 a.m. Start time is at 6:15 a.m. Buses return to the Convention Centre at 7:30 a.m.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tr>
<td>6:30 am - 6:00 pm</td>
<td>Registration &amp; Badge Pickup</td>
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<tr>
<td>6:00 am - 7:30 am</td>
<td>FIUGA 5k Fun Run / Walk (Ticketed event)</td>
<td>Off Site</td>
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<tr>
<td>8:30 am - 9:00 am</td>
<td>Welcome Remarks</td>
<td>Auditorium 1</td>
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<td>9:00 am - 9:40 am</td>
<td>Oral Podium Session 1 - Prolapse</td>
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<tr>
<td>10:00 am - 4:30 pm</td>
<td>Exhibition</td>
<td>Exhibit Hall</td>
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<tr>
<td>10:00 am - 10:30 am</td>
<td>Ulf Ulmsten Memorial Lecture - <em>From Bench to Beside in Pelvic Floor Surgery by Jan Deprest</em></td>
<td>Auditorium 1</td>
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<td>10:30 am - 11:00 am</td>
<td>Coffee Break</td>
<td>Exhibit Hall</td>
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<td>11:00 am - 12:30 pm</td>
<td>Podium Session 2 - Overactive Bladder</td>
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<td>11:00 am - 12:30 pm</td>
<td>Podium Session 3 - Pregnancy And Childbirth</td>
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<td>Exhibit Hall</td>
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<td>2:00 pm - 3:00 pm</td>
<td>Oral Poster 1 - Stress Incontinence/Overactive Bladder</td>
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<td>2:00 pm - 3:00 pm</td>
<td>Oral Poster 2 - Assessment/Urodynamics</td>
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<td>2:00 pm - 3:00 pm</td>
<td>Video Session 1</td>
<td>Ballroom West</td>
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<td>3:00 pm - 4:00 pm</td>
<td>Roundtable</td>
<td>Auditorium 1</td>
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<td>4:00 pm - 4:30 pm</td>
<td>Coffee Break</td>
<td>Exhibit Hall</td>
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<td>4:30 pm - 5:30 pm</td>
<td>Oral Poster 3 - Surgical Complications</td>
<td>Auditorium 1</td>
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<td>Oral Poster 4 - Assessment/Laparoscopic</td>
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<td>4:30 pm - 5:30 pm</td>
<td>Oral Poster 5 - Prolapse</td>
<td>Ballroom West</td>
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Welcome Remarks

8:30 am - 9:00 am
AUDITORIUM 1

Welcome by Peter de Jong and Stephen Jeffery
Presidential Address by Robert Freeman

ORAL PODIUM SESSION 1 - PROLAPSE
9:00 am - 9:40 am
AUDITORIUM 1

Chair: Dudley Robinson, Co-chairs: Peter de Jong and Stephen Jeffery

PP01 RANDOMIZED CONTROLLED TRIAL COMPARING LAPAROSCOPIC SACROHYSTEROPEXY VERSUS VAGINAL MESH SURGERY: ANATOMICAL AND FUNCTIONAL RESULTS AT ONE YEAR. RESULTS OF THE PROSPERE TRIAL

PP02 PERMANENT VERSUS DELAYED ABSORBABLE SUTURE IN UTEROSACRAL LIGMENT SUSPENSION FOR THE APICAL COMPARTMENT: A PROSPECTIVE RANDOMIZED STUDY WITH A 24 MONTHS MEAN FOLLOW-UP

PP03 DO SURGEONS PRESUME WOMEN'S HOPES AND FEARS ASSOCIATED WITH PROLAPSE REPAIR? A SECONDARY ANALYSIS IN PROSPERE TRIAL.

PP04 NATIVE TISSUE PELVIC FLOOR RECONSTRUCTIVE SURGERY IN THE HIV-POSITIVE WOMAN: RESULTS FROM A PROSPECTIVE COHORT
E. W. HENN; Dept. Obstetrics & Gynaecology, Bloemfontein, South Africa.

LBN01 NEW! Late Breaking News
RESULTS FROM PROSPECT: THE LARGEST RANDOMISED CONTROLLED TRIAL OF TRANSVAGINAL MESH OR GRAFT MATERIAL VERSUS NATIVE TISSUE REPAIR FOR PELVIC ORGAN PROLAPSE
C. M. GLAZENER1, S. BREEMAN 2, A. ELDERS 3, C. HEMMING 4, K. COOPER 5, R. M. FREEMAN 6, F. REID 7, S. HAGEN 8, A. MCDONALD 2, G. S. MACLENNAN 2, J. NORRIE 2; 1Health Services Research Unit, Univ. of Aberdeen, Aberdeen, United Kingdom, 2Univ. of Aberdeen, Aberdeen, United Kingdom, 3Glasgow Caledonian Univ., Glasgow, United Kingdom, 4NHSG, Aberdeen, United Kingdom, 5Aberdeen Royal Infirmary, Aberdeen, United Kingdom, 6Plymouth Hosp. NHS Trust, Plymouth, United Kingdom, 7The Warrell Unit, Manchester, United Kingdom, 8NURSING, MIDWIFERY & ALLIED HEALTH PROFESSIONS RES, GLASGOW, United Kingdom.
ULF ULMSTEN MEMORIAL LECTURE

10:00 am – 10:30 am
AUDITORIUM 1

From Bench to Bedside in Pelvic Floor Surgery
Jan Deprest, MD PhD FRCOG
Chair: Bob Freeman

PODIUM SESSION 2 - OVERACTIVE BLADDER
11:00 am - 12:30 pm
AUDITORIUM 1

Chair: Roy Ng, Co-Chair: Frans van Wijk, Moderator: Deborah Karp

PP05 ARE PATIENTS IN OAB DRUG TRIALS REPRESENTATIVE OF THOSE SEEN IN CLINICAL PRACTICE?

PP06 PERSISTENCE IN THE TREATMENT OF OAB WITH MIRABEGRON IN A MULTICENTER CLINICAL STUDY

PP07 ANTICHOLINERGIC PRESCRIBING: ARE HEALTHCARE PROFESSIONALS THE REAL BURDEN?

PP08 CONSISTENT AND DURABLE IMPROVEMENTS IN QUALITY OF LIFE WITH LONG-TERM ONABOTULINUMTOXINA TREATMENT IN PATIENTS WITH OVERACTIVE BLADDER

PP09 DOES REDUCED FLUID INTAKE CAUSE THE PLACEBO EFFECT SEEN IN OVERACTIVE BLADDER CLINICAL TRIALS?
L. CARDozo 1, S. HERSCHORN 2, C. R. CHAPPLE 3, R. J. SNIJDER 4, E. SIDDIQUI 5; 1Kings Coll. Hosp., London, United Kingdom, 2Sunnybrook Hlth.Sci. Ctr., Toronto, Canada, 3Department of Urology, Royal Hallamshire Hosp., Sheffield, United Kingdom, 4Astellas, Leiden, Netherlands, 5Astellas Pharma Europe Ltd, Chertsey, United Kingdom.

PP10 DO BMI, GENDER OR AGE AFFECT THE EFFICACY OR TOLERABILITY OF SOLIFENACIN IN THE MANAGEMENT OF OVERACTIVE BLADDER?

PP11 IMPROVEMENT OF THE DETRUSOR OVERACTIVITY BY THE NEW PLANT-BASED COMPOUND IN THE RATS WITH OVERACTIVE BLADDER INDUCED BY PARTIAL BLADDER OUTLET OBSTRUCTION
Mini State of the Art Lecture

12:10 pm - 12:30 pm
AUDITORIUM 1

Hormone Replacement Therapy Dilemma in Urogynecology
Peter Roos

POD IUM SESSION 3 - PREGNANCY AND CHILDBIRTH
11:00 am - 12:30 pm
BALLROOM EAST

Chair: Ranee Thakar, Co-Chair: Kobus van Resnburg, Moderator: Tsia-Shu Lo

PP12 INSTRUMENTAL DELIVERY AND OASI
T. FRIEDMAN, G. ESLICK, H. DIETZ; Univ. of Sydney, Penrith, Australia.

PP13 ARE WOMEN WITH PRE-EXISTING LEVATOR ANI MUSCLE AVULSION AT INCREASED RISK OF PELVIC FLOOR DYSFUNCTION FOLLOWING A SECOND VAGINAL DELIVERY?
I. M. VAN GRUTING, R. THAKAR, A. H. SULTAN; Obstetrics and Gynecology, Croydon Univ. Hosp., Croydon, United Kingdom.

PP14 EVALUATION OF PELVIC FLOOR DAMAGE DURING VAGINAL DELIVERY
D. A. OLIVEIRA1, M. P. PARENTE 1, C. BEGÔNA 2, T. MASCARENHAS 3, R. NATAL 1; 1INEGI - FEUP, Porto, Portugal, 2Univ. of Zaragoza, Zaragoza, Spain, 3Urogynecology Unit, Hosp. SJOAO -Faculty Of Med. Univ Porto, Porto, Portugal.

PP15 A TALE OF TWO HOSPITALS
I. KAMISAN ATAN, K. SHEK, S. LANGER, J. CAUDWELL HALL, H. DIETZ; Univ. of Sydney, Penrith, Australia.

PP16 PREDICTIVE FACTORS FOR SECOND-DEGREE PERINEAL TEARS: ANALYSIS OF 19130 DELIVERIES
J. PIZARRO-BERDICHESKY1, M. ARELLANO 2, A. BORAZJANI 3, H. B. GOLDMAN 4; 1Urogynecology unit, Division Obstetricia y Ginecologia, Glickman Urologic and Kidney Institute, H. Dr. Sotero del Rio; Pontificia Univ. Catolica de Chile; Cleveland Clinic, Cleveland, OH, 2Urogynecology Unit, Hosp. Dr. Sotero del Rio; Clínica Santa María, Santiago Chile, Santiago, Chile, 3Lerner Research Institute, Cleveland Clinic, Cleveland, OH, 4Glickman Urologic and Kidney Institute, Cleveland Clinic, Cleveland, OH.

PP17 VAGINAL BIRTH AFTER CESAREAN SECTION WITH PAROUS AND NON-PAROUS FIRST STAGE OF LABOR
Z. RUSAVY, E. FRANCOVA, V. KALIS; Department of Obstetrics and Gynecology, Med. Faculty in Pilsen, Charles Univ. in Prague, Plzen, Czech Republic.

PP18 DOES MODE OF DELIVERY AFFECT BLADDER NECK, URETHRAL MOBILITY AND URINARY INCONTINENCE SYMPTOMS FOUR YEARS AFTER DELIVERY?
I. VOLLOYHAUG1, I. M. VAN GRUTING 2, A. H. SULTAN 2, R. THAKAR 2; 1NTNU, Faculty of Med. Dept. of Lab., Trondheim, Norway, 2Croydon Univ. Hosp., London, United Kingdom.

Mini State of the Art Lecture

12:10 pm - 12:30 pm
BALLROOM EAST

What’s Important in Adolescent Childhood Urogynecology
John Lazarus
ORAL POSTER 1 - STRESS INCONTINENCE/OVERACTIVE BLADDER
2:00 pm - 3:00 pm
AUDITORIUM 1

Chair: Vivian Aguilera, Co-Chair: Paul Swart, Moderator: Oliver Daly

OP01 IMPROVING PATIENT EXPERIENCE; EFFECT OF ENVIRONMENT ON PATIENT EMBARRASSMENT AND ANXIETY WITH URODYNAMIC TESTING IN AN UNDERSERVED PATIENT POPULATION

OP02 SOMATIC, PSYCHOLOGICAL AND SEXUAL TRIGGERS FOR OVERACTIVE BLADDER SYNDROME
A. ZILBERLICHT1, N. HAYA 1, E. GOLDSCHMIDT 2, A. KALDAWY 1, R. AUSLENDER 1, A. YORAM 1; 1Obstetrics and Gynecology, Carmel Med. Ctr., Haifa, Israel, 2Bnai Zion Med. Ctr., Haifa, Israel.

OP03 ROLE OF CHRONIC URINARY INFECTION IN THE PATHOPYSIOLOGY OF OVERACTIVE BLADDER SYNDROME
Z. KHAN1, L. MARGARIT 2, D. GONZALEZ 3, N. BERRY 4, E. REES 5, K. ASHRAF 6, S. CONLAN 7, S. EMERY 2; 1Epsom and St helier NHS trust, Surrey, Carshalton, United Kingdom, 2Abertawe Bro Morgannwg Univ. Hlth. Board, Swansea, United Kingdom, 3Swansea Univ., Swansea, United Kingdom, 4Dept. of clinical microbiology and infection control, Swansea Univ. Med. Coll.: Aneurin Bevan Univ. Hlth. Board, Cardiff, United Kingdom, 5Publ. Hlth. Wales, Swansea Microbiol., Swansea, United Kingdom, 6Wirral Univ. Teaching Hosp. (WUTH) NHS Fndn. Trust, Wirral, United Kingdom, 7Swansea Univ., Carshalton, United Kingdom.

OP04 PATIENT GOALS AFTER TENSION FREE VAGINAL TAPE OPERATION

OP05 RANDOMIZED CONTROLLED TRIAL COMPARING OPHIRA® AND UNITAPE T PLUS® FOR THE TREATMENT OF STRESS URINARY INCONTINENCE: 3-YEAR RESULTS
A. L. PASCOM1, R. A. CASTRO 2, M. A. BORTOLINI 2, M. M. SARTORI 3, M. B. GIRAO 4, Z. I. JARMY-DI BELLA 5; 1Urogynecology, Federal Univ. of São Paulo, VOTUPORANGA, Brazil, 2Gynecology, Federal Univ. of São Paulo, São Paulo, Brazil, 3UNIFESP, São Paulo, Brazil, 4GINECOLOGIA, UNIVERSIDADE FEDERAL DE SÃO PAULO, SÃO PAULO, Brazil, 5UNIFESP, São Paulo, Brazil.

OP06 TVT ABBREVO AND MINIARC SUBURETHRAL SLING IN WOMEN WITH STRESS URINARY INCONTINENCE - A RANDOMISED CONTROLLED TRIAL. 6 MONTHS RESULTS.
J. MELENDEZ MUNOZ1, M. BRAVERMAN 1, A. ROSAMILIA 2, N. R. YOUNG 1, A. LEITCH 1, J. LEE 3; 1Pelvic Floor Unit, Monash Med. Ctr., Melbourne, Australia, 2Pelvic Floor Unit, Monash Med. Ctr. & Cabrini Hosp., melbourne, Australia, 3Pelvic Floor Unit, Mercy Hosp. for Women, melbourne, Australia.

Mini State of the Art Lecture
2:36 pm - 2:56 pm
BALLROOM EAST

Have mini slings come of age?
Jan-Paul Roovers

ORAL POSTER 2 - ASSESSMENT/ URODYNAMICS
2:00 pm - 3:00 pm
BALLROOM EAST

Chair: Karl Tamussino, Co-Chair: Kendall Brouard, Moderator: Fiona Lindo

OP07 IDID SUPERVISED RESIDENTS PERFORM MID URETHRAL SLING PROCEDURES AS GOOD AS THE TRAINED UROGYNECOLOGISTS?
N. MEVORACH ZUSSMAN1, O. ELYASHIV 1, M. BEN-ZVI 1, J. BAR 1, A. CONDREA 2, S. GINATH 1; 1Department of Obstetrics and Gynecology, Edith Wolfson Med. center, Holon and Sackler Faculty of Med., Tel Aviv, Israel, 2Department of Obstetrics and Gynecology, Edith Wolfson Med. center, Holon, and Sackler Faculty of Med., Tel Aviv, Israel.
TO DIAGNOSE DETRUSOR OVERACTIVITY IN PATIENTS WITH OVERACTIVE BLADDER SYMPTOMS, DOES IT MATTER?
K. KUNARAJAH1, A. S. MUNASINGHE 2, D. SHAKER 3; 1Univ. of Queensland, Rockhampton, Australia, 2Rockhampton Hosp., Rockhampton, Australia, 3University of Queensland, Rockhampton, Australia.

DEFINING VOIDING DYSFUNCTION IN WOMEN: WHAT'S THE HOLD UP?

DIGITATION TO VOID: WHAT IS THE SIGNIFICANCE OF THIS SYMPTOM?
I. ORTEGA, N. SUBRAMANIAM, T. FRIEDMAN, H. DIETZ; Univ. of Sydney, Penrith, Australia.

THE EFFECTS OF A HEATING PAD ON ANXIETY, PAIN AND DISTRESS DURING URODYNAMIC STUDY IN THE FEMALE PATIENTS WITH STRESS URINARY INCONTINENCE

URINARY RETENTION IN FEMALE OAB AFTER INTRAVESICAL BOTOX INJECTION - WHO IS AT RISK?
P. MIOTLA1, R. CARTWRIGHT 2, M. BOGUSIEWICZ 1, K. A. SKORUPSKA 1, K. FUTYMA 1, E. MARKUT-MIOTLA 3, T. RECHBERGER 1; 12nd Department of Gynecology, Med. Univ. of Lublin, Lublin, Poland, 2Epidemiology & Biostatistics, Imperial Coll. London, London, United Kingdom, 3Department of Paediatric Pulmonology and Rheumatology, Med. Univ. of Lublin, Lublin, Poland.

Mini State of the Art Lecture

2:36 pm - 2:56 pm
BALLROOM EAST

Why audit? Protecting Patients and Ourselves
Philip Tooze-Hobson

VIDEO SESSION 1
2:00 pm - 3:00 pm
BALLROOM WEST

Chair: Suzy Elneil, Co-Chair: Ettienne Henn

BEST VIDEO AWARD WINNER

IN VIVO EVIDENCE OF SIGNIFICANT LEVATOR-ANI MUSCLE STRETCH ON MR IMAGES OF A LIVE CHILDBIRTH

IVESCISCOPIC EXCISION OF AN ERODED TENSION FREE VAGINAL TAPE (TVT)
G. THIAGAMOORTHY1, P. GRANGE 2, F. SHAKIR 1, D. ROBINSON 1, L. CARDOZO 1; 1King’s Coll. Hosp., London, United Kingdom, 2General Surgery and Urology, King’s Coll. Hosp., London, United Kingdom.

COMBINED LAPAROSCOPIC, VESICOSCOPIC AND VAGINAL REPAIR OF A VESICO-VAGINAL FISTULA

TRANSVAGINAL REPAIR OF NEOBLADDER-VAGINAL FISTULA WITH MARTIUS FLAP
Roundtable

3:00 pm - 4:00 pm
AUDITORIUM 1

Chair: Yik Lim, Co-Chair: Jan Deprest

Obstetric Anal Sphincter Injuries (OASIS) Prevention is better than cure?

<table>
<thead>
<tr>
<th>Chair</th>
<th>Topic</th>
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<tbody>
<tr>
<td>Abdul Sultan</td>
<td>Introduction, Rising OASIS rates: Is there a problem?</td>
</tr>
<tr>
<td>Jan Willem de Leeuw</td>
<td>Role of episiotomy</td>
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<tr>
<td>Katariina Laine</td>
<td>Manual Perineal Protection</td>
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<td>Don Wilson</td>
<td>Which instrument for assisted delivery?</td>
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<td>Brendan Bebington</td>
<td>Management of obstetric related anal incontinence</td>
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ORAL POSTER 3 - SURGICAL COMPLICATIONS

4:30 pm - 5:30 pm
AUDITORIUM 1

Chair: Englebert Hanzal, Co-Chair: Suran Ramphal, Moderator: Renardo Lourens

OP13 POST OPERATIVE VOIDING PATTERN AND THE RESULTS OF MIDURETHRAL SLING SURGERY IN DIABETIC AND NON DIABETIC FEMALE PATIENTS WITH PURE STRESS URINARY INCONTINENCE

OP14 PREDICTORS FOR VOIDING DYSFUNCTION FOLLOWING EXTENSIVE PELVIC RECONSTRUCTIVE SURGERY

OP15 VAGINAL CUFF CLOSURE TECHNIQUE AND THE RISK FOR INFECTED PELVIC HEMATOMA AFTER VAGINAL HYSTERECTOMY
I. Feferkorn1, M. Schmidt 1, Y. Segev 1, A. Zilberlicht 2, R. Auslender 3, A. Yoram 4; 1Carmel Med. Ctr., Haifa, Israel, 2Carmel Med. center, Haifa, Israel, 3Carmel Medicl center, Haifa, Israel, 4Obstetrics and Gynecology, Carmel Med. Ctr., Haifa, Israel.

OP16 RISK FACTORS FOR POSTOPERATIVE BLOOD TRANSFUSION AFTER VAGINAL PELVIC RECONSTRUCTIVE SURGERY

OP17 ANATOMIC RELATIONSHIP OF VAGINAL SACROCOLOPEXY.
K. Jallad, L. Siff, M. D. Walters, M. R. Paraiso; Cleveland Clinic, Cleveland, OH.

OP18 IMPACT OF DEEP ENDOMETRIOSIS SURGERY ON BLADDER FUNCTION: PRELIMINARY DATA
R. Laterza1, M. Serati 2, N. Betsch 1, S. Uccella 2, W. Umek 1, H. Koelbl 1, R. Wenzl 1, F. Ghezzi 2; 1Dept of Obstetrics and Gynecology, Med. Univ. Vienna, Vienna, Austria, 2Dept of Obstetrics and Gynecology, Univ. of Insubria, Varese, Italy.

OP19 FUNCTIONAL OUTCOMES OF TRANSURETHRAL REMOVAL OF INTRAVESICAL MESH FOR TREATMENT OF MESH EXPOSURE AFTER MIDURETHRAL SLING SURGERY
T. Oh1, S. Choi 2; 1Samsung Changwon Hosp., Changwon, Korea, Republic of, 2Kosin Univ. Hosp., Busan, Korea, Republic of.
Mini State of the Art Lecture

5:12 pm - 5:30 pm
AUDITORIUM 1

Scottish Report On Tapes And Mesh: A Personal Experience
Wael Agur

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ORAL POSTER 4 - ASSESSMENT/LAPAROSCOPIC
4:30 pm - 5:30 pm
BALLROOM EAST

Chair: Phil Tooze-Hobson, Co-Chair: Pieter Kruger, Moderator: Erin Kelly

OP20  LAPAROSCOPIC SACROCOLPOPEXY: SACRAL MESH PULLOUT STRENGTH OF VARIOUS PROMONTORY FIXATION TECHNIQUES

OP21  DO TECHNICAL DIFFERENCES DURING SACROCOLPOPEXY AFFECT THE OUTCOME?
P. A. STURM, K. BAESSLER; Pelvic Floor Unit, Charite Univ. Hosp., Berlin, Germany.

OP22  THE ASSOCIATION BETWEEN JOINT HYPERMOBILITY AND URINARY INCONTINENCE IN WOMEN: A SYSTEMATIC REVIEW AND META-ANALYSIS

OP23  WHO’S BOTHERED ABOUT NOCTURIA?
G. THIAGAMOORTHY1, G. ARAKLITIS2, J. E. HUNTER1, L. CARDozo1, A. M. RANTELL1, D. ROBINSON1; 1King’s Coll. Hosp., London, United Kingdom, 2Kings Coll. Hosp., London, United Kingdom.

OP24  CAN AN OVERACTIVE BLADDER BE UNDERACTIVE?
G. THIAGAMOORTHY1, G. ARAKLITIS2, L. CARDozo1, I. GIARENIS1, J. E. HUNTER1, D. ROBINSON1; 1King’s Coll. Hosp., London, United Kingdom, 2Kings Coll. Hosp., London, United Kingdom.

OP25  TESTING AND TREATING OF WOMEN WITH RESISTANT OVERACTIVE BLADDER- A MODEL BASED ECONOMIC EVALUATION OF BUS STUDY
P. M. LATTHE1, I. GORANITIS2, T. ROBERTS3, Bus Collaborative Study Group; 1Dept. of urogynaecology, Birmingham Women’s NHS Fndn. Trust, Birmingham, United Kingdom, 2Dept. of Health Economics, Univ. of Birmingham, Birmingham, United Kingdom, 3Health Economics Unit, Univ. of Birmingham, Birmingham, United Kingdom.

OP26  EXPLORING FATIGUE OF PELVIC FLOOR MUSCLES WITH ELECTROMYOGRAPHIC MEASUREMENTS DURING RUNNING
A. BARDILL, L. BACHMANN, P. EICHELBERGER, I. KOENIG, H. LUGINBUEHL, L. RADLINGER; Bern Univ. of Applied Sci., Hlth., Bern, Switzerland.

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Mini State of the Art Lecture

5:12 pm - 5:30 pm
BALLROOM EAST

Robotic surgery in Urogynecology: Will there ever be a benefit?
Catherine A. Matthews
ORAL POSTER 5 - PROLAPSE
4:30 pm - 5:30 pm
BALLROOM WEST

Chair: Fred Milani, Co-Chair: Johann Coetzee, Moderator: Gans Thiagamoorthy

OP27  PELVIC ORGAN PROLAPSE: DOES HRT USE MATTER?
E. WASENDA1, I. KAMISAN ATAN 2, N. SUBRAMANIAM 3, H. DIETZ 2; 1Univ. of California-San Diego, La Jolla, CA, 2Univ. of Sydney, Penrith, Australia, 3Sydney Med. Sch. Nepean, Univ. of Sydney, Sydney, Australia.

OP28  DOES PATIENT POSTURE AFFECT SONOGRAPHIC EVALUATION OF PELVIC ORGAN PROLAPSE?
M. BRAVERMAN, F. TUREL, T. FRIEDMAN, I. KAMISAN ATAN, H. DIETZ; Univ. of Sydney, Penrith, Australia.

OP29  SURGICAL COMPLICATIONS ASSOCIATED WITH TRANSVAGINAL MESH (TVM): PRIMARY SURGERY VS RECURRENCE

OP30  ANTERIOR VERSUS POSTERIOR APICAL SLING VAULT SUSPENSION- IS THERE A DIFFERENCE?
H. DEVAKUMAR1, N. CHANDRASEKARAN 1, A. N. ALAS 2, M. LAURA 1, E. A. HURTADO 2, G. W. DAVILA 2; 1FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY, Cleveland Clinic Florida, Weston, FL, 2Cleveland Clinic Florida, Weston, FL.

OP31  EFFECT OF TRANSVAGINAL MESH SURGERY AND LAPAROSCOPIC SACROCOLPOPEXY ON BOWEL SYMPTOMS IN PELVIC ORGAN PROLAPSE PATIENTS

OP32  SUCCESSIVE INCREASES IN PARITY CONFER A SIGNIFICANT INCREASED IN RISK FOR PELVIC ORGAN PROLAPSE IN MICE AND WOMEN
P A. BORAZJANI1, J. PIZARRO-BERDICHEVSKY 2, H. B. GOLDMAN 3, M. S. DAMASER 1; 1Cleveland Clinic, Cleveland, OH, 2H. Dr. Sotero del Río; Univ. Catolica; Clev, Cleveland, OH, 3cleveland clinic, cleveland, OH.

OP33  MASSIVE UTEROVAGINAL PROLAPSE: ARE RATES OF SUCCESS AFTER VAGINAL HYSTERECTOMY WITH CULDOPLASTY LOWER?
A. N. ALAS, N. CHANDRASEKARAN, H. DEVAKUMAR, L. MARTIN, E. A. HURTADO, G. DAVILA; Cleveland Clinic Florida, Weston, FL.

Mini State of the Art Lecture
5:12 pm - 5:30 pm
BALLROOM WEST

Uterine Prolapse: Passenger or Perpetrator?
Kaven Baessler
## SCHEDULE AT A GLANCE

### FRIDAY, AUGUST 5, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tr>
<td>6:30 am - 6:00 pm</td>
<td>Registration &amp; Badge Pickup</td>
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<tr>
<td>10:00 am - 4:30 pm</td>
<td>Exhibition</td>
<td>Exhibit Hall</td>
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<tr>
<td>7:00 am - 7:50 am</td>
<td>Meet The Experts- Roundtable Breakfast</td>
<td>Roof Terrace</td>
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<tr>
<td>8:00 am - 9:30 am</td>
<td>Podium Session 4 - Basic Science</td>
<td>Auditorium 1</td>
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<tr>
<td>8:00 am - 9:10 am</td>
<td>Podium Session 5 - Stress Urinary Incontinence</td>
<td>Ballroom East</td>
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<tr>
<td>10:00 am - 11:00 am</td>
<td>State of the Art Lecture Female Genital Mutilation: Health Concern and Rights Violation - Julitta Onabanjo and guest lecture Dr. Josephine Kulea</td>
<td>Auditorium 1</td>
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<tr>
<td>11:00 am - 11:30 am</td>
<td>Coffee Break</td>
<td>Exhibition Hall</td>
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<tr>
<td>11:30 am - 12:30 pm</td>
<td>Podium Session 6 - Imaging</td>
<td>Auditorium 1</td>
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<tr>
<td>11:30 am - 12:30 pm</td>
<td>Podium Session 7 - Prolapse</td>
<td>Ballroom East</td>
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<tr>
<td>12:30 pm - 2:00 pm</td>
<td>Lunch</td>
<td>Exhibit Hall</td>
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<tr>
<td>1:15 pm - 2:45 pm</td>
<td>IUGA Annual Business Meeting</td>
<td>Auditorium 1</td>
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<tr>
<td>3:00 pm - 4:00 pm</td>
<td>Video Session Lecture - Urinary Incontinence Surgery - What to do when things go wrong.</td>
<td>Auditorium 1</td>
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<td>4:00 pm - 4:30 pm</td>
<td>Coffee Break</td>
<td>Exhibition Hall</td>
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<tr>
<td>4:30 pm - 5:30 pm</td>
<td>Oral Poster 6 - Basic Science</td>
<td>Ballroom East</td>
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<tr>
<td>4:30 pm - 5:30 pm</td>
<td>Oral Poster 7 - Fistula &amp; Childbirth</td>
<td>Auditorium 1</td>
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<tr>
<td>4:30 pm - 5:30 pm</td>
<td>Video Session 2</td>
<td>Ballroom West</td>
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<tr>
<td>7:00 pm - 1:00 am</td>
<td>Dinner and Dancing</td>
<td>Cape Town Fish Market</td>
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</table>
MEET THE EXPERTS - Roundtable Breakfast

7:00am - 7:50am
ROOF TERRACE ROOM

TABLE 1: Defining First Line of Management for Women Suffering OAB
Raheela Mohsin

TABLE 2: Urethral Diverticulum: Management from Simple to Complex
Javier Pizarro-Berdichevsky

TABLE 3: Peer Review Process – How to Give a High-Quality Review
Paul Riss

TABLE 4: Complications – What Would You Have Done? Management of Pelvic Haematoma
Peter Dwyer

TABLE 5: Conventional Laparoscopic Sacrocolpopexy: Tips and Tricks
Bruno Deval & Jan DePrest

TABLE 6: Sacrocolpopexy: How to Stay Out of Trouble
Catherine Matthews

TABLE 7: Scientific Rationale for Vaginal Hysterectomy and Native Tissue Repairs for Primary Prolapse Surgery
Michael Moen

TABLE 8: Advancing the Role of the Urogynaecology Nurse Specialist
Angela Rantell

TABLE 9: Vaginal Hysterectomy: Tips & Tricks
Kari Tamussino

TABLE 10: Investigating Lower Urinary Tract Dysfunction; Who, When, Why and How?
Linda Cardozo & Dudley Robinson

TABLE 11: Obstetric Fistula Management – How Can IUGA, FIGO, RCOG and Others Work Together?
Ajay Rane

TABLE 12: Does Effective Posture on the Toilet Help Reduce Post-Operative Voiding Dysfunction?
Jay Iyer

TABLE 13: The Role of 2D Dynamic and 3D Multicompartment Sonographic Imaging of the Pelvic floor in the Management of Patients Who Have Undergone Sling Surgery for Stress Urinary Incontinence
Aparna Hegde

TABLE 14: Management of Mesh Complications after Pelvic Floor Surgery
Rajeev Ramanah

TABLE 15: Management of Post Operative Pain after da Vinci Surgeries
Carlton Lyons
PODium Session 4 - Basic Science

8:00 am - 9:30 am

Auditorium 1

Chair: Lynsey Hayward, Co-Chair: Harry Ververst, Moderator: Yik Lim

PP19 BEST BASIC SCIENCE AWARD WINNER

The Myth: In Vivo Degradation of Polypropylene Meshes
K. L. Ong1, J. White1, S. F. Thames2; 1Exponent, Inc., Philadelphia, PA, 2Univ. of Southern Mississippi, Hattiesburg, MS.

PP20 Molecular Effects of Intravenous Muscle-Derived Stem Cells Therapy in the Damaged Urethral Tissue of Female Rats: Gene and Protein Expression Profile.
A. P. Bilhar1, M. A. Bortolini2, S. M. Feitosa1, A. B. Se3, G. F. Salerno1, E. Zanoteli 4, R. A. Castro2; 1Federal Univ. of São Paulo, São Paulo, Brazil, 2Gynecology, Federal Univ. of São Paulo, São Paulo, Brazil, 3Unifesp, São Paulo, Brazil, 4USP - Univ. of São Paulo, São Paulo, Brazil.

PP21 The Effect of Cesarean Delivery on Hiatal Dimension in Squirrel Monkeys
J. S. Joyce1, V. Tran1, M. Reyes2, J. M. Gendron3, J. C. Ruiz4, W. Larsen5, T. J. Kuehl 6; 1Baylor Scott and White Hlth.care, Temple, TX, 2Baylor Scott & White, Temple, TX, 3Scott & White Hosp., Temple, TX, 4UT MDAnderson Cancer Ctr., Bastrop, TX, 5Scott and White Mem. Hosp., Temple, TX, 6Scott & White Hlth.care, Temple, TX.

PP22 The Immunohistochemical and Urodynamic Evaluation Towards the Collagen-Coated and Non-Coated Polypropylene Meshes Implanted on a Rat Model

PP23 Mannose Binding Lectin and a Predisposition to Recurrent Urinary Tract Infections in Women

PP24 Local Estrogen Therapy Modulates the Expression of ECM Remodelling & Structural Genes, and Immune Response in Vaginal Tissue of Postmenopausal Women with Severe POP
T. Tyagi1, Y. Leong2, M. Alarab3, H. P. Drutz2, S. Lye 1, O. Shynlova1; 1Lunenfeld-Tanenbaum Research Institute, Mount Sinai Hosp., Toronto, Canada, 2Mount Sinai Hosp., Toronto, Canada, 3Obstetrics and Gynecology, Division Of Urogynecol, Mount Sinai Hosp., Toronto, Canada.

PP25 Role of Lysyl Oxidase Like 1 in Regulation Biomechanical Properties During the Peripartum Period
A. Borazjani, M. S. Damaser; Cleveland Clinic, Cleveland, OH.

Mini State of the Art Lecture

9:10 am - 9:30 am

Auditorium 1

Why Standardizing Reporting Matters, the ICHOM collaborative
Philip Tooze-Hobson and Adrian Wagg
PODium Session 5 - Stress Urinary Incontinence

8:00 am - 9:10 am

Ballroom East

Chair: Wolfgang Umek, Co-Chair: Lisa Prodigalidad

PP26  WHAT CAN WE LEARN FROM LARGE DATASETS? AN ANALYSIS OF 19,000 RETROPUBLIC TAPES
F. Bach 1, P. Toozs-Hobson2, Urogynaecology, Birmingham Women’s Foundation NHS Trust, Birmingham, United Kingdom, 2Urogynaecology, Birmingham Women’s Foundation NHS Trust, Birmingham, United Kingdom.

PP27  CYSTOSCOPIC EVALUATION OF URETERAL JETS: A PROSPECTIVE, RANDOMIZED, CONTROLLED TRIAL.
L. M. Espaillat-Rujo1, S. SiFF2, A. N. AlAs3, S. A. Chadi4, S. Vaish5, G. W. Davila6, M. D. Barber2, E. A. Hurtado3; 1Department of Gynecology, Cleveland Clinic, Weston, FL, 2Cleveland Clinic, Cleveland, OH, 3Cleveland Clinic Florida, Weston, FL, 4Department of Colorectal Surgery, Cleveland Clinic, Weston, FL, 5Department of Urology, Cleveland Clinic Florida, Weston, FL.

PP28  Axel Ingelman Sundberg BEST PAPER AWARD WINNER
TREATMENT SUCCESS OF BURCH AND MIDURETHRAL SLING 2 YEARS FOLLOWING COMBINED PROCEDURE WITH SACROCOLUMPOXY
E. C. Trabucott1, C. J. Klingele1, J. Occhino1, R. E. Blandon2, M. E. McGree3, A. Weaver1, J. Gebhart4; 1Mayo Clinic, Rochester, MN, 2Saint Luke’s Hosp. of Kansas City, Kansas City, MO, 3Division of Biomedical Statistics and Informatics, Mayo Clinic, Rochester, MN, 4Mayo Clinic, Rochester, MN.

PP29  MINIARC MONARC SUBURETHRAL SLING IN WOMEN WITH STRESS URINARY INCONTINENCE - AN RCT - 48M FOLLOW UP

PP30  ADVERSE EVENTS FOLLOWING MESH AND NON-MESH SURGERY FOR STRESS URINARY INCONTINENCE IN WOMEN: A POPULATION-BASED COHORT STUDY IN SCOTLAND, 1997-2014.
J. Morling1, W. Agur2, C. Fischbacher1, C. M. Glazener3, K. Guerrero4, D. McAllister5, R. Wood1; 1NHS Scotland Information Service Div., Edinburgh, United Kingdom, 2NHS Res. Scotland, Kilmarnock, United Kingdom, 3Health Services Research Unit, Univ. of Aberdeen, Aberdeen, United Kingdom, 4South Glasgow Univ. Hosp., glasgow, United Kingdom, 5Univ. of Edinburgh, Edinburgh, United Kingdom.

PP31  A NATIONAL POPULATION-BASED COHORT STUDY OF URETHRAL INJECTION THERAPY FOR FEMALE STRESS AND MIXED URINARY INCONTINENCE - THE DANISH UROGYNAECOLOGICAL DATABASE, 2007-2011
M. Hansen1, G. Lose2, U. S. Kesmodel3, K. O. GraDe4, 1Institute of clinical Research, Southern Denmark, Res. Unit of Clinical Epidemiology, Odense, Denmark, 2Dept. of Urology and Obstetrics, Herlev, Denmark, 3Department of Obstetrics and Gynaecology, Dept. of Obstetrics and Gynaecology, Herlev, Herlev, Denmark, 4Ctr. for Clinical Epidemiology, Odense, Denmark.

PP32  INTRASPINCETERIC SKELETAL MUSCLE DERIVED-CELL IMPLANTATION FOR STRESS URINARY INCONTINENCE- A 2 YEAR FOLLOW UP
M. Blaganje, A. Lukanovic; University Med. Centre LJUBLJANA, LJUBLJANA, Slovenia

PP33  AUTOMATED LEVATOR AVULSION DETECTION ON 3D TRANSPERINEAL ULTRASOUNDS- A FEASIBILITY STUDY
N. Sindwani1, H. Dietz2, J. A. Deprest3; 1Ovarian Systems, Univ. of Leuven, Leuven, Belgium, 2Univ. of Sydney, Springwood, Australia, 3UZ Leuven, Leuven, Belgium.

State of the Art Lecture

10:00 am - 11:00 am

Auditorium 1

Female Genital Mutilation: Health Concern and Rights Violation

Julitta Onabanjo and guest lecture Dr. Josephine Kulea, CEO of the Sumburu Girls Foundation

Chair: Peter Sand, Co-Chair: Stephen Jeffery
PODIUM SESSION 6 - IMAGING
11:30 am - 12:30 pm
AUDITORIUM 1

Chair: Hans Peter Dietz, Co-Chair: Zeelha Abdool, Moderator: Olanrewaju Sorinola

PP34  CAN TRANSPERINEAL ULTRASOUND REPLACE ENDOANAL ULTRASOUND FOR THE DETECTION OF ANAL SPHINCTER DEFECTS?

PP35  HOW ARE THE PELVIC FLOOR MUSCLES MEASURED DURING GAIT AND WEIGHTBEARING?<br />A SCOPING REVIEW OF THE LITERATURE.
C. M. AVNI, R. C. JONES, S. D. HANEKOM; Stellenbosch Univ., Cape Town, South Africa.

PP36  ULTRASOUND COMPARISON OF ADJUSTABLE SINGLE-INCISION AND TRANSOBUTURATOR TAPES TO ASSESS POSTOPERATIVE FIXATION AND FUNCTION

PP37  IS MRI THE GOLD STANDARD IMAGING TECHNIQUE TO DIAGNOSE LEVATOR ANI MUSCLE AVULSION?
I. M. VAN GRUTING1, A. STANKIEWICZ 2, A. H. SULTAN 1, R. THAKAR 1; 1Obstetrics and Gynaecology, Croydon Univ. Hosp., Croydon, United Kingdom, 2Radiology, Croydon Univ. Hosp., Croydon, United Kingdom.

PP38  WHAT IS ‘A SIGNIFICANT DEFECT’ OF THE ANAL SPHINCTER?
N. SUBRAMANIAM, H. DIETZ; Univ. of Sydney, Penrith, Australia.

PP39  GH/PB SHOULD BE MEASURED ON MAXIMAL VALSALVA RATHER THAN AT REST
L. OW1, N. SUBRAMANIAM 1, I. KAMISAN ATAN 1, T. FRIEDMAN 1, A. J. MARTIN 2, H. DIETZ 1; 1Univ. of Sydney, Penrith, Australia, 2NHMRC Clinical Trials Ctr. Univ. of Sydney, Camperdown, Australia.

Mini State of the Art Lecture
12:10 am - 12:30 pm
AUDITORIUM 1

Imaging in Urogynecology: Does it make a difference?
Aparna G. Hegde

PODIUM SESSION 7 - PROLAPSE
11:00 am - 12:30 pm
BALLROOM EAST

Chair: Paul Riss, Co-Chair: Hennie Cronje Moderator: Ajay Rane

PP40  A RANDOMISED CONTROLLED TRIAL COMPARING PELVIC ORGAN PROLAPSE SURGERY WITH AND WITHOUT TENSION-FREE VAGINAL TAPE IN WOMEN WITH OCCULT OR ASYMPTOMATIC URODYNAMIC STRESS INCONTINENCE:<br />6 YEAR FOLLOW UP

PP41  THE MANCHESTER PROCEDURE VERSUS VAGINAL HYSTERECTOMY IN THE TREATMENT OF UTERUS PROLAPSE: A SYSTEMATIC REVIEW.
C. KROGSGAARD TOLSTRUP, G. LOSE, N. KLARSKOV; Department of Obstetrics and Gynecology, Herlev & Gentofte Univ. Hosp., Herlev, Denmark.
PP42 RANDOMIZED TRIAL COMPARING VAGINAL MESH REPAIR (PROLIFT TOTAL) VERSUS SACROSPINOUS VAGINAL COLPOPEXY (SSF) IN THE MANAGEMENT OF VAGINAL VAULT PROLAPSE AFTER HYSTERECTOMY FOR PATIENTS WITH LEVATOR ANI AVULSION INJURY - 6 YEARS - FOLLOW-UP

K. SVABIK, J. MASATA, P. HUBKA, A. MARTAN; Ob/Gyn, First Faculty of Med., Charles Univ. in Prague, Gen. Univ. Hosp., Prague, Czech Republic.

PP43 OCCURRENCE OF GRAFT RELATED COMPLICATIONS AT MEDIUM TERM FOLLOW UP AFTER LAPAROSCOPIC SACROCOLPOPEXY WITH TWO DIFFERENT POLYPROPYLENE-BASED MESSES

S. PACQUEE1, K. NAWAPUN 1, F. CLAERHOUT 1, J. VERGUTS 1, E. WERBROUCK 1, S. HOUSMANS 1, D. DE RIDDER 2, J. WYNAELE 1, J. A. DEPREST 1; 1UZ Leuven, Leuven, Belgium, 2Urology, Univ. Hosp. KU Leuven, Leuven, Belgium.

PP44 PRIMARY TREATMENT OF VAGINAL PROLAPSE, PESSARY USE VERSUS PROLAPSE SURGERY


PP45 THE DECLINE IN PHYSICAL PERFORMANCE AND ONSET OF SARCOPENIA IS ASSOCIATED WITH THE DEVELOPMENT OF URINARY INCONTINENCE IN OLDER WOMEN


PP46 2015 IUGA MEMBERSHIP PRACTICE PATTERN SURVEY FOR THE SURGICAL TREATMENT OF PELVIC ORGAN PROLAPSE AND STRESS URINARY INCONTINENCE


Mini State of the Art Lecture

12:10 am - 12:30 pm
BALLROOM EAST

The Best Approach to Apical Surgery
Michel Cosson

Video Session Lecture

3:00 pm - 4:00 pm
AUDITORIUM 1

Urinary incontinence surgery: What to do when things go wrong
Chair: Anna Rosamilia Co-Chair: Zeelha Abdool

<table>
<thead>
<tr>
<th>Chair</th>
<th>Introduction</th>
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<tbody>
<tr>
<td>Michel Cosson</td>
<td>Laparoscopic Removal of Mesh</td>
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<td>Howard B. Goldman</td>
<td>Management of Complication With the Obturator Approach</td>
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<tr>
<td>Francois Retief</td>
<td>Management of Pudendal Neuralgia</td>
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<td>Frans J. Van Wijk</td>
<td>Alternative to Mesh Surgery for Incontinence</td>
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OP34  CHARACTERIZATION OF THE MEDIAN SACRAL ARTERY COURSE AT THE SACRAL PROMONTORY USING CONTRAST ENHANCED COMPUTED TOMOGRAPHY
A. ZILBERLICHT1, R. MOLNAR 2, H. PAL OHANA 1, N. HAYA 1, R. AUSLENDER 1, A. YORAM 1; 1Obstetrics and Gynecology, Carmel Med. Ctr., Haifa, Israel, 2Radiology, Carmel Med. Ctr., Haifa, Israel.

OP35  MESENCHYMAL STEM CELLS AND REGENERATING AGENT OTR4131 RESTORE VAGINAL BIOMECHANICAL PROPERTIES AFTER SIMULATED CHILDBIRTH INJURY
K. JANSEN1, T. VAN RUITEN 2, M. S. DAMASER 3, N. EIJKELKAMP 4, C. VAN DER VAART 5; 1Obstetrics & Gynecology, Radboud Univ. Med. Ctr., Nijmegen, Netherlands, 2Univ. of Twente, Enschede, Netherlands, 3Cleveland Clinic, Cleveland, OH, 4NIDOD, UMC Utrecht, Utrecht, Netherlands, 5UMCU, Utrecht, Netherlands.

OP36  A PRECLINICAL EVALUATION OF POLYPROPYLENE/POLYLACTIC ACID HYBRID MESHES FOR PROLAPSE REPAIR USING A RAT ABDOMINAL HERNIA MODEL
R. DE TAYRAC1, I. LE TEUFF 1, P. CARTERON 3, V. LETOUZEY 4, D. ULRICH 5; 1Caremeau Univ. Hosp., Nimes, France, 2Univ. Hosp., Orléans, France, 3Cleveland Clinic, Cleveland, OH, 4National Insr. De Caremeau, Nimes, France, 5Medical University of Graz, Graz, Austria.

OP37  EXTRACELLULAR MATRICES OF WOMEN WITH PELVIC ORGAN PROLAPSE AFFECT FIBROBLAST TO MYOFIBROBLAST DIFFERENTIATION

OP38  HIGH-FREQUENCY MICRO-ULTRASOUND AND ACTIVE CONTRACTILITY TESTING TO ASSESS URETHRAL AND VAGINAL FUNCTION IN A RAT MODEL FOR SIMULATED VAGINAL BIRTH

OP39  PHYSIOLOGIC COMPLIANCE OF RAT ABDOMINAL WALL INCISIONAL HERNIA REINFORCED WITH ELECTROSPUN UREIDOPYRIMIDONE MESH

OP40  MEDIUM TERM BIOCOMPATIBILITY AND BIOMECHANICAL PERFORMANCE OF ELECTROSPUN MESHES FROM UREIDOPYRIMIDONE COMPRISING POLYCAPROLACTONE IN A RABBIT INCISIONAL HERNIA MODEL

Mini State of the Art Lecture
5:12 pm - 5:30 pm
BALLROOM EAST

Stem Cell: Using Stem in Urogynecology
David J. Quinlan
ORAL POSTER 7 - FISTULA & CHILDBIRTH
4:30 pm - 5:30 pm
AUDITORIUM 1

Chair: Joseph Lee, Co-Chair: Lisa Kaestner, Moderator: Marianne Koch

OP41 PREDICTORS OF FOLLOW-UP AFTER VESICOVAGINAL FISTULA REPAIR

OP42 THE CHANGING PERCEPTION AND KNOWLEDGE OF OBSTETRIC FISTULA: A QUALITATIVE STUDY
J. JIAO1, G. MBABAZI 2, B. DUSHIMIYIMANA 3, C. CHEN 4; 1Univ. of Miami Miller Sch. of Med., Miami, FL, 2Univ. of Rwanda, Kigali, Rwanda, 3Univ of Rwanda, huye, Rwanda, 4johns hopkins, baltimore, MD.

OP43 ASSOCIATION OF URETERIC STENT PLACEMENT/DURATION AND PYELONEPHRITIS IN VESICO-VAGINAL FISTULA PATIENTS
R. J. POPE1, D. M. KOPP 2, E. CHIPUNGU 3, C. CHALAMANDA 4, J. P. WILKINSON 1; 1Obstetrics and Gynecology, Baylor Coll. of Med., Houston, TX, 2Obstetrics and Gynecology, Univ. of North Carolina, Chapel Hill, NC, 3Obstetrics and Gynecology, Malawi Coll. of Med., Lilongwe, Malawi, 4Fistula Care Ctr., Lilongwe, Malawi.

OP44 DOES HORMONAL STATUS AFFECT PELVIC FLOOR MUSCLE FUNCTION?
M. W. SOCHA1, I. KAMISAN ATAN 2, N. SUBRAMANIAM 2, H. DIETZ 2; 1Dept. of Obstetrics, Gynaecology and Gynaecol, Bydgoszcz, Poland, 2Univ. of Sydney, Penrith, Australia.

OP45 PROTRACTED POSTPARTUM URINARY RETENTION - A LONG TERM PROBLEM OR A TRANSIENT CONDITION?
N. MEVORACH ZUSSMAN, H. MIREMBERG, M. KOVO, J. BAR, A. CONDREA, S. GINATH; Department of Obstetrics and Gynecology, Edith Wolfson Med. center, Holon, and Sackler Faculty of Med., Tel Aviv, Israel.

OP46 THE PREVALENCE OF COMPENSATORY CONTRACTIONS AND MOVEMENTS DURING ANALYTIC PELVIC FLOOR CONTRACTIONS IS HIGH IN WOMEN IMMEDIATELY AFTER DELIVERY
H. NEELS1, S. DE WACHTER 2, M. WYNDAAELE 1, A. VERMANDEL 2; 1Univ. of Antwerp, Wilrijk, Belgium, 2Univ. Hosp. Antwerp - Univ. of Antwerp, Edegem, Belgium.

OP47 EFFECT OF SECOND PREGNANCY AND DELIVERY ON PELVIC FLOOR FUNCTION
I. URBANKOVA1, M. KRCMAR 1, K. GROHREGIN 1, O. GOJIS 1, J. FEYEREISL 2, L. KROFTA 3; 1urogynecology, Inst. for the care of mother and child, Prague 4, Czech Republic, 2Inst. for the care of mother and child, Prague 4, Czech Republic, 3Inst. for the care of mother and child, Prague, Czech Republic.

VIDEO SESSION 2
4:30 pm - 5:30 pm
BALLROOM WEST

Chair: Catherine Matthews, Co-Chair: Andreas Chrystostomou

VID05 SURGICAL REMOVAL OF A LARGE VAGINAL CALCULUS FORMED AFTER A TENSION FREE VAGINAL TAPE PROCEDURE
A. ZILBERLICHT1, B. FEINER 2, N. HAYA 1, R. AUSLENDER 1, A. YORAM 1; 1Obstetrics and Gynecology, Carmel Med. Ctr., Haifa, Israel, 2Hillel Yaffe Med. Ctr., Hadera, Israel.

VID06 TRANSVAGINAL REPAIR OF A URETHROVAGINAL FISTULA BY THE LATZKO TECHNIQUE USING A MARTIUS FLAP
A. ZILBERLICHT1, Y. LAVY 2, R. AUSLENDER 1, A. YORAM 1; 1Obstetrics and Gynecology, Carmel Med. Ctr., Haifa, Israel, 2Hadassah Med. Ctr., Jerusalem, Israel.

VID07 MODIFIED LAPAROSCOPIC UNILATERAL HYSTEROPEXY<br>A VIDEO PRESENTATION AND PRELIMINARY RESULTS
I. PANDEVA1, F. G. GOULD 2, N. RAHMAN 3, A. MORAITIS 1, M. C. SLACK 4; 1Urogynaecology, Addenbrooke’s Univ. Hosp., Cambridge, United Kingdom, 2Royal Women’s

VID08 LAPAROSCOPIC COMPLEX RECONSTRUCTION OF PELVIC FLOOR INCL. SACROCOLOPEXY
P. BARTOS; Dept. of Gynaecology and Obstetrics, Comprehensive Cancer Ctr., Novy Jicin, Czech Republic.
Save the Date

Vancouver

IUGA
international urogynecological association

42nd Annual Meeting
June 20 - 24, 2017
Canada

2017 IMPORTANT DATES

REGISTRATION
Registration Opens: Friday, January 20, 2017

CALL FOR WORKSHOP PROPOSALS
Call for Workshop Proposals Friday, September 16, 2016
Deadline for WS proposals Tuesday, November 15, 2016

CALL FOR ABSTRACT SUBMISSIONS
Call for Abstracts Friday, October 7, 2016
Submission site closes Tuesday, February 6th, 2017
### SCHEDULE AT A GLANCE

#### SATURDAY, AUGUST 2, 2016

<table>
<thead>
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<td>Podium 8 - Pelvic Floor Dysfunction/Misc</td>
<td>Ballroom East</td>
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<tr>
<td>9:45 am - 10:30 pm</td>
<td>State of the Art Lecture: Treating Pelvic Pain – Female Cosmetic Genital Surgery – What, When and by Whom - Linda Cardozo</td>
<td>Ballroom East</td>
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<tr>
<td>10:30 am - 11:00 am</td>
<td>Coffee Break</td>
<td>Foyer</td>
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<tr>
<td>11:00 am - 12:30 pm</td>
<td>Oral Poster 8 - Imaging</td>
<td>Room 1.40</td>
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<tr>
<td>11:00 am - 12:30 pm</td>
<td>Oral Poster 9 - Prolapse</td>
<td>Ballroom West</td>
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<tr>
<td>11:00 am - 12:30 pm</td>
<td>Oral Poster 10 - Pain &amp; Sexual Function</td>
<td>Ballroom East</td>
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<tr>
<td>12:30 pm - 1:00 pm</td>
<td>Closing Remarks</td>
<td>Room 1.40</td>
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ASSOCIATION BETWEEN GYNECOLOGIC PELVIC CANCER SURVIVORSHIP AND PELVIC FLOOR DISORDER ONSET AND BURDEN: AN OBSERVATIONAL CASE-CONTROL STUDY

THE PREVALENCE OF URINARY INCONTINENCE IN NULLIPAROUS ADOLESCENTS AND ADULT WOMEN, AND THE ASSOCIATED RISK FACTORS: A SYSTEMATIC REVIEW
S. Almousa1, A. Bandin Van Loon2; 1Private Physiotherapy, Thessaloniki, Greece, 2Pelvic floor Physiotherapy, Clinica Cobián, A Coruña, Spain.

FACTORS ASSOCIATED WITH LOWER URINARY TRACT SYMPTOMS IN WOMEN WITH UTERINE LEIOMYOMAS: A CASE CONTROL STUDY
S. Erjongmanee, S. Bunyavejchevin; Obstetrics and gynecology, Chulalongkorn Univ., BKK, Thailand.

LOW-COST, HAND-MADE, MID-URETHRAL SLING FOR THE TREATMENT OF FEMALE STRESS URINARY INCONTINENCE: A SINGLE-CENTER’S 10 YEAR EXPERIENCE
J. Alvarez1, M. J. Urzua1, C. Rondini1, F. Kaplan2, F. R. Troncoso2; 1Urogynecology department, Hosp. Padre Hurtado, Santiago, Chile, 2Urogynecology department, Hosp. Padre Hurtado, Santiago, Chile.

WHAT IS THE COST OF ‘HANDS OFF’ CHILDBIRTH? DOES THE ACCOUCHEUR MAKE A DIFFERENCE TO THE INCIDENCE OF OBSTETRIC ANAL SPHINCTER INJURIES?
J. E. Hunter1, G. Thiagamoorthy1, C. Roberts1, G. Araklitis2, S. Srikrishna1, J. Bidmead1, L. Cardozo1, D. Robinson1; 1King’s Coll. Hosp., London, United Kingdom, 2Kings Coll. Hosp., London, United Kingdom.

THE NATURAL HISTORY OF LEVATOR ANI MUSCLE AVULSION FOUR YEARS FOLLOWING CHILDBIRTH - A PROSPECTIVE LONGITUDINAL STUDY
I. M. Van Gruting1, K. W. Van Delft2, R. Thakar1, A. H. Sultan1; 1Obstetrics and Gynaecology, Croydon Univ. Hosp., Croydon, United Kingdom, 2Radboud Univ. Nijmegen, Nijmegen, Netherlands.

Mini State of the Art Lecture
9:15 am - 9:30 am
BALLROOM EAST

Defining the Role of Mesh in POP Surgery: “Have We Yet to Identify the Source of Its Misuse?”.
Geoff Cundiff

State of the Art Lecture
9:45 am - 10:30 am
BALLROOM EAST

Treating Pelvic Pain – Female Cosmetic Genital Surgery – What, When and by Whom
Linda Cardozo

Chair: Willy Davila, Co-Chair: Roy Ng
ORAL POSTER 8 - IMAGING
11:00 am- 12:26 pm
ROOM 1.40

Chair: Stephen Jeffery, Co-Chair: Aparna Hedge

OP48  NORMAL VALUES OF ANAL SPHINCTER BIOMETRY BY FOUR-DIMENSIONAL PELVIC FLOOR ULTRASOUND
J. N. MAGPOC, 1. KAMISAN ATAN,  H. DIETZ; Univ. of Sydney, Penrith, Australia.

OP49  CHANGES IN THE GLOBAL STRAIN OF THE PUBORECTALIS MUSCLE DURING PREGNANCY AND AFTER
CHILD-BIRTH.
VAN DER VAART 5; 1Gynecology, Univ. Med. Ctr. Utrecht, Utrecht, Netherlands, 2Tomtec, Munich, Germany, 3UMC
Utrecht, Utrecht, Netherlands, 4mc utrecht, utrecht, Netherlands, 5UMCU, Utrecht, Netherlands.

OP50  *LAPROSCOPIC SACROCOLOPEXY. WHERE TO STOP THE VESICOVAGINAL DISSECTION?*
G. BADERT1,  C. BUI 2,  N. HABIB 1; 1Poissy-St Germain Univ. Hosp., Poissy, France, 2Saint Denis Hosp., Saint Denis, France.

OP51  RELIABILITYOF PUDENDAL ARTERY BLOOD FLOW BEFORE AND AFTER PELVIC FLOOR MUSCLE
CONTRACTIONSIN HEALTHY ADULT WOMEN USING A COLOR DOPPLER ULTRASONOGRAPHY SYSTEM
J. MERCIER1, M. MORIN 2, A. TANG 1, B. REICHETZER 3, M. LEMIEUX 1, C. DUMOULIN 1; 1Univ. of Montreal,
Montreal, Canada, 2Univ. of Sherbrooke, St-denis de brompton, Canada, 3Univ. de Montreal, Montreal, Canada.

OP52  PELVIC ORGAN PROLAPSE SURGERY CHARACTERIZATION BY VAGINAL TACTILE IMAGING
H. VAN RAALTE1,  V. R. LUCENTE 2, S. EPHRAIN 3,  M. MURPHY 4, N. BHATIA 1,  V. EGOROV 5; 1Princeton
Urogynecology, Princeton, NJ, 2The Inst. for Female Pelvic Med. & Reconst, Allentown, PA, 3Inst. for Female Pelvic Med.,
Allentown, PA, 4IFPM&RS, North Wales, PA, 5Aptann Lab., Trenton, NJ.

OP53  DOES A PELVIC FLOOR MUSCLE CONTRACTION ELEVATE THE UTERUS?
K. BAESSLER1,  B. JUNGINGER 2; 1Pelvic Floor Unit, Charite Univ. Hosp., Berlin, Germany, 2Charite Univ. Hosp.,
Berlin, Germany.

OP54  PROLAPSE ASSESSMENT SUPINE AND STANDING: WHAT'S THE DIFFERENCE?
N. RODRIGUEZ-MIAS1,  N. SUBRAMANIAM 2,  T. FRIEDMAN 3,  H. DIETZ 3; 1Obstetrics and Gynecology, Hosp.
Univ.vall d’Hebron, Barcelona, Spain, 2Obstetrics and Gynecology, Sydney Med. Sch. Nepean Hosp., Penrith, Sydney,

OP55  IS IT ALL JUST SMOKE AND MIRRORS?: VAGINAL LASER THERAPY AND ITS ASSESSMENT BY TACTILE
IMAGING
H. VAN RAALTE1,  N. BHATIA 1,  V. EGOROV 2; 1Princeton Urogynecology, Princeton, NJ, 2Aptann Lab., Trenton, NJ.

OP56  IS RECTOVAGINAL SEPTUM DEFECT ASSOCIATED WITH THE DEVELOPMENT OF POSTERIOR COMPARTMENT
PROLAPSE? A 2D AND 3D ENDOVAGINAL ULTRASOUND ASSESSMENT
A. HEGEDE1,  V. AGUILAR 2, G. DAVILA 3; 1UPHI (Urogynecology and Pelvic Hlth.Inst.), Gurgaon, Delhi NCR, India,
2UTSW at Austin, Austin, TX, 3Cleveland Clinic Florida, Weston, FL.

OP57  PROLAPSE SYMPTOMS ARE ASSOCIATED WITH ABNORMAL FUNCTIONAL ANATOMY OF THE PELVIC FLOOR
Z. ABDOOL1,  H. DIETZ 2,  G. LINDEQUE 3; 1Obstetrics and Gynecology, Univ. of Pretoria, Pretoria, South Africa,
2Univ. of Sydney, Springwood, Australia, 3Univ. of Pretoria, Pretoria, South Africa.

OP58  MRI BASED 3D COMPUTER MODEL FOCUSED ON DISTRIBUTION OF LEVATOR ANI MUSCLE STRESS
DEPENDING ON FETAL HEAD SIZE DURING SECOND STAGE OF VAGINAL DELIVERY.
M. KRCHMAR1,  L. KROFTA 2, J. FEYERISL 3,  I. URBANKOVA 4,  K. GROHREGIN 5 ,  O. GOJIS 1;
1urogynecology, Inst. for the care of mother and child, Prague 4, Czech Republic, 2inst. for the care of mother and child,
Prague 4, Czech Republic, 3inst. for the care of mother and child, Prague 4, Czech Republic, 4KU Leuven, Leuven,
Belgium, 5Inst. for the care of Mother and Child, Prague, Czech Republic.

Mini State of the Art Lecture
12:06 pm - 12:26 am
BALLROOM EAST

An update on the ICS meeting in Montreal
Adrian Wagg
OP59  ARE HYSTERECTOMY OR PRIOR RECONSTRUCTIVE SURGERY FOR PROLAPS ASSOCIATED WITH UNSUCCESSFUL INITIALLY TRIAL OF PESSARY FITTING IN WOMEN WITH SYMPTOMATIC PELVIC ORGAN PROLAPSE?

OP60  HOW SHOULD WE DIAGNOSE A RECTOCELE?

OP62  IS IT NECESSARY TO PROVIDE DIFFERENT NORMAL VALUES FOR ORGAN DESCENT DEPENDING ON PARITY?
D. ROZSA, N. SUBRAMANIAM, T. FRIEDMAN, H. DIETZ; Univ. of Sydney, Penrith, Australia.

OP63  TRENDS IN MESH UTILIZATION, SURGICAL COMPLICATIONS, AND RESIDENT PARTICIPATION IN TRANSVAGINAL PROCEDURES FOR PELVIC ORGAN PROLAPSE REPAIR: AN AUDIT OF THE NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM
C. A. MATTHEWS, G. BADLANI, M. MIRZAZADEH; Urology, Wake Forest Univ. Med. Ctr., Winston Salem, NC

OP64  KNOWLEDGE AND PRACTICE OF NURSES AND PRACTICAL NURSES IN TERTIARY HEALTH CARE CENTER REGARDING PELVIC ORGAN PROLAPSE AND URINARY INCONTINENCE

OP65  DOES THE VAGINAL WALL THIN AS PROLAPSE INCREASES?
R. BRAY1, A. A. FORD 1, B. PURWAR 1, R. FERNANDO 1, V. KHULLAR 1, D. C. PANAYI 2; 1Imperial Coll. NHS Hlth.care Trust, London, United Kingdom, 2Epsom and St. Helier NHS Trust, London, United Kingdom.

OP66  SACROSPINOUS FIXATION VERSUS SACROSPINOUS HYSTEROPEXY IN THE TREATMENT OF PELVIC ORGAN PROLAPSE; A COMPARATIVE OUTCOME ASSESSMENT OF THE OBJECTIVE AND SUBJECTIVE CURE
H. ELHALWAQY, B. J. AULD; obstetrics and gynaecology, East Sussex Hlth.care trust, St.Leonards-on sea, United Kingdom.

OP67  COMPARISON OF SHORT-TERM OUTCOMES BETWEEN TWO SACROSPINOUS SUTURE CAPTURE DEVICES: A RANDOMISED CONTROLLED TRIAL
L. RAS1, K. BROUARD 1, S. T. JEFFERY 2; Obstetrics and Gynaecology, Groote Schuur Hosp., Cape Town, South Africa, 2Urogyneacology, Univ. of Cape Town, Cape town, South Africa.

OP68  FACTORS ASSOCIATED WITH DISLODGMENT OF VAGINAL PESSARY WITHIN ONE YEAR
R. CHEUNG1, S. CHAN 2, L. LEE 3; 1Department of Obstetrics & Gynaecology, The Chinese Univ. of Hong Kong, Hong Kong, Hong Kong, 2Chinese Univ. of Hong Kong, Shatin, Hong Kong, 3The Chinese Univ. of Hong Kong, Hong Kong, Hong Kong

OP69  PESSARY USE IN PATIENTS WITH SYMPTOMATIC PELVIC ORGAN PROLAPSE - 12 MONTH PROSPECTIVE STUDY OF FACTORS PREDICTIVE OF SUBJECTIVE IMPROVEMENT
J. PIZZARRO-BERDICHYSKY1, A. PATTILLO 2, B. BLUMEL 3, S. GONZALEZ 3, M. ARELLANO 4, R. CUEVAS 2, A. GORDOSCHER 5, E. R. DINES 5, E. BRUNMAN 5, H. B. GOLDMAN 6; 1Urogynology unit, Division Obstetricia y Ginecologia, Glickman Urologic and Kidney Institute, H. Dr. Sotero del Rio; Pontificia Univ. Catolica de Chile; Cleveland Clinic, Cleveland, OH, 2Urogynecology unit, Division Obstetricia y Ginecologia, H. Dr. Sotero del Rio; Pontificia Univ. Catolica de Chile; Cleveland Clinic, Cleveland, OH, 3Urogynecology unit, Division Obstetricia y Ginecologia, H. Dr. Sotero del Rio; Pontificia Univ. Catolica de Chile, Santiago, Chile, 4Urogynecology Unit, H. Dr. Sotero del Rio; Santiago, Chile, 5Medical School, Pontificia Univ. Catolica de Chile, Santiago, Chile, 6Glickman Urologic and Kidney Institute, Cleveland Clinic, Cleveland, OH.
OP70 DIAMINE OXIDASE AS A TEST FOR HISTAMINE INTOLERANCE IN THE PATHOGENESIS OF BLADDER PAIN SYNDROME

OP71 THERAPEUTIC EFFECT OF TRANSURETHRAL RESECTION AND COAGULATION OF HUNNER’S LESION IN FEMALE INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME PATIENTS

OP72 WHICH BLADDER INSTILLATIONS ARE MORE EFFECTIVE? DMSO VS. BUPIVACAINE/HEPARIN/TRIAMCINOLONE: A RETROSPECTIVE REVIEW
S. IYER1, E. LOTSOF 1, Y. ZHOU 2, A. M. TRAN 3, C. BOTROS 1, P. K. SAND 4, R. GOLDBERG 5, J. TOMEZSKO 6, A. GAFNI-KANE 5; 1Urogynecology, NorthShore Univ. Hlth.Systems, Skokie, IL, 2NorthShore Univ. Hlth.System, Evanston, IL, 3Univ. of Chicago, NorthShore Univ. Hlth., Chicago, IL, 4Univ. of Chicago, Winnetka, IL, 5NorthShore Univ. Hlth.System, Skokie, IL, 6NorthShore Univ. Hlth.Systems, Skokie, IL, 7Northshore Univ. Hlth.system, Chicago, IL.

OP73 A LONG TERM STUDY OF INTRAVESICAL DIMETHYL SULFOXIDE (DMSO) THERAPY FOR INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME (IC/BPS)
T. KITTA, H. CHIBA, Y. KANNO, M. OUCHI, K. MORIYA, N. SHINOHARA; Department of Renal and Genitourinary surgery, Hokkaido Univ., Sapporo, Japan.

OP74 SEXUAL FUNCTIONING BEFORE AND AFTER VAGINAL Hysterectomy AND THE EFFECTS OF VAGINAL CUFF CLOSURE TECHNIQUES
M. G. UCAR, T. T. İLHAN, C. CELİK; Selcuk Univ. Med. Faculty, Konya, Turkey.

OP75 IS YOUR SEX LIFE OVER IF YOU HAVE A PELVIC FLOOR DISORDER?
R. J. LI-YUN-FONG 1, M. LAROCHE 2, M. T. HYAKUTAKE 3, N. A. KOENIG 2, C. LOVATT 2, R. GEOFFRION 2, L. BROTT 2, T. LEE 4, G. W. CUNDIFF 2; 1Univ. of Western Ontario, London, Canada, 2Univ. of British Columbia, Vancouver, Canada, 3Univ. of Alberta, Edmonton, Canada, 4CIHR Canadian HIV Trials Network, Vancouver, Canada.

OP76 CORRELATIONAL STUDY OF INTERNET PORNOGRAPHY EXPOSURE WITH SEXUAL ADDICTION AND SEXUAL FUNCTIONS IN KOREAN ADULT WOMEN
K. S. MIN; urology, Busan Paik Hospial, Busan, Korea, Republic of.

OP78 SHOULD SCREENING FOR SEXUAL DYSFUNCTION BE A ROUTINE PART OF UROGYNAECOLOGY ASSESSMENT?

OP79 LONG-TERM FOLLOW-UP OF SEXUAL FUNCTION IN WOMEN AFTER TENSION-FREE VAGINAL TAPE OPERATION FOR STRESS URINARY INCONTINENCE

OP80 SEXUAL PURSUITS IN CLINICAL PRACTICE!

OP81 RETROSPECTIVE ANALYSIS OF THE OUTCOME OF THE TVT -ABBREVO; A ONE YEAR FOLLOW UP STUDY
H. ELHALWAGY, B. AULD; East Sussex Hlth.care trust, Hastings, United Kingdom.

Mini State of the Art Lecture
12:06 – 12:26 pm
BALLROOM EAST

Considerations for Post-Operative Rehabilitation and Physical Activity in Urogynecology
Jessica McKinney
e-POSTERS

e-Posters will be available beginning Wednesday, August 3rd - Friday, August 6th in the Exhibition Hall. On Thursday and Friday, during lunch, there will be e-Poster presentations scheduled.

Thursday, August 4th - SCREEN 1 - ANATOMY, ANORECTAL DISORDERS, BASIC SCIENCE

Chair: Dudley Robinson

<table>
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<tr>
<th>Time</th>
<th>Number</th>
<th>Title</th>
<th>Authors</th>
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<tr>
<td>12:45 - 12:48 pm EP 100</td>
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<td>URETHRAL COITUS</td>
<td>E. PETRI; Urogynaecology, Univ. of Greifswald, Luebstorf, Germany</td>
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<td>12:57 - 1:00 pm EP 105</td>
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<td>OBSTETRIC ANAL SPHINCTER INJURIES IN A FOUNDATION TRUST HOSPITAL</td>
<td>P. BALCHANDRA, Z. SAEED; Northern Lincolnshire and Goole NHS Fdn., Tru, Scunthorpe, United Kingdom</td>
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<tr>
<td>1:00 - 1:03 pm EP 106</td>
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<td>URINARY NERVE GROWTH FACTOR AS A POTENTIAL BIOMARKER FOR PREDICTION OF TREATMENT EFFICACY AND RECURRENCE IN OVERACTIVE BLADDER PATIENTS</td>
<td>K. KO, Y. SUH, H. LEE, J. SEO, K. LEE; Samsung Med. Ctr., Seoul, Korea, Republic of</td>
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<td>1:06 - 1:09 pm EP 108</td>
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<td>POTENTIAL BIOMARKERS FOR DIAGNOSIS IN OVERACTIVE BLADDER PATIENTS: URINARY NERVE GROWTH FACTOR, PROSTAGLANDIN E2, AND ADENOSINE TRIPHOSPHATE</td>
<td>K. KO, Y. SUH, H. LEE, S. JEON, K. LEE; Department of Urology, Samsung Medical Center, Sungkyunkwan University School of Medicine, Samsung Med. Ctr., Seoul, Korea, Republic of</td>
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<td>1:12 - 1:15 pm EP 110</td>
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<td>THE ASSOCIATIONS OF PELVIC ORGAN PROLAPSE, AGE AND PARITY WITH HIATAL DIMENSIONS IN SQUIRREL MONKEYS</td>
<td>J. S. JOYCE, V. TRAN, M. REYES, J. M. GENDRON, J. C. RUIZ, W. LARSEN, T. J. KUEHL; 1OBGYN, Baylor Scott and White Hlth. care, Temple, TX, 2Baylor Scott and White Hlth. care, Temple, TX, 3Baylor Scott &amp; White, Temple, TX, 4Scott&amp;White Hosp., Temple, TX, 5UT MDAnderson Cancer Ctr., Bastrop, TX, 6Scott and White Mem. Hosp., Temple, TX, 7Scott &amp; White Hlth.care, Temple, TX</td>
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<td>12:45 - 12:48 pm</td>
<td>EP 117</td>
<td><strong>EPIEDEMOLOGICAL SURVEY OF URINARY INCONTINENCE AMONG WOMEN IN METROPOLITAN CITY IN INDIA</strong></td>
<td>G. Mediratta, H. Khullar, S. Bhandari; Obstetrics &amp; Gynecology, Sir Ganga Ram Hosp., New Delhi, India.</td>
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<tr>
<td>12:54 - 12:57 pm</td>
<td>EP 120</td>
<td><strong>PELVIC ORGAN PROLAPSE: PREVALENCE AND RISK FACTORS IN A BRAZILIAN POPULATION</strong></td>
<td>W. Horst, J. C. Silva, J. B. Valle, C. L. Gascho; Mestrado em Saude e Meio Ambiente, Univille, Joinville, Brazil</td>
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<td>12:57 - 1:00 pm</td>
<td>EP 121</td>
<td><strong>PREVALENCE AND RISK FACTORS OF URINARY INCONTINENCE DURING PREGNANCY AMONG UNITED ARAB EMIRATES NULLIPAROUS WOMEN</strong></td>
<td>H. M. Elbiss, F. Abu Zidan, Obstetrics and Gynaecology, United Arab Emirates Univ., Al Ain, United Arab Emirates, 2Surgery, United Arab Emirates Univ., Al Ain, United Arab Emirates.</td>
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<tr>
<td>1:00 - 1:03 pm</td>
<td>EP 122</td>
<td><strong>COMMUNITY BASED PREVALENCE OF PELVIC FLOOR DISORDERS IN EASTERN NEPAL</strong></td>
<td>M. C. Regmi; Obstetrics and Gynecology, B.P. Koirala Inst. of Health Sci., Dharan, Nepal.</td>
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<td>1:03 - 1:06 pm</td>
<td>EP 123</td>
<td><strong>AWARENESS AMONG SAUDI WOMEN ABOUT RELATIONSHIP BETWEEN OBESITY AND URINARY INCONTINENCE</strong></td>
<td>B. N. Almossaied, M. Malik, M. S. Bashir; 1Department of Surgical Specialties, King Fahad Med. City, Riyadh, Saudi Arabia, 2Research Center Executive Administration, King Fahad Med. City, Riyadh, Saudi Arabia.</td>
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EFFECT OF URINARY INCONTINENCE ON QUALITY OF LIFE DURING PREGNANCY AND POSTPARTUM PERIOD IN NULLIPAROUS WOMEN
T. Ilhan 1, A. Kebapcilar 1, T. Ilhan 2, M. G. Ucak 3, C. Celik 3; 1Univ. of selcuk, konya, Turkey,
2beytekim state Hosp., konya, Turkey, 3Selcuk Univ. Med. Faculty, Konya, Turkey.

PREVALENCE OF PELVIC FLOOR DISORDERS AMONG THE HIV POSITIVE WOMEN
D. Carlos, M. Jean-Michel, M. T. Timoney, J. Harroche, M. Laudano;

GENITAL PROLAPSE - SATISFACTION WITH SURGICAL TREATMENT.
S. B. Silveira 1, T. Teodoro 2, M. L. Nogueira 1, P. R. Margarido 3, E. C. Baracat 4;
1Gynecology, Hosp. e Universidade da Universidade de Sao Paulo, Sao Paulo, Brazil,
2Gynecology, Universidade de Marilia, Marilia, Brazil, 3Faculdade de Medicina da USP,
Sao Paulo, Brazil, 4Palacete de Med. da Unive de Sa, Sao Paulo, Brazil.

EFFECT OF GENITAL PROLAPSE ON THE QUALITY OF LIFE OF PATIENTS IN THE PUBLIC
HEALTHCARE SYSTEM IN SOUTHEASTERN BRAZIL
C. A. Faria 1, J. R. Moraes 2, M. L. Nogueira 3, J. M. Barreto 4, E. C. Baracat 5;
1Gynecology, Hosp. e Universidade da Universidade de Sao Paulo, Sao Paulo, Brazil,
2Gynecology, Universidade de Marilia, Marilia, Brazil, 3Faculdade de Medicina da USP,
Sao Paulo, Brazil, 4Faculdade de Med. da Unive de Sa, Sao Paulo, Brazil.

INVESTIGATION OF PELVIC FLOOR FUNCTION IN CERVICAL CANCER PATIENTS AFTER
RADICAL HYSTERECTOMY
X. Sun; Dept. Ob Gyn, Peking Univ. People's Hosp., Beijing, China

PREVALENCE AND RISK FACTORS OF DEPRESSION AMONG WOMEN WITH URINARY
INCONTINENCE
A. Al-Badr 1, S. A. Alenazy 2, M. Sababah 2, M. Sulaimani 2, A. Bahnsy 2; 1Urogynecology and
Pelvic reconstructive surgery, King Fahad Med. City, Riyadh, Saudi Arabia, 2Faculty of Medicine,
King Fahad Med. City, Riyadh, Saudi Arabia

ANTICHOLINERGIC THERAPY AND FECAL INCONTINENCE SYMPTOMS IN PATIENTS WITH
DUAL INCONTINENCE: A PILOT STUDY
C. O. Hudson 1, D. R. Karp 2, J. Lanner 2, T. S. Pratt 1, G. M. Northington 3;
1Gynecology and Obstetrics, Emory Univ. Sch. of Med., Atlanta, GA, 2Emory Univ., Atlanta, GA,
3Emory Univ. Sch. of Med., Atlanta, GA.

Thursday, August 4th - SCREEN 3 - FISTULA, IMAGING, LAPAROSCOPIC
AND ROBOTIC SURGERY

Chair: Maria Bortolrini

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<th>Time</th>
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<tr>
<td>12:45 - 12:48 pm</td>
<td>EP 135</td>
<td>RECONSTRUCTION OF BLADDER DEFECTS WITH AMNIOTIC MEMBRANE</td>
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<td>12:48 - 12:51 pm</td>
<td>EP 136</td>
<td>URETHROVAGINAL FISTULA</td>
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<td>12:51 - 12:54 pm</td>
<td>EP 137</td>
<td>TRAUMATIC FISTULA - THE LITTLE KNOWN SEQUELA OF SEXUAL VIOLENCE</td>
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<td>12:54 - 12:57 pm</td>
<td>EP 138</td>
<td>TASK SHIFTING AND COMPETENCY BASED TRAINING: A PRELIMINARY MODEL FOR</td>
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<td>12:57 - 1:00 pm</td>
<td>EP 139</td>
<td>URETHROVAGINAL FISTULA SECONDARY TO SEVERE GENITAL TRACT INFECTION AND</td>
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<td>TRAUMA OF VAGINAL BIRTH</td>
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CASE REPORT: VVF IN A PESSARY USER
S. TAYLOR 1, A. AHMED 2, S. NAUSHEEN3;
1Foundation Year 1 Trainee, Macclesfield District Gen. Hosp., Macclesfield, Cheshire, United Kingdom, 23rd Year Medical Student, Univ. of Liverpool, Liverpool, Merseyside, United Kingdom, 3Consultant Obstetrician and Gynaecologist, Macclesfield District Gen. Hosp., Macclesfield, Cheshire, United Kingdom.

COMPARISON OF HIATAL BIOMETRY IN WOMEN WITH AND WITHOUT PELVIC ORGAN PROLAPSE
T. TEMTANAKITPAISAN1, S. BUNYAVEJCHEVIN 2; 1Obstetrics and gynecology, Khon Kaen Univ., Thailand, Khon Kaen, Thailand, Thailand, 2chulalongkorn Univ., BKK, Thailand.

LONGITUDINAL FOLLOW UP OF PELVIC FLOOR BIOMETRY OF WOMEN WHO ONLY HAD CAESAREAN DELIVERY 3-5 YEARS AFTER THEIR FIRST DELIVERY
S. CHAN, L. LEE, R. CHEUNG; Department of Obstetrics and Gynaecology, The Chinese Univ. of Hong Kong, Shatin, Hong Kong

HOW SHOULD WOMEN BREATHE DURING LIFTING? INFLUENCE OF BREATHING VARIATIONS ON BLADDER NECK AND PELVIC FLOOR POSITION IN HEALTHY AND INCONTINENT WOMEN
B. JUNGINGER1, H. VON PIEKARTZ 2, J. DE JONG 3, K. BAESSLER 4; 1Charité Univ. Hosp., Berlin, Germany, 2Physiotherapy, Univ. of applied Sci., Gnasbrueck, Germany, 3Univ. of, Bern, Switzerland, 4Pelvic Floor Unit, Charité Univ. Hosp., Berlin, Germany

ULTRASOUND VISUALIZATION OF SACROCOLPOPEXY MESHES CONTAINING PARAMAGNETIC FE PARTICLES
V. H. EISENBERG1, G. CALLEWAERT 2, S. HOUSMANS 2, D. VAN SCHOBROECK 2, L. LOWENSTEIN 3, J. A. DEPREST 2; 1Obstetrics and Gynecology, Sheba Med. Ctr., Ramat Gan, Israel, 2UZ Leuven, Leuven, Belgium, 3Rambam Hlth.Care Campus, Haifa, Israel

A DESCRIPTION OF THE ELECTROMYOGRAPHIC ACTIVITY OF THE PELVIC FLOOR MUSCLES IN HEALTHY NULLIPAROUS ADULT FEMALES DURING THE VARIOUS WEIGHTBEARING PHASES OF THE GAIT CYCLE.
C. M. AVNI, R. C. JONES, S. D. HANEKOM; Stellenbosch Univ., Cape Town, South Africa

LAPAROSCOPIC HYSTERO-SACROCOLPOPEXY WITH LOW VENTRAL RECTOPEXY FOR COMBINED RECTAL AND GENITAL PROLAPSE. LONG TERM RESULTS
B. DEVAL1, M. HADDAD 2, O. MANACH 3, M. BLAGANJE 4; 1GEOFFROY SAINT HILAIRE CLINIC, PARIS, France, 275005, GEOFFROY SAINT HILAIRE CLINIC, PARIS, France, 3Department of Urology, Pitie-Salpetriere Academic Hosp, Paris, France, 4Department of Gynecology, GEOFFROY SAINT HILAIRE CLINIC, PARIS, France

SACROCOLPOPEXY BY CONVENTIONAL LAPAROSCOPY VERSUS ROBOT-ASSISTED. MEDIUM TERM ANATOMICAL AND FUNCTIONAL RESULTS
G. BADER1, N. BENTOJUATI 1, M. FERMAUT 1, A. FAUCONNIER 1, L. BRESLER 2; 1Poissy-St Germain Univ. Hosp., Poissy, France, 2Univ. Hosp. of Nancy, vandoeuvre les nancy, France

LAPAROSCOPIC REPRODUCIBILITY OF LAPAROTOMIC CERVICOSACROPEXY (CESA) AND VAGINOSACROPEXY (VASA) TECHNIQUE AS TREATMENT OF PELVIC ORGAN PROLAPSE AND INCONTINENCE
M. GENNARO DELLA ROSSA1, C. GONZALEZ ENGUITA 2; Obstetrics & Gynecology, Univ. Hosp. Fundación Jiménez Díaz, Madrid, Spain, 2Urology, Univ. Hosp. Fundación Jiménez Díaz, Madrid, Spain

LAPAROSCOPIC SACROCOLPOPEXY (LSC) IS RECOMMENDED TO SEE THE THIN FASCIA FOR SECURED LSC
H. ABE; Urology, Kameda Med. center, Chiba, Japan
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<tr>
<td>12:45 - 12:48 pm</td>
<td>EP 150</td>
<td>EXPERIENCE WITH LAPAROSCOPIC SACRocolPOPEXY IN A PUBLIC HOSPITAL IN CHile: DESCRIBING THE LEARNING CURVE OF THE PROCEDURE M. ARELLANO1, S. POHLHAMMER 2, A. PATTILLO 3, J. PIZARRO-BERDICHEVSKY 4; 1Urogynecology Unit, Hosp. Dr. Sotero del Rio; Clinica Santa Maria, Santiago Chile, Santiago, Chile, 2Urogynecology Unit, H. Dr. Sotero del Rio, Santiago, Chile, 3Urogynecology unit, Division Obstetric y Ginecolog, H. Dr. Sotero del Rio; Pontificia Univ Catolica de Chile, Santiago, Chile, 4Urogynecology unit, Division Obstetric y Gynecology, Glickman Urologic and Kidney Institute, H. Dr. Sotero del Rio; Pontificia Univ. Catolica de Chile; Cleveland Clinic, Cleveland, OH</td>
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<td>12:51 - 12:54 pm</td>
<td>EP 152</td>
<td>LAPAROSCOPIC INGUINAL LIGAMENT HYSTEROPEXY: INITIAL RESULT OF A NOVEL PROCEDURE IN TREATMENT OF PELVIC ORGAN PROLAPSE WITH MESH Z. DA1, J. FAN 2; 1Gynecology, Shanghai First Maternity and Infant Hosp., Shanghai, China, 2Shanghai First Maternity and Infant Hosp., Shanghai, China</td>
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<td>1:00 - 1:03 pm</td>
<td>EP 155</td>
<td>ROBOT-ASSISTED LAPAROSCOPIC REPAIR OF VESICO-VAGINAL FISTULA: INITIAL EXPERIENCE G. S. BORA, S. SINGH, S. K. DEVANA, R. S. MAVUDURU, S. K. SINGH, A. K. MANDAL; Department Of Urology, Post graduate Inst. of Med. education and research, chandigarh, India</td>
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<td>1:03 - 1:06 pm</td>
<td>EP 156</td>
<td>OUTCOMES OF HYBRID LAPAROSCOPIC SACRocolPOPEXY FOR PELVIC ORGAN PROLAPSE WITH SEVERE CYSTOCELE M. SEKINE, M. ICHIKAWA, H. KASEKI, K. WATANABE, S. ONO, K. MINE, S. AKIRA, T. TAKESHITA; Obstetrics and Gynecology, Nippon Med. Sch. Hosp., Tokyo, Japan</td>
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<td>1:06 - 1:09 pm</td>
<td>EP 159</td>
<td>IS PELVIC ORGAN MOBILITY ASSOCIATED WITH LIGAMENTOUS LAXITY DURING PREGNANCY? B. GACHON1, D. DESSEAUVE 1, L. FRADET 2, A. DECATOIRE 2, P. LACOUTURE 2, F. PIERRE 1, X. FRITEL 3, 1Pitié-Salpêtrière, 2Pitié-Salpêtrière, 3Pitié-Salpêtrière, France, 2Pitié-Salpêtrière, France, 3Pitié-Salpêtrière, France</td>
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<td>1:09 - 1:12 pm</td>
<td>EP 161</td>
<td>ASSESSMENT OF PELVIC FLOOR BY 3D ULTRASOUND IN DIFFERENT TRIMESTERS OF PREGNANCY C. F. SARTORÃO 1, A. BARBOSA2, C. PRUDENCIO 1, F. PINHEIRO 1, T. IRENO 1, T. PASCON 1, S. NUNES 1, M. RUDGE 1, 1UNESP, Botucatu, Brazil, 2UNESP, Manhua, Brazil.</td>
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<td>1:12 - 1:15 pm</td>
<td>EP 162</td>
<td>HEALTHCARE SEEKING CHARACTERISTICS OF WOMEN WITH PELVIC FLOOR DISORDERS FOLLOWING OBSTETRIC ANAL SPHINCTER INJURY J. F. PENNYCUFF1, G. M. NORTHINGTON 2, J. K. SHINNICK 1, C. O. HUDSON 1, D. R. KARP 3; 1Gynecology and Obstetrics, Emory Univ. Sch. of Med., Atlanta, GA, 2Emory Univ. Sch. of Med., Atlanta, GA, 3Emory Univ., Atlanta, GA</td>
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1:18 - 1:21 pm EP 165 TAILORED POSTERIOR VAGINAL COMPARTMENT REPAIRS BASED ON DEFECTS IN REVCTOVAGINAL FASCIA TO REDUCE MESH-RELATED COMPLICATIONS IN LAPAROSCOPIC SACROCOLPOPEXY.
M. ICHIKAWA; OBGYN, Nippon Med. Sch., tokyo, Japan.

1:21 - 1:24 pm EP 167 TRAMPOLINING-NOT FOR THE ACCIDENT-PRONE? : AN OBSERVATIONAL STUDY OF INTRAABDOMINAL PRESSURE CHANGES ENCOUNTERED DURING TRAMPOLINING EXERCISES AND OTHER PHYSICAL ACTIVITIES USING AN INTRAVAGINAL PRESSURE SENSOR

1:24 - 1:27 pm EP 169 THE IMPACT OF SUBSEQUENT PREGNANCIES ON PELVIC FLOOR FUNCTIONAL ANATOMY
F. SCOTTI, N. SUBRAMANIAM 1, T. FRIEDMAN 1, C. SHEK 2, H. DIETZ 1; 1Univ. of Sydney, Penrith, Australia, 2Western Sydney Univ., Liverpool, Australia

1:27 - 1:30 pm EP 170 MD
D. SUBBOTIN; GYN, Volga regional Med. center, Nigny Novgorod, Russian Federation

Thursday, August 4th - SCREEN 5 - PROLAPSE

Chair: Fred Milani

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<th>Time</th>
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<tr>
<td>12:45 - 12:48 pm EP 171</td>
<td>SUCCESSFUL USE OF RING PEASSARY WITH SUPPORT FOR ADVANCED PELVIC ORGAN PROLAPSE</td>
<td>L. ZHU; Department of Obstetrics and Gynecology, Peking Union Med. Coll. Hosp., BeiJing, China</td>
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<td>12:51 - 12:54 pm EP 173</td>
<td>OUR EXPERIENCE IN ANTERIOR APICAL SINGLE INCISION MESH SURGERY (SIMS) IN ANTERIOR VAGINAL WALL PROLAPSE</td>
<td>B. GENTILE, R. GIULIANELLI, G. MIRABILE, P. TARICIOTTI, L. ALBANESI, G. RIZZO; urology, nuova villa claudia, ROMA, Italy</td>
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<td>12:54 - 12:57 pm EP 174</td>
<td>TWO CASES OF PELVIC RECONSTRUCTION WITH VERTICAL RECTUS ABDOMINIS MYOCUTANEOUS FLAP FOR SEVERE PERINEAL HERNIA WITH PELVIC ORGAN PROLAPSE AFTER ABDOMINOPERINEAL RESECTION</td>
<td>M. HAYASHI1, A. HAMURO 1, S. YANAI 1, K. KITADA 2, H. KATAYAMA 1, T. MISUGI 1, D. TACHI BANA 1, J. NISHIO 2, M. KAGEYAMA 1, M. KOYAMA 1; Obstetrics and Gynecology, Osaka City Univ, Gradual Sch. of Med., Osaka, Japan, 2Obstetrics and Gynecology, Izumiotsu City Hosp., Izumiotsu, Japan</td>
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<td>12:57 - 1:00 pm EP 175</td>
<td>THE EFFICACY OF SIMULTANEOUS TREATMENT OF CYSTOCELE AND STRESS URINARY INCONTINENCE BY USING FOUR ARMS POLYPROPYLENE MESH AND TOT TAPE</td>
<td>S. CHO1, T. OH 2; Urology, Kosin Univ. Hosp., Busan, Korea, Republic of, 2Samsung Changwon Hosp., Changwon, Korea, Republic of</td>
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1:03 - 1:06 pm EP 177  INTRAABDOMINAL PRESSURE LOAD ON PELVIC PLANES AS A FORCE THAT APICAL CORRECTION HAS TO RESIST

1:06 - 1:09 pm EP 178  RELATIONSHIP OF DEGREE OF UTERINE PROLAPSE BETWEEN PELVIC EXAMINATION IN LITHOTOMY POSITION WITH CERVICAL TRACTION AND PELVIC EXAMINATION IN STANDING POSITION
P. LEERASIRI, P. WACHASIDDHISILPA, P. HENGRASMEE, C. ASUMPINWONG; Siriraj Hosp., Mahidol Univ., Bangkok, Thailand

1:09 - 1:12 pm EP 179  Efficacy and Safety of Skeletonized Mesh Implants for Advanced Pelvic Organ Prolapse: 12 Months Follow-Up

1:12 - 1:15 pm EP 180  Perigee 10 Year Follow Up
H. ANANTHRAM1, L. WAIA 1, J. IYER 1, A. RANE 2; 1Urogynaecology, Mater Pelvic Hlth., Pimlico, QLD, Australia, 2JAMES COOK Univ., TOWNSVILLE, Australia.

1:15 - 1:18 pm EP 181  The XENFORM Project
H. ANANTHRAM1, S. JHAMB 1, J. IYER 1, A. RANE 2; 1Urogynaecology, Mater Pelvic Hlth., Pimlico, QLD, Australia, 2JAMES COOK Univ., TOWNSVILLE, Australia.

1:18 - 1:21 pm EP 182  Value Added Prolapse Surgery - Salpingectomy at the Time of Vaginal hysterectomy to Reduce Ovarian Cancer Risk
C. J. BENNESS1, L. S. D’BRAS 2, M. G. BENNESS 3; 1Urogynaecology, RPAH, Sydney, Australia, 2Mater Hosp., Sydney, Australia, 3RPAH, Sydney, Australia.

1:21 - 1:24 pm EP 183  Prospective Cohort Comparison of Miya Hook versus the Capio Suturing Device for the Vaginal Sacrospinous Ligament Colpo/ HYSTEROPEXY
P. PANDEVA1, H. C. JOHNSON 2, A. PRADHAN 3; 1Addenbrooke’s Univ. Hosp., Cambridge, United Kingdom, 2Hinchingbrooke Hosp., Cambridgeshire, United Kingdom, 3Addenbrookes Hosp., Cambridge, United Kingdom.

1:24 - 1:27 pm EP 184  Successful Pelvic Floor Muscle Training for Patients with Pelvic Organ Prolapse- Which Setting is Needed?
C. STELZHAMMER1, E. UDIER 2; 1Health Department, FH-Campuswien, Vienna, Austria, 2Private Practice, Klagenfurt, Austria.

1:27 - 1:30 pm EP 186  Long Term Satisfaction, Recurrence of Prolapse, Regret and Pelvic Floor Symptoms after Colpocleisis
A. KATSARA, E. WIGHT, V. HEINZELMANN-SCHWARZ, T. KAVVADIAS; Univ. Hosp. Basel, Basel, Switzerland

Thursday, August 4th - SCREEN 6 - PROLAPSE

Chair: Phil Tooze-Hobson

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LONG-TERM FOLLOW-UP AFTER LEFORT COLPOCLEISIS: PATIENT SATISFACTION, REGRET RATE AND PELVIC SYMPTOMS
L. ZHU; Department of Obstetrics and Gynecology, Peking Union Med. Coll. Hosp., Beijing, China.

COMPLETE EXTRAPERITONEAL SACROCOLPOPEXY WITH PVDF VISIBLE MESH IMPLANT

THE INSUFFICIENCY OF STRENGTH OF CONTRACTIONS OF THE EXTERNAL SPHINCTER OF THE VAGINA AFTER VAGINAL DELIVERY
A. M. ZIGANSHIN, I. B. FATKULLINA; Bashkir State Med. Univ., Ufa, Russian Federation

LONG-TERM OUTCOMES OF CYSTOCOELE REPAIR AFTER HYSTERECTOMY WITH SINGLE INCISION MESH SYSTEM
M. HUSER1, P. BARTOS 2, I. BELKOV 1, P. VENTRUBA 1; 1Department of Obstetrics and Gynecology, Brno Univ. Hosp. and Masaryk Univ., Brno, Czech Republic, 2Dept. of Gynaecology and Obstetrics, County Hosp. and Comprehensive Cancer Ctr., Novy Jicin, Czech Republic.

SELF RETAINING SUPPORT IMPLANT - ONE YEAR FOLLOW-UP REPORT OF A NEW IMPLANT FOR THE TREATMENT OF ANTERIOR AND APICAL PELVIC FLOOR COMPARTMENTS PROLAPSE
G. LEVY1, Z. FEKETE 2, A. PADOA 3, L. PAJOR 4, G. BARTFAI 5, M. CERVIGNI 6; 1Female Pelvic Medicine, Maynei HaYeshua Med. Ctr., Beiri Brak, Israel, 2Univ. of Szeged, Hungary, Szeged, Hungary, 3Assaf Harofeh Med. Ctr., Nes Ziona, Israel, 4Univ. of Szeged, Dept. Urology, Szeged, Hungary, 5Obstetrics and Gynaecology, Univ. of Szeged, Szeged, Hungary, 6Catholic Univ., Rome, Italy

LAPAROSCOPIC SACROCOLPOPEXY IN THE ELDERLY FOR POST- HYSTERECTOMY VAGINAL VAULT PROLAPSE: IS IT JUSTIFY?
B. DEVAL1, C. GUILLOT-TANTAY 2, M. BLAGANJE 3; 1GEOFFROY SAINT HILAIRE CLINIC, PARIS, France, 2OF GYNECOLOGY, GEOFFROY SAINT HILAIRE CLINIC, PARIS, France, 3OF GYNECOLOGY, Univ. Med. Ctr. Ljubljana, Ljubljana, Slovenia

PREGNANCY IMPACT ON UTEROSACRAL LIGAMENT AND PELVIC MUSCLES USING A BIOMECHANICAL MODEL OF A PREGNANT WOMAN'S PELVIC SYSTE
E. JEAN DIT GAUTIER1, O. MAYEUR 2, J. LEPAGE 3, M. BRIEU 4, M. COSSON 5, C. RUBOD 6; 1CHRU Jeanne de Flandre, Lille, France, 2Univ. of Lille 2, Lille, France, 3JEANNE DE FLANDRE - LILLE - FRANCE, Boulogne, France, 4Ecole Centrale de Lille - LML, Villeneuve d'Ascq, France, 5Univ. Hosp. Lille, Lille, France, 6CHRU LILLE, Lille, France.

QUALITY OF LIFE FOLLOWING VAGINAL RECONSTRUCTIVE VERSUS OBLITERATIVE SURGERY FOR THE TREATMENT OF PELVIC ORGAN PROLAPSE
A. PETCHAROPAS1, S. WONGTRA-NGAN 1, O. CHINTHAKANAN 2; Obstetrics and gynecology department, Chiang Mai Univ., Chiang Mai, Thailand, 2Obstetrics & Gynecology Department, Ramathibodi Ho, Mahidol Univ., Bangkok, Thailand.

PAIN- A DOUBLE-EDGED SWORD WITH LAPAROSCOPIC SACROHYSTEROPEXY AND VAGINAL HYSTERECTOMY
S. BULCHANDANI1, F. BACH 1, P. M. LATTHE 2, P. TOOZS-HOBSON 3; 1Urogynaecology, Birmingham Women’s NHS Fndn. Trust, Birmingham, United Kingdom, 2Dept. of urogynaecology, Birmingham Women’s NHS Fndn. Trust, Birmingham, United Kingdom, 3Birmingham Women’s NHS Fndn. Trust, Birmingham, United Kingdom.

A THREE YEAR OUTCOME USING THE ELEVATE ANTERIOR™ KIT FOR GRADE 3 AND 4 CYSTOURETHROCELE REPAIR IN A TERTIARY UROGYNACOLOGY CENTRE

ANATOMICAL OUTCOMES COMPARED BETWEEN OPEN AND LAPAROCOPIC SACRAL COLPOPEXY AT 24 MONTHS FOLLOW UP
C. RONDINI 1, M. URZUA, J. ALVAREZ, F. KAPLAN, H. BRAUN; Urogynecology department, Hosp. Padre Hurtado, Santiago, Chile

A 5-YEARS RETROSPECTIVE FOLLOW UP OF THE EFFICACY OF PELVIC ORGAN PROLAPSE SURGERY IN ONE MEDICAL CENTER IN TAIWAN
T. C. HWANG; Obstetrics and Gynecology, China Med. Univ. Hosp., Taichung, Taiwan

OUR UNIT’S EXPERIENCE WITH VAGINAL MESH REPAIR USING THE INTEPROLITE ANTERIOR AND APICAL ELEVATE MESH OVER 3 YEARS
D. NAGARAJAN, V. WONG, A. GAYEN; Obstetrics and Gynaecology, Princess Royal Hosp., Haywards Heath, United Kingdom
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<td>12:45 - 12:48 pm</td>
<td>EP 203</td>
<td>RESULTS OF COMMUNITY EDUCATION PROGRAM ON PELVIC ORGAN PROLAPSE IN NEPAL</td>
<td>M. ROBERT1, J. GOVAN 2, U. LOHANI 3, A. UPRETY 4; 1ob/gyn, Univ. of Calgary, Calgary, Canada, 3family medicine, Univ. of Calgary, Calgary, Canada, 3RHEST, Kathmandu, Nepal, 4RHEST, Nepal, Nepal.</td>
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<td>12:51 - 12:54 pm</td>
<td>EP 206</td>
<td>LIFE QUALITY ASSESSMENT AND SEXUAL FUNCTION OF WOMEN WITH PELVIC ORGAN PROLAPSE USERS OF FEMI CUSHION</td>
<td>M. MONTEIRO1, I. L. BARBOSA 1, B. M. FARIA 1, M. MEINBERG 1, A. M. FONSECA 2, D. V. LUCAS 3, A. L. SILVA-FILHO 1; 1FEDERAL Univ. of MINAS GERAIS, BELO HORIZONTE, Brazil, 2Federal Univ. of Minas Gerais, Belo Horizonte, Brazil, 3Faculdade de Med. da Univ. 3 Federal de M, Belo Horizonte, Brazil, 4RHEST, Nepal, Nepal.</td>
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<td>12:54 - 12:57 pm</td>
<td>EP 207</td>
<td>SURGICAL COMPLICATIONS: URETERAL STENOSIS AFTER UTERINE SUSPENSION</td>
<td>H. PAN; Obstetrics and gynecology department, shinkong Hosp., taipei, Taiwan</td>
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<td>12:57 - 1:00 pm</td>
<td>EP 208</td>
<td>RISK FACTORS FOR POSTOPERATIVE URINARY RETENTION AFTER VAGINAL HYSTERECTOMY FOR PELVIC ORGAN PROLAPSE</td>
<td>D. SUH; Department of Obstetrics and Gynecology, Seoul Natl. Univ. Bundang Hosp., Seongnam, Korea, Republic of.</td>
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<td>1:00 - 1:03 pm</td>
<td>EP 209</td>
<td>DOES APICAL POP REPAIR BY SACROSPINOUS FIXATION NECESSITATE CONCOMITANT ANTERIOR COMPARTMENT REINFORCEMENT?</td>
<td>H. S. EL ASHMAW1, R. FOUD 2, A. DARWISH 3, A. ASKALANY 1; 1Obstetrics and Gynecology, Cairo Univ., Cairo, Egypt, 2Cairo Univ., Cairo, Egypt, 3Cairo Univ., Cairo, Egypt.</td>
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<td>1:03 - 1:06 pm</td>
<td>EP 210</td>
<td>ARE PATIENTS UNDERGOING PROLAPSE SURGERY GETTING YOUNGER? 15 YEAR RESULTS IN A SINGLE UNIT.</td>
<td>R. BRAY1, R. CARTWRIGHT 2, A. A. FORD 1, B. PURWAR 1, A. DIGESU 1, R. FERNANDO 1, V. KHULLAR 1; 1Imperial Coll. NHS Hlth.care Trust, London, United Kingdom, 2Epidemiology &amp; Biostatistics, Imperial Coll. NHS Hlth.care Trust, London, United Kingdom</td>
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<td>1:06 - 1:09 pm</td>
<td>EP 211</td>
<td>COMPARISON OF TRANSVAGINAL MESH SURGERY WITH AND WITHOUT MIDLINE FASCIAL PLICATION FOR THE TREATMENT OF ANTERIOR VAGINAL PROLAPSE : A RANDOMIZED CONTROLLED TRIAL.</td>
<td>C. S. HSU1, C. Y. LONG 2; 1Department of Obstetrics and Gynecology, Dalin Tzu Chi Buddhist Gen. Hosp., Chiayi, Taiwan, Taiwan, 2Kaohsiung Med. Univ., Kaohsiung City, Taiwan.</td>
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<td>1:09 - 1:12 pm</td>
<td>EP 212</td>
<td>INVESTIGATION OF SAFETY, EFFICIENCY AND OUTCOMES OF PERINEOPLASTY OPERATION FOR SENSATION OF WIDE VAGINA</td>
<td>M. ULUBAY1, M. OZTURK 2, U. KESKIN 1, F. ULAS 1, M. C. YENEN 1; 1Obstetrics and Gynecology, Gulhane Military Med. Academy, ankara, Turkey, 2Obstetrics and Gynecology, Etimesgut Military Hosp., ankara, Turkey.</td>
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IS TOTAL VAGINAL LENGTH A CONFOUNDING FACTOR OF THE RELATIONSHIP BETWEEN STATION OF THE CENTRAL COMPARTMENT AND SYMPTOMS OF PELVIC ORGAN PROLAPSE

M. GIRGIS 1, K. SHEK2, H. DIETZ 3; Obstetrics & Gynaecology, Liverpool Hosp., Liverpool NSW, Australia, 2Obstetrics & Gynaecology, Liverpool Clinical Sch., Sydney, Australia, 3Univ. of Sydney, Penrith, Australia

EVALUATION OF VAGINAL PESSARIES IN HIV POSITIVE WOMEN WITH SYMPTOMATIC PELVIC ORGAN PROLAPSE: CASE SERIES

Z. ABDOOL, P. SWART; Obstetrics and Gynaecology, Univ. of Pretoria, Pretoria, South Africa

CORRELATION OF LEVATOR HIATAL AREA WITH DEGREE OF PELVIC ORGAN PROLAPSE

B. I. SANTOSO1, F. MOEGNI 1, G. M. PUNARBAWA 2; Reconstructive Urogynecology, Dept.O&G, Faculty of Med., Univ.s Indonesia, Jakarta, Indonesia, 2Faculty of Med., Univ.s Indonesia, Jakarta, Indonesia.

POP-Q POINTS: EVALUATION OF PROGRESSION DURING TWO YEARS AFTER VAGINAL MESH AND FASCIAL REPAIR SURGERY

S. B. SILVEIRA1, J. M. HADDAD 2, P. R. MARGARIDO 3, E. C. BARACAT 4; GYNECOLOGY, Hosp. UNIVERSITARIO DA UNIVERSIDADE DE SAO PAUL, SAO PAULO, Brazil, 2Univ.e de Sao Paulo, Sao Paulo, Brazil, 3FACULDADE DE MEDICINA DA USP, SÃO PAULO, Brazil, 4Faculdade de Med. da Univ.e de Sã, São Paulo, Brazil.

DOES TRADITIONAL PELVIC FLOOR SURGERY FOR PELVIC ORGAN PROLAPSE IMPACT LEVATOR HIATAL BIOMETRY? A 3D TRANSPERINEAL AND 3D ENDOVAGINAL ULTRASOUND ASSESSMENT

A. HEGDE1, V. AGUILAR 2, G. DAVILA 3; UROLOGY, Hosp. UNIVERSITARIO DA UNIVERSIDADE DE SAO PAUL, SAO PAULO, Brazil, 2Univ.e de Sao Paulo, Sao Paulo, Brazil, 3FACULDADE DE MEDICINA DA USP, SÃO PAULO, Brazil.

CAN PESSARIES TREAT DEPRESSION? A RESULT FOR A LONGITUDINAL STUDY

M. KISHINEVSKY1, M. J. HITSCHFELD 2, A. PATTILLO 3, B. BLUMEL 1, S. GONZALEZ 1, E. R. DINES 4, A. GORODISCHER 5, B. BLUMEL 2, A. PATTILLO 3, B. BLUMEL 1, S. GONZALEZ 1, E. R. DINES 4, A. GORODISCHER 5, A. PATTILLO 2, B. BLUMEL 3, S. GONZALEZ 3, M. ARELLANO4, D. S. CUEVAS 2, A. BORAZIANI 5, H. B. GOLDMAN 6; GYNECOLOGY, Hosp. UNIVERSITARIO DA UNIVERSIDADE DE SAO PAUL, SAO PAULO, Brazil, 2Univ.e de Sao Paulo, Sao Paulo, Brazil, 3FACULDADE DE MEDICINA DA USP, SÃO PAULO, Brazil, 4Faculdade de Med. da Univ.e de Sã, São Paulo, Brazil, 5Faculdade de Med. da Univ.e de Sã, São Paulo, Brazil.

POPQ REASSESSMENT AFTER 12 MONTHS OF SUCCESSFUL PESSARY USE - IS PROLAPSE REGRESSION POSSIBLE?

J. PIZARRO-BERDICHEVSKY 1, A. PATTILLO 2, B. BLUMEL 3, S. GONZALEZ 3, M. ARELLANO4, D. S. CUEVAS 2, A. BORAZIANI 5, H. B. GOLDMAN 6; GYNECOLOGY, Hosp. UNIVERSITARIO DA UNIVERSIDADE DE SAO PAUL, SAO PAULO, Brazil, 2Univ.e de Sao Paulo, Sao Paulo, Brazil, 3FACULDADE DE MEDICINA DA USP, SÃO PAULO, Brazil, 4Faculdade de Med. da Univ.e de Sã, São Paulo, Brazil, 5Faculdade de Med. da Univ.e de Sã, São Paulo, Brazil.

RETROSPECTIVE STUDY OF THE PERIGEE™ SYSTEM FOR THE TREATMENT OF CYSTOCELE - OUR 4+ YEARS’ EXPERIENCE

A. BUCHHEIM-ZIEB1, K. BAESSLER 2, W. GOETZE 3; 1DRK Klinikum Berlin-Koepenick, Berlin, Germany, 2Pelvic Floor Unit, Charite Univ. Hosp., Berlin, Germany, 3KH MOL, Strausberg, Germany.

THE BENEFIT OF AN ANAL PURSE-STRING SUTURE TO DECREASE FECAL CONTAMINATION DURING VAGINAL SURGERY: A RANDOMIZED CONTROLLED TRIAL

S. NUNTHAPIWAT1, O. CHINTHAKANAN 2; Obstetrics and gynecology, Maharaj Nakorn Chiang Mai Hosp., Chiang Mai, Thailand, 2Obstetrics & Gynecology Department, Ramathibodi Ho, Mahidol Univ., Bangkok, Thailand.

BLADDER PAIN SYNDROME/ INTERSTITIAL CYSTITIS: CURRENT STATUS AND CLINICAL CHARACTERISTICS IN INDIAN COMMUNITY

A. JAIN, R. AHUWALI; 1Urogynecology Unit, Division Obstetricia y Ginecologia, Glickman Urologic and Kidney Institute, Cleveland Clinic, Cleveland, OH, 2Urogynecology Unit, Division Obstetricia y Ginecologia, Glickman Urologic and Kidney Institute, Cleveland Clinic, Cleveland, OH, 3Urogynecology Unit, Division Obstetricia y Ginecologia, Glickman Urologic and Kidney Institute, Cleveland Clinic, Cleveland, OH, 4Glickman Urologic and Kidney Institute, Cleveland Clinic, Cleveland, OH.
1:00 - 1:03 pm  EP 225  ANTIMUSCARINIC TREATMENT FOR THE PERSISTENT FREQUENCY IN INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME PATIENTS WITH IMPROVED PAIN M. CHOO, A. KIM, C. KIM; Urology, Asan Med. center, Seoul, Korea, Republic of.

1:03 - 1:06 pm  EP 227  TREATMENT OF THE VAGINAL INTROITUS TO EVALUATE EFFECTIVENESS AND SAFETY: RESULTS FROM A RANDOMIZED, PLACEBO-CONTROLLED STUDY B. ALLAN1, D. WILKERSON 2, M. KRYCHMAN 3; 1Allan Ctr., Calgary, Canada, 2Viveve, Inc., Sunnyvale, CA, 3)Southern California Ctr. for Sexual Hlth.and Survivorship Med. Inc., Newport Beach, CA

1:06 - 1:09 pm  EP 229  THE EFFECT OF SACROCOLOPOPEXY ON SEXUAL FUNCTIONS F. GUNGOR UGURLUCAN1, C. YASA 2, O. DURAL 3, I. CELEN 1, O. DEMIR 1, O. YALCIN 4; 1Department of Obstetrics and Gynecology Division of Urogynecology, Istanbul Med. Faculty, Istanbul, Turkey, 2Istanbul Univ. Sch. of Med., Istanbul, Turkey, 3Istanbul Univ. Sch. of Med., Istanbul, Turkey, 4ISTANBUL Univ. ISTANBUL SCHOOL OF MEDICINE, ISTANBUL, Turkey

1:09 - 1:12 pm  EP 231  EVALUATION OF TEMPERATURE CONTROLLED RADIOFREQUENCY FOR THE TREATMENT OF VULVOVAGINAL LAXITY S. THOMAS; American Association of Female Pelvic Med. Spe, Agoura Hills, CA

1:12 - 1:15 pm  EP 232  DIAGNOSIS OF GARTNER CYST AND DYSPAREUNIA S. CONDE; Hosp. Santa Casa de Miserecordia, RJ, Rio de Janeiro, Brazil

1:15 - 1:18 pm  EP 233  THE SAFETY AND Efficacy OF TEMPERATURE CONTROLLED RADIO FREQUENCY FOR THE TREATMENT OF ATROPHIC VAGINAL SYMPTOMS IN WOMEN WITH VAGINAL POLYPROPYLENE GRAFT IMPLANTS N. L. GUERETTE; Female Pelvic Med. Inst. of Virginia, Richmond, VA

1:18 - 1:21 pm  EP 234  WHAT IS THE EFFECT OF PELVIC ORGAN PROLAPSE ON FEMALE SEXUAL FUNCTION?: A QUALITATIVE STUDY. K. J. BROUARD, Y. VERWIEL; Obstetrics and Gynaecology, Univ. of Cape Town, Cape Town, South Africa

1:21 - 1:24 pm  EP 235  TREATEMENT OF VAGINAL RELAXATION SYNDROME WITH ERIUM YAG LASER IN A NON ABLATIVE MODE, PILOT STUDY. J. PARDO, V. SOLA; Obstetrics and Gynecology, Clinica Sara Moncada, Santiago, Chile


Friday, August 5th - SCREEN 3 - SURGICAL EDUCATION

Chair: Vivian Aguilar

<table>
<thead>
<tr>
<th>Time</th>
<th>Number</th>
<th>Title</th>
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<tbody>
<tr>
<td>12:45 - 12:48 pm</td>
<td>EP 239</td>
<td>EXTRUSION: FACTORS ASSOCIATED</td>
</tr>
<tr>
<td></td>
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<td>S. B. SILVEIRA1, M. L. NOGUEIRA 2, T. TEODORO 2, P. R. MARGARIDO 3, E. C. BARAÇAT 4; 1Gynecology, Hosp. UNIVERSITARIO DA UNIVERSIDADE DE SAO PAULO, SAO PAULO, Brazil, 2Gynecology, UNIVERSIDADE DE MARIJA, MARILJA, Brazil, 3FACULDADE DE MEDICINA DA USP, SÃO PAULO, Brazil, 4Faculdade de Med. da Univ.e de Sã, São Paulo, Brazil.</td>
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<tr>
<td>12:48 - 12:51 pm</td>
<td>EP 240</td>
<td>AVOIDING TRANSVAGINAL MESH EROSION WHO IS DOING IT RIGHT AND HOW</td>
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<tr>
<td></td>
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<td>H. R. WARD; Obstetrics and Gynaecology, Ctr. for Womens Reproductivecare/Coffs Harbour Hlth. Campus, Coffs Harbour, Australia</td>
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<tr>
<td>12:51 - 12:54 pm</td>
<td>EP 241</td>
<td>OUTCOMES OF MINIMALLY INVASIVE ENDOSCOPIC REMOVAL OF ERODED MESH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FOLLOWING ANTI-INCONTINENCE SURGERY</td>
</tr>
<tr>
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<td>J. SON, S. JANG, J. LEE, D. CHO, D. KIM; Urology, Bundang Jesaeng Hosp., Seongnam, Korea, Republic of</td>
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<td>SUBURETHRAL SLING AFTER PELVIC FLOOR ULTRASOUND EVALUATION</td>
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<td>E. WŁAŁAK1, J. KOCISZEWSKI 2, K. SOLANA 3, G. SURKONT 1, J. JEZIERSKI 3; 1Med. Univ. of Łódź, Łódź, Poland, 2Ev.Krankenhaus, Hagen, Germany, 3Med. Ctr. Tommed, Katowice, Poland.</td>
</tr>
</tbody>
</table>
Friday August 5th - SCREEN 4 - URINARY INCONTINENCE, SUI

Chair: Englebert Hanzal

<table>
<thead>
<tr>
<th>Time</th>
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</tr>
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<tbody>
<tr>
<td>12:45 - 12:48 pm</td>
<td>EP 255</td>
<td>EFFECT OF POSTURE ON URINARY STRESS INCONTINENCE</td>
</tr>
<tr>
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<td>M. ROBERT, S. ALGER, S. ROSS; 1Ob/gyn, Univ. of Calgary, Calgary, Canada, 2Ob/gyn, Univ. of Alberta, Edmonton, Canada</td>
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<tr>
<td>12:48 - 12:51 pm</td>
<td>EP 257</td>
<td>THE RELATIONSHIP OF BLADDER TRABECULATION TO URODYNAMIC FUNCTIONAL CHARACTERISTICS IN PATIENTS WITH DETUSOR HYPERREFLEXIA DUE TO SPINAL CORD INJURY</td>
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<td>S. YOON, W. LIM, W. PARK; 1UROLOGY, INHA Univ. Hosp., INCHEON, Korea, Republic of, 2OB &amp; GYN, Woo Sung OB&amp;GY Hosp., ANSAN, KYUNGKI-DO, Korea, Republic of, 3Inha Univ. Hosp., Incheon, Korea, Republic of</td>
</tr>
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12:54 - 12:57 pm EP 259 POLYPHARMACY AND MULTIMORBIDITY IN OLDER PEOPLE WITH BLADDER DYSFUNCTION: DATA FROM A SECONDARY CARE DATABASE. J. DAI 1, W. R. GIBSON 2, K. F. HUNTER 2, A. WAGG 2; 1 Faculty of Arts and Science, Univ. of Toronto, Toronto, Canada, 2 Division of Geriatric Medicine, Univ. of Alberta, Edmonton, Canada.

12:57 - 1:00 pm EP 260 IS URETHRAL HYPERMOBILITY IN PATIENTS WITH STRESS URINARY INCONTINENCE ASSOCIATED WITH LEVATOR ANI MUSCLE SUBDIVISION DEFECTS? 3 DIMENSIONAL ENDOVAGINAL ULTRASOUND ASSESSMENT. A. HEGDE 1, V. AGUILAR 2, G. DAVILA 3; 1 UPHI (Urogynecology and Pelvic Health Inst.), Gurgaon, Delhi NCR, India, 2 UT SW at Austin, Austin, TX, 3 Cleveland Clinic Florida, Weston, FL.


1:03 - 1:06 pm EP 262 USE OF BLADDER DIARY AS DIAGNOSTIC AND THERAPEUTIC TOOL FOR OVERACTIVE BLADDER. R. M. RIZVI 1, N. G. CHUGHTAI 2; 1 Deptartment of OB GYN, AKUH, karachi, Pakistan, 2 AKUH, karachi, Pakistan.


1:09 - 1:12 pm EP 264 LOWER URINARY TRACT OBSTRUCTION IS A RISK FACTOR OF DE NOVO STRESS URINARY INCONTINENCE AFTER PELVIC FLOOR RECONSTRUCTIVE SURGERY IN CHINESE PEOPLE: A CASE-CONTROL STUDY. X. SUN 1, 2; 1 Dept. Ob Gyn, Peking Univ. People’s Hosp., Beijing, China.

1:12 - 1:15 pm EP 265 UROGENITAL DISTRESS INVENTORY (UDI-6) IN PATIENTS WITH URINARY INCONTINENCE. N. FARUQUI 1, N. G. CHUGHTAI 2, J. AHMED 1; 1 Urology, AKUH, karachi, Pakistan, 2 OB GYN, AKUH, karachi, Pakistan.


1:18 - 1:21 pm EP 267 INTRA-SESSION RELIABILITY OF PELVIC FLOOR MUSCLE ELECTROMYOGRAPHY TESTED ON HEALTHY WOMEN AND WOMEN WITH STRESS URINARY INCONTINENCE OR WEAK PELVIC FLOOR MUSCLE. I. KOENIG 1, H. LUGINBUEHL 1, L. RACCINET 1, U. LUDWIG 2; 1 Bern Univ. of Applied Sci., Switzerland, 2 Bern Univ. of Applied Sci., Switzerland.

1:21 - 1:24 pm EP 268 CESAR AND VASA AS SURGICAL TREATMENT FOR URGENCY AND MIXED URINARY INCONTINENCE IN WOMEN. W. JAGER 1, S. LUDWIG 1, P. MALLMANN 2; 1 Urogynecology, Univ. of Cologne, Köln, Germany, 2 Klinik und Poliklinik foer Frauenheilkunde un, Uniklinik Köln, Köln, Germany.
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<tr>
<td>12:45 - 12:48 pm</td>
<td>EP 275</td>
<td>RANDOMIZED CLINICAL TRIAL TO COMPARE SOLIFENACIN AND BILATERAL MESH REPLACEMENT OF THE UTEROSACRAL IGAMENTS IN THE TREATMENT OF URGENCY URINARY INCONTINENCE IN WOMEN S. LUDWIG, G. MALLMANN, W. JAGER 1; Department of Urogynecology, Univ. of Cologne, Cologne, Germany, 2Department of Obstetrics and Gynecology, Univ. of Cologne, Cologne, Germany.</td>
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<td>12:51 - 12:54 pm</td>
<td>EP 277</td>
<td>ALTIS® ADJUSTABLE SINGLE INCISION SLING FOR FEMALE STRESS URINARY INCONTINENCE: MID-TERM EFFICACY AND SATISFACTION L. TU; UROLOGY, Cir. Hosp. ier Univ. de Sherbrooke, Sherbrooke, Canada</td>
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<tr>
<td>12:57 - 1:00 pm</td>
<td>EP 280</td>
<td>COMPARISON BETWEEN TENSION-FREE VAGINAL TAPE AND TRANSOBTURATOR TAPE IN TREATING STRESS URINARY INCONTINENCE AFTER VAGINAL MESH SURGERY T. SU; Mackay Mem. Hosp., Taipei, Taiwan.</td>
</tr>
<tr>
<td>1:00 - 1:03 pm</td>
<td>EP 281</td>
<td>SINGLE INCISION SLING FOR THE TREATMENT OF FEMALE STRESS URINARY INCONTINENCE WITH INTRINSIC SPHINCTER DEFICIENCY - A 24 MONTH FOLLOW-UP STUDY S. LEE, C. PARK 2, M. CHO 3; 1Dept. of Urology, Sch. of medicine, Hallym, Chuncheon, Korea, Republic of, 2Dept. urology, ganeung - si gangwond-do, Korea, Republic of, 3Dongtan Sacred Heart Hosp., Hwaseong-i, Gyeonggi-do, Korea, Republic of.</td>
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<td>1:03 - 1:06 pm</td>
<td>EP 282</td>
<td>THE SUCCESS RATE OF CESA AND VASA ON SURGICAL TREATMENT OF MUI AND UUI IS DEPENDENT ON PATIENTS AGE W. JAGER, S. LUDWIG, G. MALLMANN; Department of Urogynecology, Univ. of Cologne, Köln, Germany</td>
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</table>
1:12 - 1:15 pm EP 287  A NOVEL TELEMETRY ACTIVATED SPHINCTER FOR THE TREATMENT OF SEVERE STRESS URINARY INCONTINENCE IN MALE AND FEMALE PATIENTS

1:15 - 1:18 pm EP 288  READJUSTABLE SLING PROCEDURE (REMEEX SYSTEM) FOR FEMALE STRESS URINARY INCONTINENCE WITH DETRUSOR UNDERACTIVITY

1:18 - 1:21 pm EP 289  SAFETY AND EFFICACY OF REPEAT MIDURETHRAL SLING PROCEDURE IN WOMEN WITH RECURRENT STRESS URINARY INCONTINENCE

1:21 - 1:24 pm EP 290  TRANSCUTANEOUS TEMPERATURE CONTROLLED RADIOFREQUENCY FOR OVERACTIVE BLADDER
R. M. ALINSOD; Urogynecology, South Coast Urogynecology, Laguna Beach, CA.

1:24 - 1:27 pm EP 291  EFFICACY AND SAFETY OF INITIAL 10MG SOLEFENACIN TREATMENT IN ELDERLY FEMALE OVERACTIVE BLADDER PATIENTS

1:27 - 1:30 pm EP 292  CHANGES OF URINARY NGF WITH PHARMACOLOGIC TREATMENT IN OAB

Friday August 5th - SCREEN 6 - URINARY INCONTINENCE, OAB

Chair: Maria Bortorlini

<table>
<thead>
<tr>
<th>Time</th>
<th>Number</th>
<th>Title</th>
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<tr>
<td>12:48 - 12:51 pm EP 295</td>
<td></td>
<td>EFFICACY OF REMEX SYSTEM AND FACTORS AFFECTING CURE OF RECURRENT AND MIXED URINARY INCONTINENCE</td>
</tr>
<tr>
<td>12:51 - 12:54 pm EP 296</td>
<td></td>
<td>EFFICACY OF EXTRACORPOREAL MAGNETIC INNERVATION THERAPY FOR THE TREATMENT OF URINARY INCONTINENCE</td>
</tr>
<tr>
<td>12:54 - 12:57 pm EP 298</td>
<td></td>
<td>EVALUATION OF 1 YEAR TREATMENT EFFICACY OF MIRABEGRON FOR OVERACTIVE BLADDER WITH RESPECT TO THE GENDER, AGE AND BODY MASS INDEX OF PATIENTS</td>
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<tr>
<td>12:57 - 1:00 pm EP 299</td>
<td></td>
<td>COMPARISON OF TENSION-FREE VAGINAL TAPE (TVT) AND TRANS-OBTURATOR SUB URETHRAL TAPE FROM INSIDE TO OUTSIDE (TVT-O) FOR SURGICAL TREATMENT OF FEMALE STRESS URINARY INCONTINENCE AT AKU—5 YEARS DATA ANALYSIS</td>
</tr>
</tbody>
</table>

1:00 - 1:03 pm EP 300  OAB AND FECAL INCONTINENCE TREATMENT WITH INTERSTIM: FEASIBILITY PILOT STUDY IN A PUBLIC HOSPITAL IN CHILE
M. ARELLANO1, S. GONZALEZ 2, H. B. GOLDMAN 3, J. PIZARRO-BERDICHEVSKY 4; 1Hosp. Dr. Sotero del Rio; Clínica Santa María, Santiago Chile, santiago, Chile, 2Urogynecology Unit, H. Dr. Sotero del Rio, Santiago, Chile, 3Glickman Urologic and Kidney Institute, Cleveland Clinic, cleveland, OH, 4Urogynecology unit, Division Obstetricia y Ginecologia, Glickman Urologic and Kidney Institute, H. Dr. Sotero del Rio; Pontificia Univ. Catolica de Chile; Cleveland Clinic, Cleveland, OH.

1:03 - 1:06 pm EP 301  THE EFFECT OF MID-URETHRAL SLING REVISION ON LUTS FOLLOWING EXPOSED MESH REMOVAL
M. J. URZUA, C. RONDINI, J. ALVAREZ, F. KAPLAN, F. R. TRONCOSO; Urogynecology department, Hosp. Padre Hurtado, Santiago, Chile

1:06 - 1:09 pm EP 302  MINIARC MID URETHRAL TAPE FOR FEMALE STRESS URINARY INCONTINENCE - RETROSPECTIVE STUDY
A. PRAMANICK, H. C. HAN; KK Women’s & Children's Hosp., Singapore, Singapore

1:09 - 1:12 pm EP 303  THE MINIARC SLING SYSTEM FOR FEMALE STRESS URINARY INCONTINENCE: 1-MONTH OUTCOME
J. ANG, H. C. HAN; KK Women’s & Children's Hosp., Singapore, Singapore.

1:12 - 1:15 pm EP 304  IS IT WHAT YOU DO OR THE WAY YOU DO IT?
T. Y. TIAN 1, S. BUDGETT 2, L. M. HAYWARD 3, J. SMALLDRIDGE 4, J. W. STINEAR 5, P. M. NIELSEN 2, J. KRUGER6; 1Auckland Bioengineering Inst., Auckland, New Zealand, 2Univ. of Auckland, Auckland, New Zealand, 3Department Womens Health, Middlemore Hosp., Auckland, New Zealand, 4Dept. of O&G, Auckland, New Zealand, 5Department of Exercise Sciences, Univ. of Auckland, Auckland, New Zealand, 6Auckland Bioengineering Inst., Auckland, New Zealand.

1:15 - 1:18 pm EP 305  TVT-O VS NO ABLATIVE LASER ERBIUM FOR URINARY STRESS INCONTINENCE. COMPARISON OF CLINICAL BACKGROUNDS AND RESULTS
J. PARDO, V. SOLA; Obstetrics and Gynecology, Clinica Sara Moncada, Santiago, Chile.

1:18 - 1:21 pm EP 306  A NOVEL, NON-Biodegradable TENSILE-FREE URETHRAL SLING SYSTEM FOR SUI TREATMENT
G. WANG 1, K. LAI 1, X. ZHANG1, Z. GUO 2, H. HU 1, D. FU 1, L. ZHU 3, X. LUO 4, Y. YUAN 1, T. XU 5; 1Medprin Biotech GmbH, Frankfurt am Main, Germany, 2Medprin Biotech GmbH, Frankfurt am Main Germany, Germany, 3Department of Obstetrics and Gynecology, Peking Union Med. Coll. Hosp., Beijing, China, 4The First Affiliated Hosp. of Jinan Univ., Guangzhou city, Guangdong province, China, 5Bio-Manufacturing Center, Department of Mechanical Engineering, Tsinghua Univ., Beijing, China

1:21 - 1:24 pm EP 307  DOES MID-URETHRAL SLING SURGERY FOR TREATMENT OF STRESS URINARY INCONTINENCE LEAD TO DECREASED WEIGHT GAIN IN WOMEN? A RETROSPECTIVE COHORT STUDY USING INTERNAL CONTROLS
A. P. GEHRICH1, J. PATZVALD 2, L. A. RABY 1, K. D. DAVIS 1; 1OB/GYN, Tripler Army Med. Ctr., Honolulu, HI, HI, 2Tripler Army Med. Ctr., Honolulu, HI

1:24 - 1:27 pm EP 308  SURGICAL MANAGEMENT OF STRESS INCONTINENCE OF URINE IN WOMEN IN WALES: 19 YEARS TREND ANALYSIS USING PATIENT EPISODE DATABASE FOR WALES (PEDW) DATA
S. I. ISMAIL; Brighton and Sussex Univ. Hosp. NHS Trust, Brighton, United Kingdom

1:27 - 1:30 pm EP 309  POST-TREATMENT WITH THE BULKING AGENT, POLYCRYLAMIDE HYDROGEL, BULKAMID, FOR SUI OR MIXED URINE INCONTINENCE FOLLOWING INADEQUACY OR COMPLICATIONS FROM PREVIOUSLY INSERTED SUBURETHRAL SLINGS OR AFTER COLPO SUSPENSION
K. LOBODASCH, A. MUSIK; Frauenklinik, DRK Hosp. Chemnitz-Rabenstein, Chemnitz, Germany
**Friday August 5th** - **SCREEN 7 - URINARY INCONTINENCE OAB & VOIDING DYSFUNCTION**

Chair: Phil Tooze-Hobson

<table>
<thead>
<tr>
<th>Time</th>
<th>Number</th>
<th>Title</th>
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</thead>
</table>
| 12:45 - 12:48 pm| EP 312 | A CASE OF PERSISTENT URINARY INCONTINENCE IN A YOUNG FEMALE: THE DIAGNOSTIC CHALLENGE OF AN ECTOPIC URETER  
S. B. FERNANDO1, L. MATTOCKS 2;  
1 Obstetrics and Gynaecology, Wrexham maelor Hosp., Wrexham, United Kingdom, 2 School of Medicine, Cardiff Univ., Cardiff, United Kingdom |
| 12:48 - 12:51 pm| EP 313 | SUBURETHRAL SLINGS ASSOCIATED TO COSMETIC GYNECOLOGICAL SURGERIES. EXPERIENCE OF 12 YEARS.  
J. PARDO1, V. SOLA 2; 1 Obstetrics and Gynecology, Clinica Sara Moncada, Santiago, Chile, 2 Obstetrics and Gynecology, Clinica Las Lilas, Santiago, Chile |
| 12:51 - 12:54 pm| EP 314 | LONG TERM FOLLOW UP OF TWO METHODS OF AUTOLOGOUS FASCIAL SLING REPAIR FOR STRESS URINARY INCONTINENCE  
D. BALACHANDRAN NAIR1, Z. KHAN 2, S. EMERY 1; 1 Department of Obstetrics and Gynaecology, Singleton Hosp., Swansea, United Kingdom, 2 Epsom and St Helier NHS trust, Surrey, Carshalton, United Kingdom. |
| 12:54 - 12:57 pm| EP 316 | PREDICTING TIME TO RECOVERY OF URINARY RETENTION  
J. KIM, T. KIM, Y. MOON, S. MYUNG, I. CHANG, K. KIM; Urology, Chung-Ang University, Seoul, Korea, Republic of |
| 12:57 - 1:00 pm | EP 318 | COMBINED RISK FACTORS, CLINICAL SIGNS AND SYMPTOMS AS A PREDICTIVE MODEL FOR DIAGNOSIS OF POST-PARTUM URINARY RETENTION AFTER VAGINAL DELIVERY  
D. SUSKHAN, J. ZAIDUN, B. I. SANTOSO; RSCM, Jakarta, Indonesia |
| 1:00 - 1:03 pm  | EP 319 | REASONS FOR PRESCRIPTION CHANGE OF ANTIMUSCARINIC AGENTS IN PATIENTS WITH OVERACTIVE BLADDER  
| 1:03 - 1:06 pm  | EP 320 | SHOULD WE DELAY THE VOIDING TRIAL FOR SAME-DAY PELVIC FLOOR SURGERY?  
A. N. ALAS, N. CHANDRASEKARAN, H. DEVAKUMAR, L. MARTIN, E. A. HURTADO, G. DAVILA; Cleveland Clinic Florida, Weston, FL. |
| 1:06 - 1:09 pm  | EP 322 | THE EVALUATION OF WEAK CONTRACTILITY IN ELDERLY WOMEN BY PROJECTED ISOVOLUMETRIC PRESSURE  
Y. TERANISHI 1, H. ASAKURA1, M. OYA 2; 1 Urology, Saitama Med. Univ. Hosp., Iruma-gun, Japan, 2 Urology, Keio Univ. Sch. of Medicine, Tokyo, Japan. |
| 1:09 - 1:12 pm  | EP 323 | FEMICUSHION® WOULD BE A FIRST THERAPEUTIC OPTION FOR PELVIC ORGAN PROLAPSE IN THE ERA OF NON-VAGINAL MESH SURGERY  
P. NAM CHEOL; Dept. of Urology, Pusan Natl. Univ. Sch. of Med., Busan, Korea, Busan, Korea, Republic of. |
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For Bowel Control:
Safety and effectiveness have not been established for bilateral stimulation; pregnancy, unborn fetus, and delivery; pediatric use under the age of 18; or for patients with progressive, systemic neurological diseases.
For Urinary Control and for Bowel Control: The system may be affected by or adversely affect cardiac devices, electrocautery, defibrillators, ultrasonic equipment, radiation therapy, MRI, theft detectors/ screening devices. Adverse events include pain at the implant sites, new pain, lead migration, infection, technical or device problems, adverse change in bowel or voiding function, and undesirable stimulation or sensations, including jolting or shock sensations. Patients should be assessed preoperatively for the risk of increased bleeding. For full prescribing information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic’s website at www.medtronic.com. Product technical manual must be reviewed prior to use for detailed disclosure. USA Rx Only. Rev 08/15

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THURSDAY, AUGUST 4TH
12:45 pm - 1:45 pm
ROOF TERRACE

Title: Surgical Technique Tips for Transitioning from ASTORA to Boston Scientific Pelvic Floor Products

Description: In a changing pelvic floor landscape, Boston Scientific remains dedicated to the women’s health space and is Always There for both physicians and patients. This course offers surgical technique tips from an expert panel to support physicians who are transitioning from ASTORA pelvic floor products. Faculty for the panel includes Dr. Stephen Jeffery (S. Africa), Dr. Catherine Matthews (U.S.) and Dr. Ajay Rane (Australia).

Course Objectives:
- Learn more about Boston Scientific’s commitment to the pelvic floor space and the educational support they are providing to physicians during this time of transition
- Gain a deeper understanding of both the similarities and differences between ASTORA and Boston Scientific products
- Learn surgical technique tips from an expert physician panel to further enhance your skill level with Boston Scientific products

THURSDAY, AUGUST 4TH
5:45 pm - 6:45 pm
BALLROOM WEST

Course Title: ThermoVa: Radiofrequency as a non-surgical solution for overall vaginal health restoration including sexual dysfunction, vaginal laxity and urinary symptoms

Course Description: ThermoVa treatments use radiofrequency energy to gently heat tissue so that women can reclaim, restore, and revive feminine wellness without discomfort or downtime. The patented ThermoVa electrode is designed to treat the internal and external anatomical features of the vagina.

Faculty: Robert Moore, MD - Moderator
Nathan Guerette, MD
Sherry Thomas, MD (TBD) - will have answer by end of the week
John Miklos, MD (TBD) - will have answer by tomorrow

Course Learning Objectives: At conclusion of the presentation, the participant will be able to:
- Attendees will understand the basic science of RF and its application to human tissues, risks/benefits and histologic changes seen in human tissues
- Understand RF application to vaginal health and its potential benefits
- Understand future potential use of RF in female Pelvic Health
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International Continence Society
47th Annual Meeting

www.ics.org/2017
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Boston Scientific
Boston Scientific is committed to you and to advancing the quality of your patient care. As the pelvic floor landscape continues to change, Boston Scientific remains committed to the treatment of pelvic floor disorders and is Always There for both physicians and patients. We are anchored in our guiding principle to provide innovative products that are supported with clinical data and offer robust professional programs to advance the quality of care. Please visit our exhibit to learn about our line of products to treat stress urinary incontinence and pelvic floor disorders.

Bronze Level Sponsors

Astellas
Astellas Pharma Inc., based in Tokyo, Japan, is a company dedicated to improving the health of people around the world through the provision of innovative and reliable pharmaceutical products. We focus on Urology, Oncology, Immunology, Nephrology and Neuroscience as prioritized therapeutic areas while advancing new therapeutic areas and discovery research leveraging new technologies/modalities. We are also creating new value by combining internal capabilities and external expertise in the medical/healthcare business. Astellas is on the forefront of healthcare change to turn innovative science into value for patients.

Medtronic
Through innovation and collaboration, Medtronic improves the lives and health of millions of people each year. Restorative Therapies for Pelvic Health include the InterStim® System, providing Sacral Neuromodulation (SNM) for Bladder Control and Bowel Control; and the NUROTM System, providing Percutaneous Tibial Neuromodulation (PTMN) for Bladder Control. Learn more at Medtronic.com

Thermi
Thermi™, an Almirall company, is a leading developer and manufacturer of thermistor-regulated energy systems for plastic surgery and dermatology applications. The company is focused on the worldwide distribution of its products. Our products are based on the science of heat, using SmartTip technology to enable physicians to use temperature as a clinical endpoint.
## 2016 EXHIBITORS

<table>
<thead>
<tr>
<th>Company</th>
<th>Booth</th>
</tr>
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<tbody>
<tr>
<td><strong>A.M.I. GmbH</strong></td>
<td>24</td>
</tr>
<tr>
<td>A.M.I. is dedicated to designing ingenious surgical instruments, as well as developing innovative solutions for treating a variety of common afflictions including haemorrhoids, obesity and incontinence. In addition to the adjustable TVA/TOA Slings for female stress urinary incontinence and ATOMS System for male stress urinary incontinence, we also offer a advanced pelvic floor repair system comprising a range of slings and meshes to cover a variety of pelvic floor disorders.</td>
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<tr>
<td><strong>Analiz Grup Medikal Ltd</strong></td>
<td>44</td>
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<tr>
<td>Analiz Grup Medikal Ltd.Şti. is interested in instrumental innovations about pelvic reconstructive surgery/urogynecology. Putted in order; a tool for easy suture placement to every site of pelvis e.g. sacrospinous ligament, arcus tendineus (ATFP) etc., harmless retropubic tunnelling device for pubovaginal tape application for stress urinary incontinence (formerly known as T.V.T. etc.), retractor system for difficult vaginal hysterectomy, and intelligent T.O.T device for secure trans obturator tape placement. Along these improvements, other devices mainly focused are; laparoscopic automatic suturing device, retractor system for abdominal hysterectomy which makes difficult hysterectomies easily performed by little help.</td>
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<tr>
<td><strong>Aspide Medical</strong></td>
<td>40</td>
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<tr>
<td>ASPIDE® MEDICAL develops, manufactures and markets medical devices in more than 60 countries. In addition many international doctors have entrusted the exclusive distribution of their products. Although its core activity is surgical meshes with SURGIMESH®, it also offers global solutions including devices, needles and fixing systems. ASPIDE® MEDICAL products are used for abdominal, urogynecologic, orthopedic and esthetic surgeries to treat pathologies like hernias, urinary incontinence, prolapses</td>
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</tr>
<tr>
<td><strong>Best Lasers</strong></td>
<td>42</td>
</tr>
<tr>
<td>Best Lasers is the Sole Sub-Sahara African distributor for Alma Lasers, which is a global developer, manufacturer and provider of laser, light based, radio frequency and ultrasound devices for aesthetic and medical applications. We are at the forefront of innovative multi-technology, multi-application systems designed to meet the unique needs of today’s practitioners. Best Laser’s mission is to provide modular, cost-effective and high performance products that enable medical practitioners to confidently offer safe, effective and profitable aesthetic treatments to their patients. We are further committed to the philosophy that we exist for the customer / client. Support for your practice Best Lasers is committed to supporting the needs of our customers.</td>
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<tr>
<td><strong>Cogentix Medical</strong></td>
<td>15</td>
</tr>
<tr>
<td>Cogentix Medical, Inc. is a global medical device company that develops, manufactures and markets products for the minimally invasive treatment of voiding dysfunctions and endoscopy solutions. Cogentix Medical’s products include the Urgent® PC Neuromodulation System, a non-drug, non-surgical office-based treatment for Overactive Bladder and associated symptoms of urinary urgency, urinary frequency and urge incontinence. Macroplastique®, an injectable urethral bulking agent for female stress urinary incontinence primarily due to intrinsic sphincter deficiency. EndoSheath® Endoscopy combines state-of-the-art endoscopic technology with a sterile, disposable microbial barrier, provides practitioners and healthcare facilities with a solution to meet the growing need for safe, efficient, and cost-effective flexible endoscopy.</td>
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Coloplast

Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Our business includes ostomy care, urology and continence care, and wound and skin care. Coloplast Urology Care produces a range of surgical devices to help people who suffer from urological disorders such as urinary incontinence, weak pelvic muscles, erectile dysfunction and kidney stones. Listening to the experience of surgeons and their assistants, we produce devices that are strong, easy to use and compatible with the body. We operate globally, employing more than 10,000 people.

DEKA

DEKA The Code of Excellence.
A spin-off of the El.En. Group, DEKA is a world-class leader in the design and manufacture of lasers and light sources for applications in the medical field with over 30 years experience. Quality, innovation and technological excellence place DEKA and its products in a unique and distinguished position in the global arena.

DynaMesh® by FEG Textiltechnik mbH

The German company FEG Textiltechnik mbH is highly specialised in the development and production of textile medical implants for hernia and pelvic floor repair.
FEG Textiltechnik mbH is the worldwide only supplier of mesh implants made from the high-tech bio-inert material Polyvinylidene Fluoride (PVDF).
All products are manufactured in Germany and distributed worldwide.
http://www.dyna-mesh.com

Fotona

Fotona is a world-leading medical laser company recognized for its innovative, award-winning laser systems for applications in aesthetics & dermatology, dentistry, surgery and gynecology. Fotona’s decades-long experience in the laser industry began 50 years ago.
Fotona’s global distribution network spans across more than 60 countries, ensuring comprehensive support and service for Fotona laser users, including clinical training, workshops and practical hands-on demonstrations. By establishing the Laser and Health Academy, Fotona has partnered with world-leading clinical experts to provide medical practitioners with a platform for continuing their professional growth.

GE Healthcare

GE Healthcare provides transformational medical technologies and services that are shaping a new age of patient care. Our broad expertise in medical imaging and information technologies, medical diagnostics, patient monitoring systems, drug discovery, biopharmaceutical manufacturing technologies, performance improvement and performance solutions services help our customers to deliver better care to more people around the world at a lower cost. In addition, we partner with healthcare leaders, striving to leverage the global policy change necessary to implement a successful shift to sustainable healthcare systems.

Gifts of AfriKa

Dealers in Unique Handmade African Arts, Crafts and Jewellery.
With our very unique selection from Antique Masks, Beaded Jewellery, Handmade Sisal bags, Assortment of Handmade Key rings, Printed T-Shirts and Caps, Kikoys (famous wraparound from Kenya) Hand Paintings, Wooden Salad Spoons and Handmade placemats.
We stock the best quality and most of our products are practical.
Our motto has always been that the best way to keep African memories is to take them with you!
Hitech Lasers

The Hitech Group, since establishment in 1974, is a premier provider of light-based technology equipment. This multi-award winning company has, for more than 40 years, been the sole distributor of Lumenis products in Southern Africa plus neighbouring islands. With an installed base of more than 600 aesthetic, surgical and ophthalmology laser and related systems, Hitech Lasers has established itself as a market leader in terms of new technology and delivery of service. With our Lumenis urology systems we lead the way in laser Uro-gynaecology procedures. During IUGA 2016 Hitech Lasers presents the latest in the Lumenis Urology product range. Lumenis Pulse™ 30H for stone management, Pulse™ 100H for BPH and stones and the ultimate Holmium laser, Pulse 120H. You’ll also see the AcuPulse™ with Femtoucch™ for vaginal health related conditions. Femtouch™ has been developed in collaboration with leading gynaecologists on this field. Visit Hitech Lasers at Booth 38.

International Urogynecological Association (IUGA)

IUGA is the international leader in the urogynecological field and is dedicated to global advancement of urogynecological knowledge and patient care through education and the promotion of basic and clinical research on female pelvic floor disorders. In addition to holding an annual conference and publishing the International Urogynecology Journal (IUJ), IUGA conducts education programs worldwide, develops consensus terminology and produces patient education materials.

IUGA Affiliate Societies

The affiliate society program is a partnership between IUGA and other nationally recognized gynecologic, urologic or urogynecologic societies which reinforces IUGA’s mission to facilitate and encourage the advancement of urogynecological knowledge around the globe. Societies apply for membership in the program and if accepted are given access to a variety of tools and resources to help them become more successful. Their members also benefit from discounted membership fees, access to the IUJ, a greater physician network, active participation in the development of practice standards for the field, discounted registration fees for educational programs and so much more.

Johnson & Johnson Medical

We offer healthcare professionals solutions that address the key challenges of today’s surgical procedures in order to optimize patient outcomes. From creating the first sutures, to revolutionizing surgery with minimally invasive procedures, Ethicon has made significant contributions to surgery for more than 80 years. Our continuing dedication to Shape the Future of Surgery is built on our commitment to help address the world’s most pressing health care issues, and improve and save more lives. Through Ethicon’s surgical technologies and solutions including sutures, staplers, energy devices, trocars and hemostats and our commitment to treat serious medical conditions, we deliver innovation to make a life-changing impact.

Karl Storz

KARL STORZ is a renowned manufacturer that is well established in all fields of endoscopy and can be considered as market leader in rigid endoscopy. The still family held company was founded in 1945 in Tuttingen, Germany, and has grown to one with a worldwide presence and 7100 employees. KARL STORZ offers a range of both rigid and flexible endoscopes for a broad variety of applications. Today’s product range also includes fully integrated concepts for the OR and servicing.

Laborie

LABORIE (www.laborie.com) is a leading global developer, manufacturer and marketer of innovative medical devices and consumables for the diagnosis and treatment of Urinary and Fecal Incontinence, as well as other pelvic floor disorders in the Urology, Gynecology and Colorectal fields. We offer a full range of solutions for all budgets, clinical and research needs. Visit our booth and learn more about the LABORIE product lines!
**Lilium Otsuka**

Lilium Otsuka is dedicated to aid health care professionals, patients and caretakers to provide continence care for those with urination difficulties. Based in Japan, we produce a medical device which measures urinary volume inside the bladder using ultrasound.

In addition to measuring the current volume of urine inside the patient’s bladder, our device allows for continuous measurement as well. By displaying all data graphically, it is ideal to evaluate bladder function and can also serve as a sensory replacement.

Our vision is to standardize the practice of measuring urinary volume as a “fifth vital sign”. By offering both current and continuous measurement, graphic display and an easy to use layout, our mission is to develop innovative IT health care products to contribute to the health of people around the world.

**Lyra Medical**

Lyra medical introduces a new implant in the surgical treatment of women suffering from pelvic organ prolapse (POP). The company’s self-retaining support (SRS) technology eliminates the need for complex anchoring techniques to assure a safe and long-term treatment solution. The company’s SRS technology is presently being applied for the treatment of advanced anterior vaginal wall prolapse with or without apex / uterine prolapse.

Lyra’s technology mimics the natural anatomy and restores pelvic organs to their functional and physiological location. It represents a new anchorless method that significantly improves current transvaginal mesh (TVM) solutions. SRS technology was developed to eliminate the high complication rate associated with current anchored TVMs and reverse the low success rate associated with native-tissue repair. Since 2014, Lyra’s solution was proven in clinical trials to deliver exceptional safety and long-term efficacy.

**Medprin Biotech GmbH**

Medprin Biotech LLC is a high-tech enterprise co-founded by outstanding biomedicine scientists in 2008, specializing in R & D and manufacturing of human tissue regenerative implantable devices. Our first products have been CE marked and sold to more than 30 countries, set up branches in America, Germany and China.

**Promedon**

Promedon is an evolving company, leader in research, development, production marketing and sale of innovative medical technology. Since 1985, Promedon contributes to the progress of urology, urogynecology and endourology, with the aim of improving patients quality of life.

Among a wide range of solutions in women’s, men’s and children’s health, Promedon offers:
- For Pelvic Organ Prolapse Repair:
- The latest evolution in this product family is Calistar S, designed for anterior and apical prolapse repair using a low density mesh for minimal tissue invasiveness.
- For Female SUI:
- Ophira, Single incision Mini sling system; Opsys, Injectable Bulking Agent; Unitape, polypropylene slings; Safyre, Adjustable Slings.

**Speciality European Pharma Limited (SEP)**

Speciality European Pharma Limited (SEP) is an international urology/urogynaecology focused speciality Company, dedicated to improving the range of products available to treat urological and gynaecological conditions.

BULKAMID® is a class leading, urethral bulking agent used in the treatment for patients suffering with stress urinary incontinence. More than 60,000 women have been treated to date with Bulkamid in a procedure that is performed under endoscopic control using the Bulkamid Urethral Bulking System.

For more information, please visit us on stand no. 45 or go to www.specialtyeuropeanpharma.com or www.bulkamid.com.
Viveve, Inc.

Viveve, Inc. is a women’s health company based in Sunnyvale, California that has developed the Viveve(R) System, a patented, radio frequency device with controlled cooling. It has been purpose-built for gynecologic applications, and its current indication is for the functional improvement of vaginal tissue in order to renew sexual sensation and satisfaction. Additional scientific solutions for intimate revitalization needs are in the pipeline.

Women’s Medical Research Inc. / Mitsui Medical Products

Women’s Medical Research Inc. / Mitsui Medical Products were created with a goal in mind to provide assistance and relief to women with Pelvic Organ Prolapse, and men with Urinary Incontinence.

Product Information:
FemiCushion
Women with POP are now able to live their lives with the FemiCushion as it gently supports the organs. It is made for patients who are waiting for surgery, who cannot undergo surgery, and who are not comfortable with the Pessary.

Xhold
It controls mild Urinary Incontinence after Radical Prostatectomy. It is worn over underwear and is very easy to handle.

Please visit www.femicushion.com for more information.
Vaginal Tactile Imager

An innovative research platform to aid in diagnosis and evaluation of vaginal and pelvic floor conditions.

The target population: adults with pelvic organ prolapse, urinary incontinence, pelvic pain and vaginal atrophy.

Contact Us:

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Email: contact@bicgroup.com

South America
Phone: +57 3132910715
Email: juancarlos.rey@reypcglatam.com
A big leap for single incision slings.

Altis. Now even less is more.

Proven product legacy
Same mesh material as used in the Aris® and Supris® sling systems

Predictable placement
Helical type introducer allows for ease of passage and placement

Precise adjustability
Anchoring allows for bi-directional tensioning

www.AltisSIS.com
The results are in. Visit booth 60 to review the IDE clinical data and receive a product demonstration.

Indications:
The Altis Single Incision, Aris Transobturator and Supris Retropubic Sling Systems are indicated for the treatment of female stress urinary incontinence (SUI) resulting from urethral hypermobility and/or intrinsic sphincter deficiency (ISD). Contraindications: Altis, Aris or Supris slings should not be used in pregnant women, or in women planning future pregnancies or any patient with potential for future growth. Altis, Aris or Supris slings should not be used in those who are taking anticoagulant therapy, who have an abnormal urethra, who have an intra-operative urethral injury, are immunocompromised, who have a sensitivity to polypropylene, have a pre-existing local or systemic infection, who are immunocompromised, or women that have a known or suspected pathology which would compromise implant or implant placement. Warnings and Precautions: It is the responsibility of the surgeon to advise the prospective patients or their representatives, prior to surgery, of the possible warnings and precautions associated with the use of this product and the associated surgical risks. Altis, Aris and Supris Sling Systems should only be used by surgeons familiar with the surgical procedures and techniques involving transvaginal placement of non-absorbable meshes and who have adequate education and experience in the treatment of female SUI. Based on physician experience and education, a thorough assessment of each patient should be made to determine the suitability of a synthetic mesh procedure. Physician should obtain patient consent prior to surgery and ensure that the patient has an understanding of the postoperative risks and potential complications of transvaginal mesh surgery. Patient counseling should include a discussion that the mesh to be implanted is a permanent implant, and that some complications associated with the implanted mesh may require additional surgery; repeat surgery may not resolve these complications. Serious adverse tissue responses or infection may require removal of mesh. Adverse Effects: Potential adverse events are those associated with surgery using implantable synthetic mesh materials. As with all foreign bodies, the Altis, Aris, Supris sling is likely to exacerbate any existing infection. Local irritation at the wound site and/or a foreign body response may occur. The following complications are known to occur with synthetic mesh implantation: mesh erosion (e.g., vaginal, bladder, mesh extrusion, mesh exposure, infection, pain—acute or chronic), and bladder, bowel, urethra, vagina, vessel, and/or nerve perforation/injury. There is also the risk of complete failure of the procedure resulting in continued incontinence due to incomplete support or overactive bladder. The occurrence of these events may require partial or complete removal of the sling. Patients should be monitored regularly after the device has been implanted for immediate treatment of any adverse reaction. See the device instructions for use for detailed information regarding the implant procedure, warnings/precautions, adverse reactions, prior to using this product. For further information, call Coloplast Corp at 1-800-268-3476 and/or consult the company website at www.coloplast.us.

CAUTION: Federal (USA) law restricts this device to sale by, or on, the order of a physician.