BUILDING BRIDGES

SUPPORTING PATIENTS & EACH OTHER

2024 UGSA ASM | W BRISBANE

Acknowledgment of Country

The Urogynaecological Society of Australasia acknowledges the traditional custodians of the land on which we meet for the 2024 UGSA ASM. We pay our respects to their Elders, past, present and emerging, and acknowledge the valuable contribution they have made and continue to make to the cultural and educational landscape of this country.

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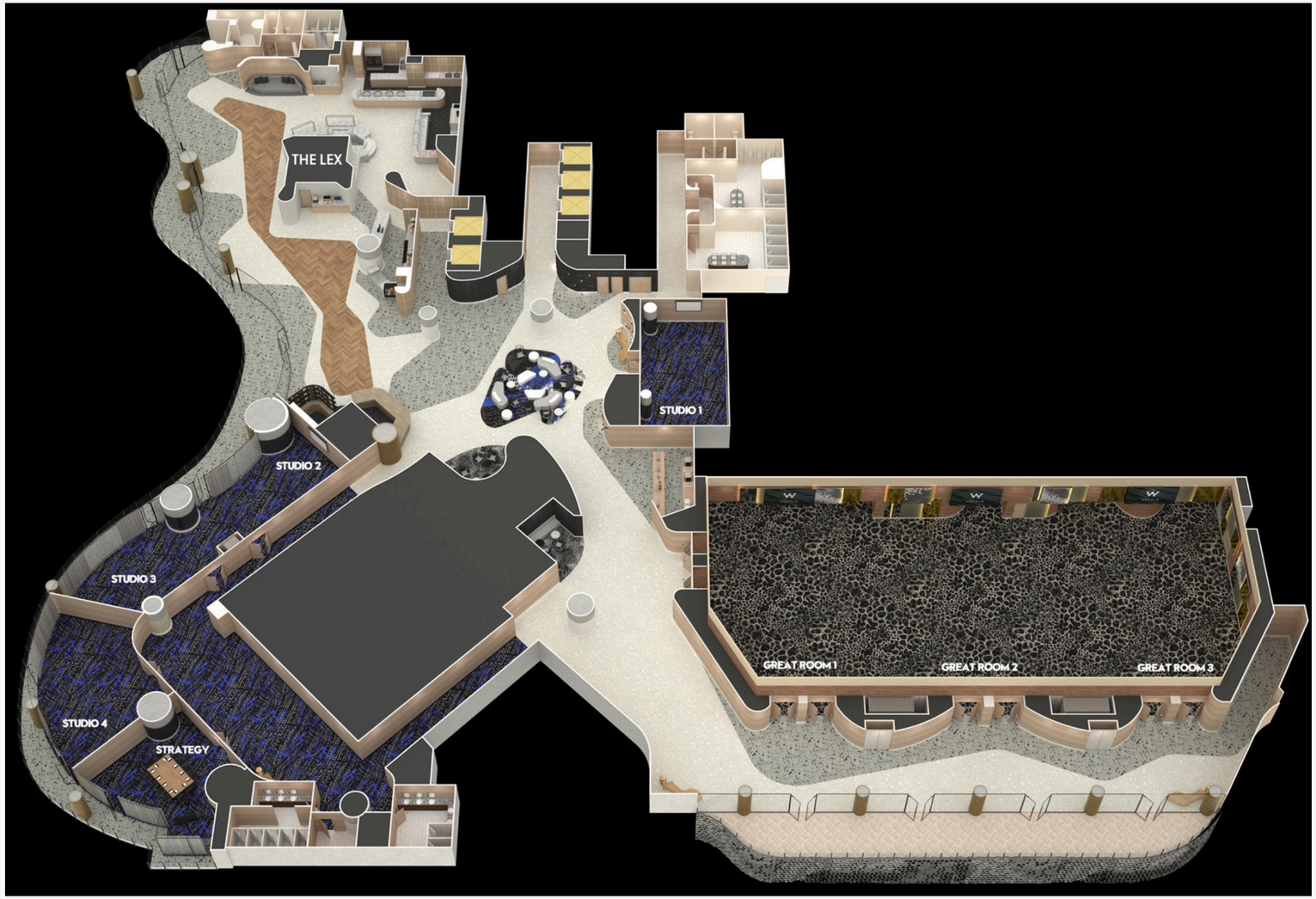
Welcome to Brisbane

Dr Alexandra Mowat, UGSA ASM Organising Committee Chair

Via the theme Supporting Patients and Each Other, this year's ASM we will both honour the grassroots of our organisation with an emphasis on research and innovation, and take time to discuss the ever-increasing challenges and demands of our professions on us and our relationships. Drawing from the plethora of local experts across allied health, nursing and medicine and our international speakers, Dr Aparna Hedge from India and Professor Bruno Deval from France, this year's programme promises diversity, new perspectives, and inspiration.

Welcome to beautiful Brisbane!

2024 UGSA ASM W Brisbane



18-21 September

PreMeeting Workshops @ W Brisbane
Level 3, Studios 1 to 3

Plenary Conference
Level 3, Great Room 1 & 2

Exhibition
Level 3, Great Room Foyer

Faculty Dinner
The LEX

2024 UGSA ASM Greenslopes Private Hospital

18-19 September

PreMeeting Workshops @ Greenslopes Hospital

Conference rooms 1, 2 and meeting room –Main lobby level of the hospital

Entry via the Jessie Vasey Wing entrance or via the Main Entrance and past the coffee shop.

2024 UGSA ASM

Organising Committee

Dr Alexandra Mowat

Organising Committe Chair

Dr Bernadette Brown

Organising Committee Co-Chair

Dr Jerome Melon

Organising Committee Co-Chair

2024 UGSA ASM

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2024 UGSA ASM International Keynote Speaker

Dr Aparna Hegde

Dr Aparna Hegde: The maternal health champion among Fortune's 50 greatest global leaders of 2020

India

Dr. Aparna Hegde is a Stanford and Cleveland Clinic trained Urogynaecologist. She is Associate Professor (Hon) and the Founding Head of the Department of Urogynaecology at Cama Hospital, Mumbai, India's only University-based Center of Excellence in the field with an upcoming fellowship program. She is also Consultant Urogynecologist at Surya Hospital and Global Hospital in Mumbai and the Founder and Director of the Center for Urogynaecology and Pelvic Health, New Delhi.

Dr. Hegde is a Stanford and Cleveland Clinic trained Urogynecologist. She is Associate Professor (Hon) and the Founding Head of the Department of Urogynaecology at Cama Hospital, Mumbai, India's only University-based Center of Excellence in the field with an upcoming fellowship program. She is also Consultant Urogynecologist at Surya Hospital and Global Hospital in Mumbai and the Founder and Director of the Center for Urogynaecology and Pelvic Health, New Delhi.

She is the founder of NGO ARMMAN, which creates scalable mhealth based programs to impact maternal and child health in 21 states of India. Its five programs have reached over 54 million women and their children and trained over 441,000 health workers.

Dr. Hegde is Chair of FIUGA, (the Foundation for International Urogynaecological Assistance) and Chair of Publication Committee of IUGA and member of the Editorial Board of International Urogynaecology Journal. Dr. Hegde is an NIH grantee and has done pioneering work in the field of 2D/3D pelvic floor ultrasound with over 75 abstracts/publications. She is a member of the International Urogynaecology Committee on Prolapse and the 7th International Consultation on Continence. She was awarded the Fellowship of Menopause Society of Sri Lanka for helping develop Urogynaecology in Sri Lanka (2021).

Dr. Hegde was listed by Fortune Magazine as one of the World's 50 Greatest Leaders in 2021 (15th spot), and was awarded the Skoll award for Social Entrepreneurship (2020), the Kenneth Frazier International award for maternal health equity (2023), Elevate Prize (2021), Women Transforming India award by Niti Aayog (2022), ASHOKA Senior Fellowship (2021), TED Fellowship (2020), WHO Public Health Champion award (2017), British Medical Journal South Asia Award (2018), USAID Social Entrepreneur of the Year Award (2018), WomanChangeMaker Award (Womanity Foundation, Geneva, 2018), and was one of the five global women leaders featured in the Voice of America documentary, Single Step: Journeys of Women Leaders (2015).

2024 UGSA ASM International Keynote Speaker

Prof Bruno Deval

Prof Bruno Deval, Head of the Gynaecology Department at Geoffroy Saint Hilaire for the past 11 years.

France

Prof Bruno Deval has been the head of the Gynaecology Department at Geoffroy Saint Hilaire for the past 11 years. He is a French Gynaecologist and a postgraduate-trained Surgeon with a real interest in surgical technologies and techniques. He chaired the SIG in Laparoscopy for the International Urogynaecologic Association (IUGA) from 2016 to 2020, and co-chaired the SIG in Laparoscopy of the International Urogynaecologic Association (IUGA) from 2013 to 2016.

Well-known for innovative work in surgery, he established his interest in reconstructive pelvic surgery while networking at professional meetings within their large following of colleagues nationally and worldwide. He has published almost one hundred scientific articles (PubMed) and delivered presentations and live-surgery cases on Reconstructive Pelvic Surgery throughout Europe, North-Africa, South America and Asia.

A key opinion leader in female pelvic floor disorders and laparoscopic surgery with a large global network, Prof Deval is consulted frequently by major specialty societies, surgical technology development teams and the media for his insights and experience.

Faculty

Dr Jamie Alexander
Dr Fiona Bach
Dr Chris Barry
Dr Lucy Bates
Dr Jayne Berryman
Dr Bernadette Brown
Allison Bryant
Dr Victoria Buckley
Dr Frida Carswell
Catherine Christophorou
Sue Croft
Dr Kris Cvach
Dr Phil Daborn
Dr Tim Dawson
Dr Alison De Souza
Prof Bruno Deval
Narelle Dickinson
Alex Diggles
A/Prof Tanaka Dune
Dr Niki Dykes
Dina Fetahagic
Dr Lauren Ferris
Dr Zanna Franks
Dr Chris Gillespie
Prof Judith Goh
Dr Deepa Gopinath
Prof Bernard Haylen
Dr Aparna Hegde
Dr Peta Higgs
Dr Kate Hooper
Dr Andre Joshi
Dr Kurinji Kannan
Dr Supuni Kapurubandara
A/Prof Emmanuel Karantanis
Dr Debjyoti Karmakar
Dr Trina Kellar
Dr Kate Kerridge
Dr Jenny King
Prof Hannah Krause
Dr Todd Ladanchuk
Kate Lane
A/Prof Joe Lee
Dr Xiamin Liang
Dr Hilary Lingberg
Prof Chris Maher
Rhiannon Mason
Dr Chris McMahon
Dr Jerome Melon
Prof Kate Moore
Dr Alex Mowat
Dr Susana Mustafa
Dr Payam Nikjpoor
Dr Danii Paterson
Jennifer Rayner
Dr Amy Reynolds
Prof Anna Rosamilia
Dr Shenaz Seedat
Dr Duncan Shannon
Dr Ruchi Singh
Dr Yu Hwee Tan
Dr Krishanthy Thayalan
Dr Andrea Warwick
Dr Mark Wong
Dr Vivien Wong
Dr Ellen Yeung
Dr Chin Yong
Dr Natharnia Young
Dr Rebecca Young

2024 UGSA ASM

PROGRAM

18-21 September

Program Overview

Premeeting Workshops

DAY 1 | WEDNESDAY 18 SEPTEMBER 2024

TIME	SESSION
0830 to 1600	Urodynamics Workshop I @ Greenslopes Hospital I Conference Room 1 I Dr Bernadette Brown, Dr Peta Higgs, Dr Aparna Hegde, Rhiannon Mason & Jennifer Rayner
0900 to 1230	Functional Bowel Workshop I @ Greenslopes Hospital I Conference Room 2 I Dr Chris Gillespie, Allison Bryant, Dina Fetahagic, Catherine Christophorou, Kate Hooper & Kate Lane
0830 to 1230	Vaginal Surgery Workshop I @ W Brisbane I Studio 1 Dr Lucy Bates, Dr Jenny King, Dr Supuni Kapurubandara, Dr Fiona Bach, Dr Kris Cvach, Dr Frida Carswell, Dr Vivien Wong & Dr Rebecca Young
1330 to 1700	Botox & PTNS Workshop I @ W Brisbane I Studio 2 I Dr Yu Hwee Tan, Dr Jerome Melon, Professor Hannah Krause, Dr Ellen Yeung & Dr Rebecca Young
1330 to 1530	Cystoscopy Workshop I @ W Brisbane I Studio 3 I Dr Kurinji Kannan, Dr Andre Joshi, Dr Alison De Souza

Program Overview

Premeeting Workshops

DAY 2 | THURSDAY 19 SEPTEMBER 2024

TIME	SESSION
0800 to 1230	Bulkamid & SNM Workshop I @ W Brisbane I Studio 1 I *Proudly Sponsored by Axonics* I Dr Karen Knoblett USA & Axonics team
0830 to 1230	Pessary Workshop I @ Greenslopes Hospital I Conference Room 1 Dr Yu Hwee Tan, Dr Duncan Shannon, Dr Krishanthy Thayalan, Dr Lauren Ferris, Sue Croft, Jennifer Rayner & Dr Nikki Dykes
0830 to 1230	Ultrasound Workshop I @ Greenslopes Hospital I Conference Room 2 I Dr Joseph Lee
1330 to 1700	SUI Workshop I @ W Brisbane I Studio 2 I Dr Ruchi Singh, Dr Lucy Bates, Dr Fiona Bach & Dr Chris Barry
1330 to 1700	Registrar's Day Workshop I @ W Brisbane I Studio 3 I Dr Krishanthy Thayalan, Dr Duncan Shannon, & Dr Lauren Ferris
1330 to 1700	GP Workshop I @ Greenslopes Hospital I I Conference Meeting Room I Dr Alexandra Mowat, Dr Jerome Melon, Dr Yu Hwee Tan & Dr Ellen Yeung
1730 to 1830	Welcome Reception I @ W Brisbane I Trade Exhibition, Level 3

Program Overview

Plenary Conference

DAY 3 | FRIDAY 20 SEPTEMBER 2024

TIME	SESSION
0645	UGSA FAMILY FUN RUN
0845	WELCOME & ASM OPENING I Dr Bernadette Brown, UGSA ASM Co-Chair & UGSA Director
0850	SESSION 1. LIVE SURGERY: OLDIES BUT GOODIES I CHAIRS DR DUNCAN SHANNON, DR KRISHANTHY THAYALAN, DR ELLEN YEUNG & DR YU HWEE TAN
	Colpocleisis I Operating Surgeons I Prof Judith Goh & Prof Hannah Krause
	Burch I Operating Surgeons I Dr Alex Mowat & Dr Jerome Melon
1000	The rectus sheath sling: step by step I Dr Todd Ladanchuk
1015	Utilising vaginal and laparoscopic/robotic surgery in the best interest of women I Prof Bruno Deval
1030	MORNING TEA & TRADE EXHIBITION

Program Overview

Plenary Conference

DAY 3 | FRIDAY 20 SEPTEMBER 2024

TIME	SESSION
1100	SESSION 2. INSPIRATION & INNOVATION: WHAT DOES THE FUTURE LOOK LIKE? I DR DEBJYOTI KARMAKAR & DR DEEPA GOPINATHAN
1100	Improving urogynaecological care around the world I International Guest Speaker Dr Aparna Hegde
1120	Explanted polypropylene mesh: What can we learn? I Professor Christopher Maher
1140	Advances in treatment for OAB I Dr Jenny King
1155	Faecal incontinence and sacrospinous colpopexy I Dr Andrea Warwick
1210	Rectopexy in gynaecology I International Guest Speaker Professor Bruno Deval
1225	LUNCH & TRADE EXHIBITION

Program Overview

Plenary conference

DAY 3 | FRIDAY 20 SEPTEMBER 2024

TIME	SESSION
1320	SESSION 3. HOT TOPICS IN UROGYNAECOLOGY I A/PROF EMMANUEL KARANTANIS & DR ALISON DE SOUZA
1320	Voiding dysfunction I International Guest Speaker Dr Aparna Hegde
1335	Gender re-affirming surgery and urogynaecology I International Guest Speaker Professor Bruno Deval
1350	Controversies in diagnosis/ management of UTI, in relation to the Microbiome I Professor Kate Moore
1405	Hysteropexy vs hysterectomy (Does hysterectomy predispose to pelvic floor dysfunction?) I Dr Fiona Bach
1420	Fascia lata - The evidence so far? I Dr Natharnia Young
1435	Impact of prior hysterectomy on vaginal prolapse I Professor Bernard Haylen
1445	Uterectomy I Dr Alexandra Mowat
1450	AFTERNOON TEA & TRADE EXHIBITION

Program Overview

Plenary conference

DAY 3 | FRIDAY 20 SEPTEMBER 2024

TIME	SESSION
1520	SESSION 4. OUR MUTLIDISCIPLINARY TEAM I DR KRIS CVACH & DR TIM DAWSON
1520	Case I Presented by Dr Zanna Franks
1525	Bloating, POTTS, EDS - The gastroenterologist approach to the complex patient I Dr Trina Kellar
1555	FODMAPS & The OAD to treating IBS I Kate Lane
1610	Defecatory dysfunction I Dr Andrea Warwick
1625	The complex pelvic floor patient - Where to start? I Alex Diggles
1640	Annual General Meeting
1700	DAY 1 MEETING CLOSE
1900	2024 UGSA ASM GALA DINNER @ THE CALILE HOTEL

Program Overview

Plenary Conference

DAY 4 | SATURDAY 21SEPTEMBER 2024

TIME	SESSION
0830	SESSION 5. PERIOPERATIVE MANAGEMENT I DR PHIL DABORN & DR DANII PATERSON
0830	Perioperative pain management I Dr Jayne Berryman
0845	Prehabilitation is the new rehabilitation I Dr Chris McMahon
0900	Peri-operative management of anti-coagulants: Do we really need to stop the Aspirin? I Dr Mark Wong
0915	Role of insulin resistance and the rise of Ozempic I Dr Shenaz Seedat
0930	OSA: The role of CPAP in the management of nocturia and the importance of perioperative management of chronic cough I Dr Amy Reynolds
0945	MORNING TEA & TRADE EXHIBITION

Program Overview

Plenary Conference

DAY 4 | SATURDAY 21SEPTEMBER 2024

TIME	SESSION
1115	SESSION 6. ABSTRACT/ORAL COMMUNICATIONS I CHAIRS & JUDGES I A/PROF JOE LEE & DR FRIDA CARSWELL
1155	LUNCH & TRADE EXHIBITION
1250	SESSION 7. THE YOUNG WOMAN: HOW DO WE PROVIDE BEST CARE? I DR LUCY BATES & DR FIONA BACH
1250	Cases I Introduced by Dr Lauren Ferris
1255	Nothing is the same down there... birthing & expectations I Narelle Dickinson
1310	Sexual dysfunction post birth I Dr Hilary Lindberg
1325	How do we consent for vaginal birth? How do we provide education about the effects of pregnancy on our bodies? I Dr Kate Kerridge
1340	The distressing prolapse I Dr Alex Diggles
1355	How do we manage surgical expectations in under 45's I Dr Tanaka Dune
1410	Do you see this in France/Israel/India? I Round table discussion I Moderator Dr Tanaka Dune I Dr Aparna Hegde, Professor Bruno Deval & Susana Mustafa
1440	ASM CLOSE + AWARDS PRESENTATION
1450	AFTERNOON TEA/FINAL MINGLE & TRADE EXHIBITION

Abstracts

Abstract Session Chairs & Judges

Dr Frida Carswell & A/Prof Joe Lee

Poor Results Using the Cervix to Support Vaginal Enterorectocele Suspension Procedures

Dr Gil Burton

Urogynaecologist & VMO Royal North Shore Hospital, North Shore private Hospital, Mater Hospital

Abstract

Large Isolated Enterorectocele in women who have a well-supported uterus are relatively unusual. There are many native tissue, mesh, vaginal and laparoscopic procedures described with recurrence rates varying from 5 to 33%. A possible method is to vaginally isolate the rectovaginal fascia and mobilise and attach the fascia onto the body of a well-supported cervix. We report eighteen of these procedures done by a single surgeon.

Eighteen patients with isolated > Gd 2 Entero-rectoceles underwent the procedure. The posterior vaginal facia is dissected from the vaginal mucosa down to the perineal body. The enterocele is dissected from the vaginal mucosa. The posterior cervix is dissected staying caudal to the pouch of Douglas. Six 0 -PDS sutures are placed deep into the cervix and then onto the rectovaginal fascia and tensioned to close the gap between the cervix and the fascia. POP Q was measured preoperatively, intraoperatively and 6 weeks and 6 months post op. Routine post op care was given. Post menopausal women were encouraged to use vaginal estrogen and all patients were encouraged to continue pelvic floor exercises and avoid constipation.

Preoperative and intraoperative POP-Q point C median was -7 cm (Range -5 to - 9cm). POP-Q point C median at 6 months was +2 cm (Range -7 to +4). Fourteen patients (78%) presented within six months with either high grade cervical prolapse or high grade entero-cystoceles. The outcomes seem to be independent of Obstetric, Patient or Post operative factors.

Despite women having a well-supported uterus we advise surgeons not to use a vaginal cervical suspension procedure in women who have an isolated large Enterorectocele.

Novel Hydrogels for The Treatment of Birth Injury: Could There Be a Preventative Treatment for Pelvic Organ Prolapse?

Dr David Hennes

David is a registrar from Melbourne who is completing his PhD at Monash University's Translational Tissue Engineering Laboratory, located at the Hudson Institute of Medical Research. His doctoral thesis focuses on the generation and investigation of bioengineered and autologous fascial implants as alternative surgical constructs for applications in female urology and pelvic reconstructive surgery.

Introduction

Vaginal childbirth inflicts substantial trauma to the pelvic floor and is the leading cause of pelvic floor disorders (PFDs), which often manifest later in life. This affects 25% of women, highlighting the profound consequences of maternal childbirth injury on pelvic health. The increasing demand for preventative treatment approaches for pelvic organ prolapse (POP) subsequent to birth injury has led to the exploration of novel biologically active scaffolds such as Aloe Vera-Alginate hydrogel (AV-ALG-Hyd) comprising xenogeneic SUSD2+ human Endometrial Mesenchymal Stem Cells (eMSC).

Aims

This study explores the therapeutic potential of AV-ALG-Hyd with and without eMSC in promoting healing post-birth injury.

Method

Primiparous ewes with simulated birth injury via Bakri© balloon catheter were treated with AV-ALG-Hyd with SUSD2+ eMSC. Control groups included untreated injury, AV-ALG-Hyd without eMSCs, and sham injury. Explant analysis at 30 and 90 days included POP-Q measurements, eMSC retention, histology, immunohistochemistry and tissue tensiometry .Ethics approval was obtained from Monash University's Animal Ethics Committee, protocol #MMCA-2018.

Result

Birth injury disrupted collagen, smooth muscle cells, and elastin in vaginal tissue, but AV-ALG-Hyd with SUSD2+ eMSC treatment reversed these changes. Increased α-Smooth Muscle Actin (αSMA) expression at 90 days suggested smooth muscle preservation. Elastin maintenance at 30 and 90 days indicated improved tissue elasticity. eMSC-based therapy promoted angiogenesis without foreign body response. Modified POP-Q assessments showed clinical benefits with eMSC + hydrogel, indicating reduced descent of the Ap anatomical point.

Discussion

AV-ALG-Hyd with xenogeneic SUSD2+ eMSC shows promise for improving tissue healing post-birth injury. This study provides novel insights for clinical applications of xenogeneic tissue-engineered biosystems in repairing childbirth-related injuries, potentially addressing a significant women's pelvic health issue.

Uterine Conservation Vs. Hysterectomy for Uterovaginal Prolapse: Insights from an Emulated RCT Causal Inference Framework

Dr Debjyoti Karmakar

Dr. Deb Karmakar is an Obstetrician and Gynaecologist Clinician Researcher with subspecialty training in advanced laparoscopy and urogynaecology, holding credentials across both fields in tertiary units in Melbourne. He leads the Urogynaecology Service and serves as the Obstetrics and Gynaecology Research Lead at Joan Kirner Hospital, Western Health, Melbourne.

Introduction

Surgical management of uterine prolapse involves either hysterectomy or uterine-sparing techniques. Sacrospinous hysteropexy (SSH) is a minimally invasive uterine-sparing technique. High-grade evidence comparing SSH with vaginal hysterectomy (VH) with either sacrospinous fixation (SSF) or high uterosacral ligament suspension (USLS) is limited due to challenges in conducting randomized controlled trials (RCTs) and biases in observational studies.

Aim

To compare outcomes of SSH with non-uterine-sparing techniques (VH + SSF or USLS) using an emulated RCT framework.

Method

Sixty patients (30 SSH,30 VH with vault suspension (SSF/ USLS)) at tertiary Urogynaecology unit in Melbourne. We used a “doubly robust” causal inference framework to emulate an RCT applying propensity score matching (PSM) and adjusted regression to address baseline differences, including procedure type likelihood based on surgeon/patient characteristics, and on POP-Q points.

Result

Follow-up was up to 15 months. The composite success rate was 93% in both groups. There was no significant difference in postoperative POP-Q / other outcomes, including length of stay. The SSH group had no intraoperative complications, while the VH + fixation group had two. Postoperative complications were similar between groups, with no returns to theatre, viscus injuries, blood transfusions, hematomas, or chronic pain. One SSH patient required repeat surgery, and four VH + fixation patients needed pessaries for management of prolapse postoperatively.

Discussion

Using “doubly robust” techniques to emulate an RCT, this study supports SSH as an equally effective and safe uterine-conserving procedure for uterovaginal prolapse compared to VH + high fixation techniques.

Pelvic Organ Prolapse Physiotherapy Led Pessary (POPPY) Clinic: Pioneering Multidisciplinary Pessary Care with High Satisfaction and Cost Savings in Australia’s First Physio-Led Clinic

Dr Rebecca McDonald

Dr Rebecca McDonald is a generalist Obstetrician Gynaecologist with a special interest in Urogynaecology. She currently works as an Obstetric team lead and member of the Pelvic Floor Unit at Western Health in Melbourne, based at Joan Kirner Women’s and Children's Hospital.

Introduction

Vaginal pessaries are an effective first-line conservative management option for pelvic organ prolapse (POP) and urinary incontinence (UI). Despite guidelines supporting the safe fitting and management of pessaries by pelvic floor physiotherapists (PFPs), and extensive waitlists delaying pessary management, the skills of PFPs are not being utilised. The POPPY clinic was established to provide PFP-led effective, timely and patient-centred pessary fitting and management. The model of care was designed with stakeholder, consumer, and expert consultation, supported by a care and credentialing pathway, multidisciplinary team meeting and pessary database.

Authors

Dr Rebecca McDonald - 1
Kerry O’Sullivan - 2
Dr Justin Oliver Daly - 3
Rebecca Pile - 2
Chennelle Mendoza - 2
Mary De Gori - 2
Sophie Gore - 2
Dr Debjyoti Karmakar - 1, 4

Aim

To assess the quality, cost-effectiveness and patient satisfaction of a novel PFP-led pessary clinic.

Method

A prospective cohort analysis of women seen in a tertiary hospital PFP-led pessary clinic between September 2023 and April 2024. The primary outcome was cost compared with other models of care, with secondary outcomes of patient satisfaction and pessary continuation rates.

Result

Over the study period, 82 women were seen for pessary management. A cost analysis showed the projected cost for POP care ranged from $12,200-$15,600 for surgical management, $5,383 for medical, and $1,589 for physiotherapy conservative management.100% of patients were satisfied with their care, with a 75% pessary continuation rate. Timely care was provided to all patients, with 78% of women experiencing improvement in POP symptoms and 68% in UI. 20% were referred back to the urogynaecology unit.

Discussion

This novel service demonstrates that pelvic floor physiotherapists can provide timely, safe, and effective pessary management of pelvic floor dysfunction with high patient satisfaction.

Affiliations

1. Pelvic Floor Unit, Department of Obstetrics and Gynaecology, Joan Kirner Women's and Children's Hospital, Western, Health, Melbourne, Australia
2. Physiotherapy Unit, Western Health
3. Western Melbourne Urogynaecology
4. Department of Obstetrics and Gynaecology, University of Melbourne/Mercy Hospital for Women, Melbourne, Australia.

Clinical Effectiveness of Transcutaneous Tibial Nerve Stimulation (TTNS) for Overactive Bladder After Face-to-Face Tuition Versus Telehealth Videocall Tuition

Dr Tess Nagy

Dr. Tess Nagy is a 5th year RANZCOG New Zealand trainee, currently in the Urogynaecology Fellow position at St. George Hospital in Sydney and will commence subspecialty urogynaecology training in 2025.

Introduction

TTNS is a safe and effective second-line therapy of overactive bladder (OAB). Telehealth has rapidly emerged due to the need for safe and efficient healthcare delivery during COVID-19.

Aim

To confirm whether TTNS treatment for OAB initiated via telehealth videocall is as effective as in-person instruction.

Method

A prospective cohort study was conducted of 112 women with OAB who initiated TTNS treatment at a tertiary pelvic floor unit between February 2022-January 2024. Patients self-selected either face to face (F2F) or telehealth (TH) tuition TTNS setup. ICIQ-SF scores at baseline, 3 months, and 12 months were extracted from clinical records. Mean change in ICIQ-SF score pre-posttreatment (3 and 12 months) was compared between groups.

Result

13 women were excluded due to incomplete data. Of the remaining 99 women, 77 chose F2F tuition and 22 chose TH tuition initially. Two women found TH setup too difficult and changed to F2F setup. The difference in mean change of ICIQ-SF score between F2F and TH tuition at 3 months was 0.4, 95% CI [-1.79, 2.59] and at 12 months was 0.4, 95% CI [-1.79, 2.59]. Mean reduction in ICIQ-SF score was 2.3 (F2F) and 1.9 (TH) at 3 months and 3.6 (F2F) and 4.0 (TH) at 12 months. 14% in the F2F group and 15% in the TH group proceeded for botox following TTNS treatment.

Discussion

Telehealth can be an effective method for initiating TTNS treatment for OAB, without compromising therapeutic outcomes achieved through traditional F2F instruction.

Real Life Outcomes of a PTNS Clinic: Can Continuation Be Forecasted?

Dr Michelle Van

Dr Michelle Van (BMed) gained her medical degree from the University of New England and is completing her O&G training at Westmead Hospital in Sydney. She has worked in O&G in various locations in the Central Coast and Sydney and is currently working at Dubbo Base Hospital. She has an interest in pelvic floor disorders and rural women's health.

Introduction

Percutaneous tibial nerve stimulation (PTNS) for overactive bladder (OAB) has become more accessible in Australia as tertiary treatment when government funding was made available. PTNS induction typically involves weekly sessions for 12 weeks, followed by tapering and maintenance treatment. Given it is a resource intensive and time-consuming treatment, even if benefit is achieved, patients may decide to discontinue treatment.

Aim

Determine whether changes in any subjective assessments of symptoms or objective bladder diary results over time are associated with therapy continuation past induction.

Method

A retrospective review of all patients attending a PTNS clinic at an Australian public tertiary hospital from June 2019 to Dec 2023. Patient demographics and baseline, week 8 and week 12 International Consultation on Incontinence Questionnaires (ICIQ-OAB, ICIQ-OABqol) and 3 day bladder diary results were collected. The primary outcome measured was patient decision to continue therapy following induction. Linear mixed effects models assessed the relationship between treatment continuation and each variable of interest for repeated measurements over the same patient.

Result

31 patients underwent PTNS therapy, of which 26 completed induction and 13 continued treatment. There was no difference in baseline characteristics between those discontinuing or continuing. Improvement at week 8 in the ICIQ-OAB and ICIQ-OABqol were more likely to be associated with ongoing treatment following induction ($p<0.01$, $p<0.01$).

Discussion

Lack of patient reported symptom improvement by week 8 based on ICIQ-OAB or ICIQ-OABqol indicates unlikely benefit over the remaining 4 weeks of therapy and patients can opt to cease treatment at this time

Sacrocolpopexy With Fascia Lata: A 1-Year Follow-Up

Dr Sascha Vereeck

Dr Sascha Vereeck is a Gynaecologist from Antwerp, Belgium. Currently, she is a Urogynaecology Fellow at Monash Health in Melbourne and a PhD candidate at the University of Antwerp. Her research focuses on the impact of prolapse surgery on bladder function.

Introduction

Sacrocolpopexy is the gold standard for vault and multicompartment prolapse(1). With no TGA approved mesh available in Australia, fascia lata(FL) is being used alternatively.

Aim

To examine 1-year outcome of FL sacrocolpopexy/hysteropexy.

Method

Prospective cohort study of women with ^{3} stage 2 prolapse undergoing FL sacrocolpopexy / sacrohysteropexy with 1-year follow-up. Primary outcome was defined as Patient Global Impression of Improvement(PGI-I). Secondary outcomes were patient reported outcomes(PRO) using Australian Pelvic Floor Questionnaire(APFQ) and POP-Q. Paired T-test was used for statistical analysis.

Result

From August 2022 - July 2024, 88 underwent the procedure. 37 women have completed 1-year follow-up. Mean age and BMI were 67y and 26kg/m2. Of those 37, 4(10.8%) underwent sacrohysteropexy. 15(40.5%) and 22(59.5%) were performed laparoscopically and robotically, with 8(22.0%) and 29(78.0%) performed by the fellow and consultant as primary surgeon. Concomitant vaginal repair was performed in 23(62.2%) cases. No intraoperative complications were noted.

Mean PGI-I was 1.4. 69.4% reported PGI-I as “very much better”.

There was significant improvement in APFQ bladder, bowel, and prolapse scores postoperatively ($p<0.001$ for bladder/prolapse; $p=0.048$ for bowel). POP-Q point Ba, C and Bp improved significantly postoperatively ($p<0.001$).
At follow-up, no graft exposure or ongoing complications related to the thigh wound were noted. One patient(2.7%) had repeat prolapse surgery with mesh.; de novo SUI and OAB were reported by 4(10.8%) and 2(5.4%) participants, respectively.

Discussion

Our study suggests that FL may be a promising graft for sacrocolpopexy/sacrohysteropexy. However, this is to date a small series and short term follow-up. Recruitment and long-term follow-up is ongoing.

1. Maher et al.CochDatSystRev 2023,Issue7.Art.No.:CD012376.

Histological Analysis and Imaging of Explanted Pelvic Mesh - Methodology

Dr Ellen Yeung

Dr Yeung is a subspecialist urogynaecologist currently practicing in Brisbane and the Gold Coast. She undertook her O&G training across Tasmania, Victoria and New South Wales before moving back to Queensland to complete her urogynaecology subspecialty fellowship. She has a special interest in minimally invasive and vaginal pelvic floor surgery; has published multiple papers in international peer-reviewed journals and is a member of the Cochrane reviewer group for surgical management of prolapse.

Introduction

The pathogenesis of complications relating to polypropylene mesh in the female pelvis has been theorised to be associated with mechanical mismatch, degradation and foreign body response.Current data lacks a control group of asymptomatic patients.

Aim

The aim of this study is to compare the histological, immunological, electron microscopy and spectroscopy changes in women who have symptomatic mesh complications and women who are asymptomatic.

Method

Baseline demographic data was collected of original mesh surgery, patient morbidity and risk factors for mesh complications. Histological analysis by three independent gynaecological pathologists included tissue morphology and 13 immunohistochemical markers.
Scanning electronic microscopy (SEM) and Fourier Transform Infrared Spectroscopy (FTIR) was conducted to investigate degradation and oxidation.
Histology, immunochemistry and SEM were scored on a semiquantitative validated scoring system by blinded reviewers.
A multivariate analysis was undertaken for predetermined risk factors including time of implantation, indication for explantation and mesh type (continence/prolapse).

Result

There was a total of 81 patients in the study including 15 controls. Statistical analysis was completed in July 2024. Mean age at implantation was 54 years 61 years at explant. Meshes were in situ for an average of 8 years (IQR 4.9-11.6).
There was no difference between groups in demographics and clinical variables.

Discussion

The full results of this study will be presented in the program of UGSA 2024. This presentation is to inform the audience of the scale of the in situ responses to polypropylene mesh across a wide variety of immunohistochemistry, SEM and FTIR testing.

Funding: The study was partially funded by $40 000 AUD UGSA/RANZCOG research grant

Transcutaneous Tibial Nerve Stimulation Compared to Percutaneous Tibial Nerve Stimulation Audit

Dr Natharnia Young

Dr Natharnia Young is a Urogynaecologist in Melbourne, Victoria and works at Monash Medical centre.

Introduction

Percutaneous tibial nerve stimulation is an effective treatment for overactive bladder. It stimulates the posterior tibial nerve a mixed sensory-motor nerve passing through L4-S3. Electrical stimulation of these nerves inhibits detrusor contractions. This is however time consuming and costly. We hypothesis that Transcutaneous tibial nerve stimulation is as effective. It is cheaper and is a home based treatment and is more tolerable and preferred for patients. It avoids needles and adverse events.

Method

TTNS was performed through physiotherapy with a session on how to use and the TENS machine programmed then the patient was instructed to use daily for 30 minutes for a 12 week duration. Symptoms were assessed with a bladder diary, pre and post procedure questionnaire and Patient global assessment of improvement. Percutaneous tibial nerve stimulation was performed in the office weekly for 30 minutes for 12 weeks.

Result

45 Women underwent PTNS and 35 TTNS. The TTNS patients were younger with a mean age of 64 compared to PTNS with a mean age of 71.
74% of TTNS women perceived they were very much or much improved compared to 35% of PTNS and this was statistically significant (p 0.0007)

	TTNS	PTNS	p
Age	64 (29-84)	71(29-93)	0.0247
Frequency Day			
8-10	21	37	0.0014
11-15	11	4	0.0418
>15	2	0	
Nocturia			
0-1	14	14	1
2-4	22	26	0.5016
>5	4	3	0.7028

	Very much and much improved	Minimal or no improvement
TTNS	26	9
PTNS	16	29

P value equals 0.0007

Discussion

TTNS appears to be more effective and better tolerated to PTNS.

Congratulations to

2024 Honary Life Member Professor Christopher Maher

For his incredible work in urogynaecology and dedication to the Urogynaecological Society of Australasia.

Friday 20 September @ 7.00pm
The Calile Hotel, James Street
Fortitude Valley

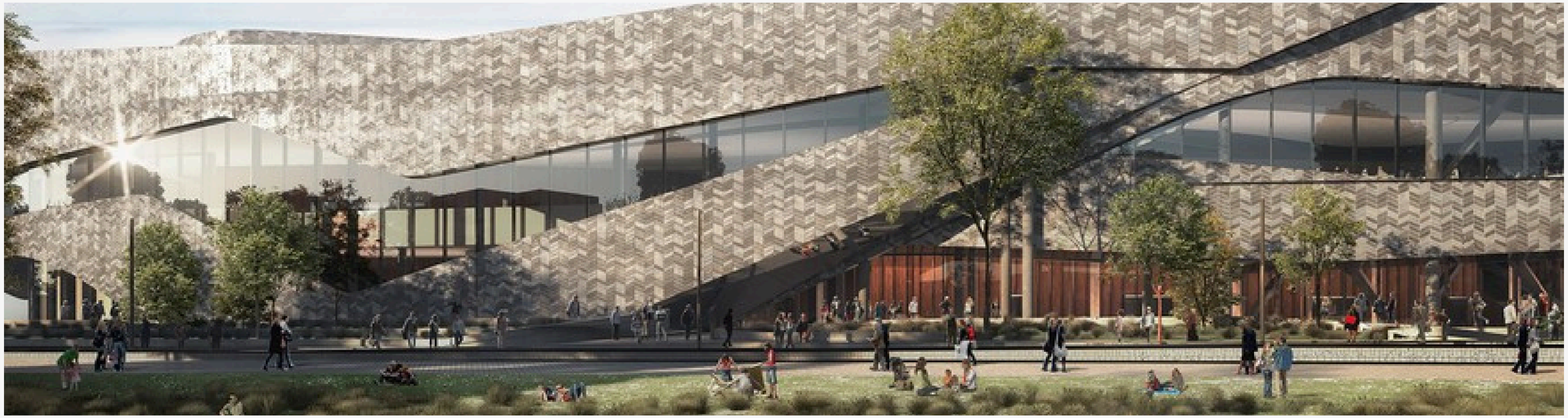
2024
Gala Dinner

Join the UGSA Executive Board, International Keynote Speakers and Faculty in the Amphitheatre for an arrival drink from 7pm.

2025 UGSA ASM | Te Pae Christchurch Convention Centre

1 October to 4 October 2025

Christchurch, NZ



SAVE THE DATE

2025 UGSA ASM Organising Committee

Dr Tim Dawson, UGSA Vice Chair

Dr Fiona Bach, UGSA Board Member

Dr John Short, Former UGSA Chair

Become an

UGSA Member

01

Member Benefits

Annual Membership of the Urogynaecological Society of Australasia (UGSA) is open to all interested health professionals.
By being a member of UGSA, you are part of a broader medical community. Our members come from all specialties, and are represented at all stages of their careers, bringing a diversity of views and experience and providing a valuable network.

02

Publications & Research

As a member of UGSA, you are part of the Premier Australasian Organisation dedicated to advancing and promoting the full spectrum of multidisciplinary urogynaecological care, education, advocacy ad research to improve the function and quality of life for women.

03

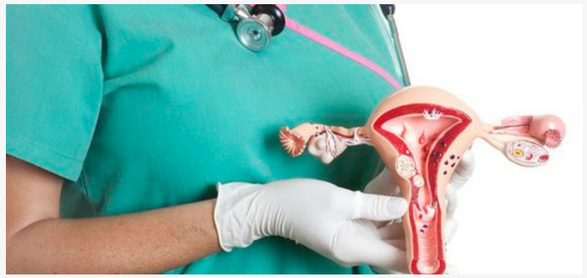
UGSA Medical Directory

The UGSA Medical Directory is an essential networking and referral tool at your fingertips, simply by logging into your account.
You must be a current member to access the directory.

Become an

UGSA Member

04



Free Trainee Membership

UGSA offers physicians in training free yearly membership during their years of RANZCOG training.
This offers urogynaecology/gynaecology provides access to all UGSA member benefits, while getting established in your medical career.

05

IUGA
international urogynecological association

Option to Add On IUGA Membership

Holding an established relationship with IUGA, UGSA offers physicians the ability to add IUGA Membership as part of their UGSA Membership. This is an additional cost which enables UGSA Members to have reciprocal benefits with IUGA.

06

Discounted Registration Rates to the UGSA ASM & Workshops

UGSA Annual Scientific Meeting and workshop attendees receive discounted registration rates.

Thank you for attending the 2024 UGSA ASM

We look forward to seeing you in Christchurch next year