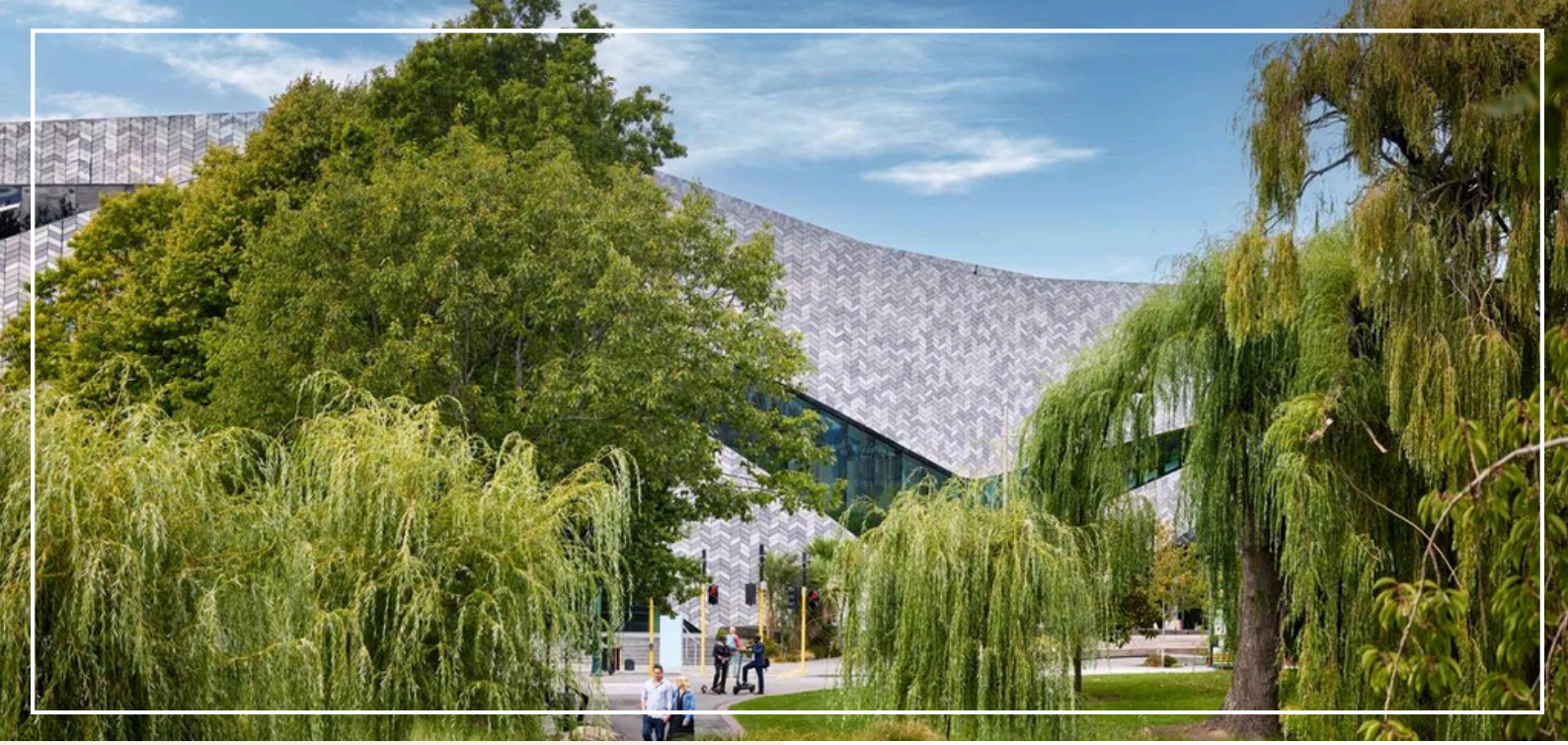
UGSA 2025 ASM

Te Pae, Christchurch NZ | 1-4 Oct 2025

Options, Opinions & Outcomes

PROGRAM BOOK



Welcome...

On behalf of the local organising committee I would like to extend a warm welcome to all attendees of the 2025 Annual Scientific Meeting of the Urogynaecological Society of Australasia.

For just the second time, we are holding our ASM in New Zealand and we are delighted to be able to welcome you to Ōtautahi Christchurch and the Te Pae Christchurch Convention Centre.

The title of this year's meeting is Options, Opinions and Outcomes and we have planned a programme that will combine these themes with an exciting mix of research presentations, state of the art lectures and case discussions. The main conference will be preceded by a programme of workshops, with something to suit everyone.

Our meeting will include speakers from both Australia and New Zealand as well as four overseas experts; Dr Geoff Cundiff from Canada, Dr Swati Jha from the United Kingdom, Dr Danielle Antosh from Texas & Dr Cheryl Iglesia from Washington D.C.

The scientific content of the meeting will be complemented by a social programme that will showcase a sample of Christchurch's hospitality, including the gala dinner on Friday night. The energetic among you will have the opportunity to blow off the cobwebs in the idyllic setting of Hagley Park during the 5km UGSA fun run.

For a wonderful few days of learning, updates, catch-ups and networking I look forward to seeing you in Christchurch in October.

Dr Fiona Bach
Chair, Local Organising Committee
Supported by Dr Tim Dawson and Dr John Short.

Meet the UGSA Board

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UGSA 2025 ASM

Local Organising Committee

International Presenters

Prof. Swati Jha

University of Sheffield, UK

Professor Jha is a Consultant Obstetrician and Gynaecologist and Subspecialist In Urogynaecology working at Sheffield Teaching Hospitals NHS Trust, UK. She also holds an Honorary Chair at the University of Sheffield. She has served as Past President of the BSUG (British Society of Urogynaecology) and currently serves on RCOG Council whilst being Spokesperson to the RCOG for Media enquiries related to pelvic floor health.

She is on the Editorial Board for The Obstetrician and Gynaecologist (TOG) and Best Practice in O and G and Leads several services including the Sheffield Urogynaecology service, Sheffield Mesh Complication service, Paediatric Adolescent Gynaecology, Perineal Trauma Service and is the Director for the Sheffield Perineal Repair Course. She holds multiple Grants and is currently supervising MD and MPhil students. She has over 200 medline indexed publications, 20 book chapters, has authored 4 books with the 5th in press.

Prof. Geoffrey Cundiff

British Columbia, Canada

Professor Geoff Cundiff is an avid teacher, especially dedicated to surgical education, including coaching for postgraduate learners and practicing physicians. He is a research scientist at the Centre for Advancing Health Outcomes and the Women's Health Research Institute. His research interests focus on pelvic floor disorders, surgical education, preventing obstetrical trauma, and patient reported outcomes.

He is is a longstanding contributor to the medical literature with more than 15,000 citations, 6 books, and more than 200 peer reviewed publications, and has led several multi-centered randomized trials. Recently, he cofounded a startup, Amara Therapeutics to develop digital treatments for pelvic floor disorders.

International Presenters

Danielle Antosh, MD

Houston Methodist Hospital, Texas

Danielle Antosh is the Division Director of Urogynecology at Houston Methodist Hospital in Houston, Texas. She started the first ACGME accredited Urogynecology & Reconstructive Pelvic Surgery Fellowship in the Houston area in 2016. She is passionate about resident and fellow education and holds Associate Professor faculty appointments at Texas A&M College of Medicine and Weill Cornell Medical College

She is the medical director of the Methodist Center for Restorative Pelvic Medicine, a multi-disciplinary care center for patients with pelvic floor disorders and complex pelvic pathology. Her research interests include female sexual dysfunction in patients with pelvic floor disorders, pelvic organ prolapse surgical outcomes, and healthcare disparities.

Cheryl Iglesia, MD

MedStar Washington Hospital Center, Washington D.C.

Cheryl is the Director of the Section of Female Pelvic Medicine and Reconstructive Surgery (FPMRS) at MedStar Washington Hospital Center and Director of the National Center for Advanced Pelvic Surgery (NCAPS) at MedStar Health, an internationally renowned center that combines urogynecology and minimally invasive gynecologic surgery.

She is also Professor of Obstetrics/Gynecology and Urology at Georgetown University School of Medicine.

Pre Conference Workshops

WEDNESDAY 1 OCTOBER

Vaginal Surgery Workshop

TE PAE CONVENTION CENTRE

This hands-on workshop provides practical training in key vaginal surgery techniques, including vaginal hysterectomy, sacrospinous fixation, Manchester repair, and colpocleisis.

Attendees will learn when surgery is indicated, how to choose the most suitable procedure for individual patients, and how to counsel them effectively

Delegates will gain insights into the advantages and disadvantages of different surgical approaches from experienced practitioner.

Sexual Function Workshop

TE PAE CONVENTION CENTRE

This multidisciplinary workshop explores treatment options for female sexual dysfunction and pelvic floor disorders, combining medical management, sex therapy, and pelvic physiotherapy.

Delegates will learn how to classify and diagnose sexual dysfunction, when to refer patients to specialists, and how pelvic surgeries can impact sexual function. Expect practical strategies backed by the latest evidence to enhance patient care.

Urodynamics Workshop

TE PAE CONVENTION CENTRE

Designed for both beginners and experienced clinicians, this workshop offers a comprehensive introduction to urodynamic studies. You'll gain hands-on experience with equipment setup, troubleshooting, and test interpretation while understanding when and why urodynamics are used in clinical practice.

Expect to leave confident in assessing results and applying findings to patient management.

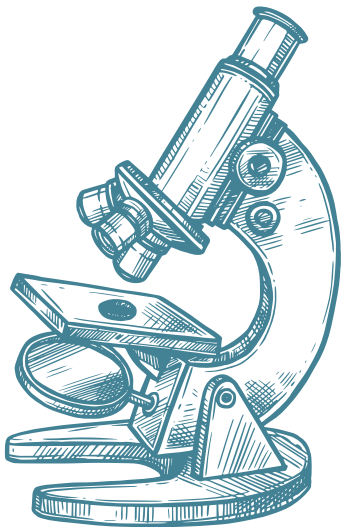
Pelvic Floor Ultrasound Workshop

FORTE HOSPITAL

This hands-on workshop provides practical training in key vaginal surgery techniques, including vaginal hysterectomy, sacrospinous fixation, Manchester repair, and colpocleisis.

Attendees will learn when surgery is indicated, how to choose the most suitable procedure for individual patients, and how to counsel them effectively

Delegates will gain insights into the advantages and disadvantages of different surgical approaches from experienced practitioner.



Pre Conference Workshops

THURSDAY 2 OCTOBER

Vulval Disorders for Urogynae

TE PAE CONVENTION CENTRE

An interactive workshop designed to help clinicians confidently assess and manage vulval disorders, from common benign conditions to serious premalignant and malignant presentations.

Delegates will learn how to recognise red flags, when to biopsy or refer, and effective treatment strategies. Expect practical tips from experts across dermatology, urogynaecology, and gynae-oncology.

Simulation & Training in Female Stress Incontinence Surgery

TE PAE CONVENTION CENTRE

This hands on workshop focuses on surgical techniques and training for managing stress urinary incontinence using simulation-based learning.

Delegates will gain a better understanding of patient assessment, counselling, and procedure selection while exploring evolving treatment trends and credentialling requirements.

Hands-on simulations aim to improve surgical confidence and patient outcomes.

Robotic Versius / Hybrid Laparoscopy Workshop

TE PAE CONVENTION CENTRE

This advanced workshop offers focused training on robotic and hybrid laparoscopic techniques for pelvic organ prolapse repair, including Burch colposuspension, sacrocolpopexy, and pectopexy.

Delegates will learn key anatomical landmarks, procedural steps, and strategies for managing complications, with hands-on simulator sessions.

Expect to leave with enhanced surgical skills and greater confidence in minimally invasive pelvic reconstructive surgery.

Pessary Workshop

FORTE HOSPITAL

Ideal for healthcare professionals involved in managing pelvic organ prolapse, this workshop combines theory with hands-on training in pessary fitting and care.

Workshop delegates will learn to assess prolapse, select appropriate pessary types, manage complications, and identify relevant pathology. .

The session also highlights the role of nurse-led clinics and physiotherapists in delivering effective pessary management.

CONFERENCE PROGRAM

UGSA 2025 Annual Scientific Meeting
Pre-Conference Workshops Program

WEDNESDAY 1 OCTOBER 2025	
SEXUAL FUNCTION WORKSHOP	*Bealey 1*
1200 - 1300	Registration & Lunch
1300 - 1315	Welcome and Introduction - **Danielle Antosh, Cheryl Iglesia**
1315 - 1330	Classification of Female Sexual Dysfunction and Prevalence in Patients with Pfds **Danielle Antosh**
1330 - 1410	FSD in Menopause and Medical Management - **Anna Fenton**
1410 - 1440	How Surgeries Affect Sexual Function - **Danielle Antosh**
1440 - 1450	**Afternoon Tea**
1450 - 1520	Treatment of FSD from a Pelvic Physiotherapy Perspective - **Niamh Clerkin**
1520 - 1600	Surgical Management of Dyspareunia - **Cheryl Iglesia**
1600 - 1700	Case Presentations and Discussions (FSIAD, Pelvic pain/dyspareunia, Surgeries gone wrong, PGAD)
1700	Workshop Closes

WEDNESDAY 1 OCTOBER 2025	
VAGINAL SURGERY WORKSHOP	*Bealey 2*
1200 - 1300	Registration & Lunch
1300 - 1310	Welcome & Introduction
1310 - 1330	Vaginal Hysterectomy
1330 - 1350	Manchester Repair
1350 - 1410	Colpocleisis
1410 - 1430	Sacrospinous Ligament Fixation
1430 - 1500	**Afternoon Tea Break**
1500 - 1700	Hands on Workshops
1700	Workshop Closes

WEDNESDAY 1 OCTOBER 2025	
URODYNAMICS WORKSHOP	*Bealey 3*
1200 - 1300	Registration & Lunch
1300 - 1310	Welcome and Introduction
1310 - 1325	Urodynamic Studies: Do they Influence our Treatment Options and Outcomes? **Swati Jha**
1325 - 1340	Abnormal Bladder Function: Incontinence and Voiding Dysfunction **Bernadette Brown**
1340 - 1350	Uroflowmetry and Urethral Pressure Profile - **Xiamin Liang**
1350 - 1410	Filling and Voiding CMG - **Lucy Bates**
1410 - 1430	Artefacts and How they Affect Your Study - **Swati Jha**
1430 - 1445	**Afternoon tea**
1445 - 1615	Practical Hands-on Session
1615 - 1645	Small Group Case Discussions - UDS Traces and Potential Management Challenges
1645 - 1700	Q&A
1700	Workshop Closes

WEDNESDAY 1 OCTOBER 2025	
PELVIC FLOOR ULTRASOUND WORKSHOP (Offsite)	*Forte Hospital*
1200 - 1300	Registration & Lunch
1300 - 1330	Imaging in Prolapse
1330 - 1400	Live Scan
1400 - 1420	**Afternoon tea**
1420 - 1450	Imaging of Slings & Meshes
1450 - 1520	Live Scan
1520 - 1550	Levator and Anal Sphincter Trauma
1550 - 1620	Live Scan
1620 - 1630	Conclusion and Discussion
1630	Workshop Closes

THURSDAY 2 OCTOBER 2025	
VULVAL DISORDERS FOR UROGYNAE WORKSHOP	*Bealey 1*
0730 - 0800	Registration
0800 - 0805	Welcome and Introduction
0805 - 0820	The Normal Vulva
0820 - 0840	Incontinence, Prolapse, Hormones and the Vulva
0840 - 0900	The Lichens - The Itches
0900 - 0920	Vulval Infections and Sore Vulvas
0920 - 0940	Malignancy of the Vulva
0940 - 1000	**Morning Tea**
1000 - 1020	What is that Spot?
1020 - 1050	Vulvodynia and Central Sensitisation of the Vulva
1050 - 1110	The Vulval Biopsy - Dermatologist and Oncologist
1110 - 1140	Case Presentation and Discussion - Panel Session
1140 - 1150	Q&A
1200	Workshop Closes

THURSDAY 2 OCTOBER 2025	
ROBOTIC VERSIUS / HYBRID LAPAROSCOPY WORKSHOP	*Bealey 2*
0730 - 0800	Registration
0800 - 0810	Welcome & Introduction - **Harpreet Arora**
0810 - 0820	Anatomical Basis and Techniques of Burch Colpo Suspension - **Harpreet Arora**
0820 - 0830	Anatomical Basis with Tips and Tricks for Sacro Colpopexy - **Emmanuel Karantanis**
0830 - 0840	Management Of Bleeding in Retropubic Space - **Dan Krishnan**
0840 - 0850	Colorectal Perspective for Posterior Prolapse with Ventral Rectopexy - **Henry Cheung**
0850 - 0900	Anatomical Basis and Technique of Pectopexy – **Vincent Tse**
0900 - 0940	Hands On Demonstration: Surgical Steps Required for Robotic Colpo Suspension **Harpreet Arora & Dan Krishnan**
0940 - 1020	Hands On Demonstration: Technical Training on Simulator for Laparoscopic Pectopexy **Vincent Tse**
1020 - 1100	Hands On Demonstration: Technical Training on Simulator for Laparoscopic Sacrocolpopexy - **Emmanuel Karantanis**
1100 - 1100	**Morning Tea Break**
1110 - 1150	Hands On Demonstration: Technical training on simulator for Laparoscopic Rectopexy **Henry Cheung & Edward Ribbons**
1150 - 1200	Q&A Discussion
1200	Workshop Closes

The details included in this program are current at the time of publish and is subject to change without prior notice.

THURSDAY 2 OCTOBER 2025	
SIMULATION AND TRAINING IN FEMALE STRESS INCONTINENCE SURGERY WORKSHOP	*Bealey 3*
0730 - 0800	Registration
0800 - 0808	Role of Simulation-based Training in Surgery and How We Can Apply it in Incontinence Surgery - **Ruchi Singh**
0808 - 0820	Anatomy of the Pelvic Floor and Pathophysiology in the Context of Surgical Treatment of Stress Urinary Incontinence - **Lucy Bates**
0820 - 0832	Role of Urodynamics in Female stress Incontinence. Trends in Management of SUI and Counselling and Consenting the Patient for the Procedure - **Lin Li Ow**
0832 - 0844	Beyond Complications and Getting it Right the First Time:– Choosing the Primary Procedure Current Credentialling Guidelines, Audit and Decision-making Aids **Fiona Bach**
0844 - 0916	Procedure Specific Video Presentations
0916 - 0945	**Morning Tea**
0945 - 1145	Hands-On Workshop Breakouts
1145 - 1200	Conclusion and Workshop Evaluation
1200	Workshop Closes

THURSDAY 2 OCTOBER 2025	
PESSARY WORKSHOP (OFFSITE)	*Forte Hospital*
0730 - 0800	Registration
0800 - 0810	Welcome and Introduction
0810 - 0830	Clinical Assessment of Prolapse
0830 - 0850	Vaginal and Pelvic Pathology
0850 - 0910	Setting up a Nurse-led Pessary Service Including Credentialling
0910 - 0930	The Role of a Physiotherapist in Pessary Fitting
0930 - 0950	Management of Pessary Complications
0950 - 1010	**Morning Tea Break**
1010 - 1030	POP and SUI Pessaries
1030 - 1050	Recommended Practice for Pessary Care and Self-Management
1050 - 1200	Practical Sessions with Pelvic Model and Case Studies
1200	Workshop Closes

UGSA 2025 ASM

Te Pae, Christchurch NZ | 1-4 oct 2025

Options Opinions & Outcomes

UGSA 2025 Annual Scientific Meeting
Conference Program

THURSDAY 2 OCTOBER 2025		
1200 - 1300	**Registration, Lunch & Trade Exhibition**	*Conway 4 & 5*
1300 - 1315	Mihi Whakatau & Conference Opening - **Alexandra Mowat**	*Conway 1-3*
1315 - 1500	**Session 1: Stress Urinary Incontinence** **Chairs:** Fiona Bach & Tim Dawson	*Conway 1-3*
1315 - 1330	Thinking it Through - **Swati Jha**	
1330 - 1345	Heal with Steel - **Geoff Cundiff**	
1345 - 1400	Muscles & Pessaries - **Niamh Clerkin**	
1400 - 1415	Urodynamics - What's the Point and What's the Evidence? **Emmanuel Karantanis**	
1415 - 1445	MDM Round Table - **Swati Jha, Geoff Cundiff, Niamh Clerkin & Emmanuel Karantanis**	
1445 - 1500	Panel Discussion	
1500 - 1530	**Afternoon Tea, Coffee & Trade Exhibition**	*Conway 4 & 5*
1530 - 1700	**Session 2: Mesh is a Four-Letter Word** **Chairs:** Niki Dykes & Jerome Melon	*Conway 1-3*
1530 - 1630	Trauma Informed MDT Assessment and Management of Mesh Complications - **Bernadette Brown, Simon Goss, Karen Joseph & Amy Mepham**	
1630 - 1700	Panel Discussion	
1700 - 1800	**Welcome Reception**	*Conway 4 & 5*

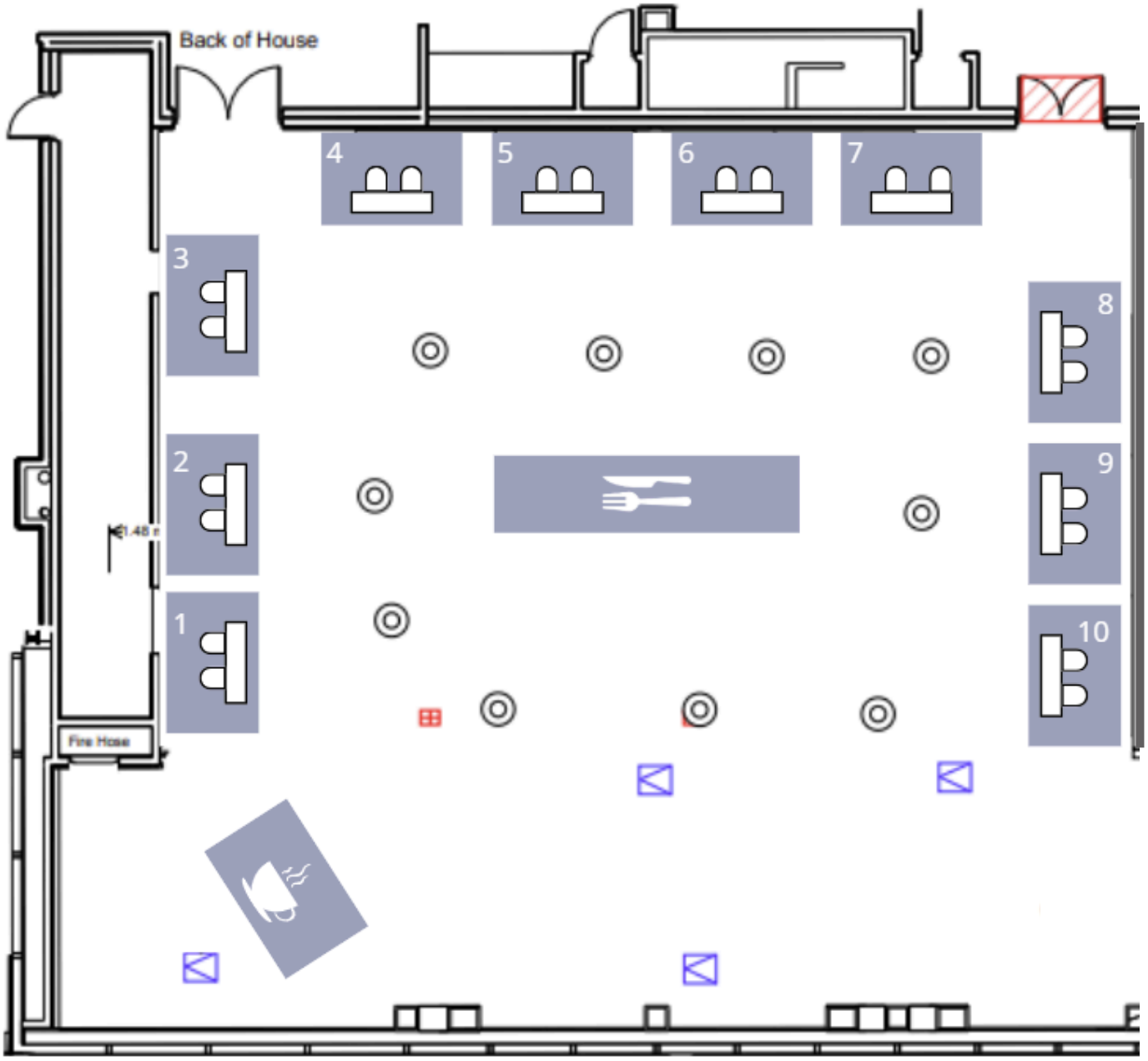
FRIDAY 3 OCTOBER 2025		
0630 - 0730	**UGSA Fun Run**	*Hagley Park*
0745 - 0830	**Registration**	Conway 4 & 5
0830 - 1000	**Session 3: All About the Bladder** **Chair:** Payam Nikpoor & Ellen Yeung	*Conway 1-3*
0830 - 0850	Urethral Reconstruction - **Anna Lawrence**	
0850 - 0910	Overactive Bladder: Pathophysiology and the Current Approach - **Geoff Cundiff**	
0910 - 0930	Recurrent UTI - **Jenny King**	
0930 - 0950	Neuromodulation - **Natharnia Young**	
0950 - 1000	Panel Discussion & Q&A	
1000 - 1030	**Morning Tea, Coffee & Trade Exhibition**	*Conway 4 & 5*

1030 - 1230	**Session 4: Free Communications & Debate** **Chairs:** Bernadette Brown & Danii Paterson	*Conway 1-3*
1030 - 1040	Vaginally Assisted Laparoscopic Sacrocolpopexy Video: A Technique to Simplify Bladder Dissection - **Alon Ben David**	
1040 - 1050	Transcutaneous Tibial and Sacral Nerve Stimulation as Treatment for Refractory Overactive Bladder - **Annaliese Woods**	
1050 - 1100	Going With the Flow; A Comparative Analysis of Suprapubic Catheter Insertion Rates in Australia - **Briar Mannering**	
1100 - 1110	Effectiveness of Uromune Vaccine in Preventing UTIs in Women with Recurrent UTIs **Elaine Yong**	
1100 - 1120	Outpatient Urethral Bulking for Stress Urinary Incontinence - A Pilot Study on Patient Tolerability and Efficacy - **Ellen Yeung**	
1120 - 1130	A Review of Referrals to a Sydney Fistula Clinic Focussing on Presumed Aetiology, Type of fistula and Rates of Fistula Repair - **Edward Ribbons**	
1130 - 1140	Machine Learning Insights on Optimal Timing for Re-Suturing Postpartum Perineal Wound Dehiscence - **Rebecca McDonald**	
1140 - 1150	Long-term Outcomes of Prolapse Surgeries Augmented with Transvaginal Mesh - **Siyan Ma**	
1150 - 1200	Patient-Reported Outcomes Following Pubovaginal Sling Using Autologous Fascia: Fascia Lata vs Rectus Fascia - **Yudhish Shakespear**	
1200 - 1230	Debate: The Mesh Pause – **Geoff Cundiff, Lucy Bates, Swati Jha and Tim Dawson** Moderator: **Bernadette Brown**	
1230 - 1330	**Lunch & Trade Exhibition**	*Conway 4 & 5*
1330 - 1500	**Session 5: Urogynaecology for the Young and Old** **Chairs:** Linli Ow & Lore Schierlitz	*Conway 1-3*
1330 - 1350	Frailty Incontinency Polypharmacy - **Mark Weatherall**	
1350 - 1410	Prolapse in Younger Women: Distress & Information - **Anne Coolen**	
1410 - 1430	Genitourinary Syndrome of Menopause - **Olivia Smart**	
1430 - 1450	Sexual Function - **Alison de Souza**	
1450 - 1500	Panel Discussion	
1500 - 1530	**Afternoon Tea, Coffee & Trade Exhibition**	*Conway 4 & 5*
1530 - 1700	**Session 6: Defaecation... It Happens** **Chairs:** Frida Carswell & Felicity Gould	*Conway 1-3*
1530 - 1550	Conservative Measures - **Danielle Pope**	
1550 - 1610	Radiology for Prolapse - **Ben Wilkinson**	
1610 - 1630	Rectal Prolapse - **Sarah Abbott**	
1630 - 1650	OASI: Prevention & Next Pregnancy - **Swati Jha**	
1650 - 1700	Panel Discussion	
1700 - 1800	**AGM (UGSA Members Only)**	*Conway 1-3*
1900 - 2300	**UGSA Conference Dinner**	*Rydges Latimer Christchurch*

The details included in this program are current at the time of publish and is subject to change without prior notice.

SATURDAY 4 OCTOBER 2025		
0800 - 0900	Registration	*Conway 4 & 5*
0900 - 1030	**Session 7: Now for Something Completely Different** **Chairs:** Alex Mowat & John Short	*Conway 1-3*
0900 - 0920	Urology for the Gynaecologist - **Sharon English**	
0920 - 0940	State of the (Vagi-) Nation - **Cheryl Iglesia**	
0940 - 1000	PROMS and PREMS - What, Why, Who, When & Where - **Oliver Daly**	
1000 - 1020	Innovation and Balancing our Ethical Responsibilities - **Geoff Cundiff**	
1020 - 1030	Panel Discussion	
1030 - 1100	**Morning Tea, Coffee & Exhibition Trade**	*Conway 4 & 5*
1100 - 1230	**Session 8: Battle of the Bulge** **Chairs:** Duncan Shannon & Ruchi Singh	*Conway 1-3*
1100 - 1120	Prevention is Better than Cure - **Xiamin Liang**	
1120 - 1140	Evidence Based Perioperative Management - **Danielle Antosh**	
1140 - 1200	Scoping Solutions for a World Without Mesh - **Nick Bedford**	
1200 - 1220	It's all about the Vault. Or the Hiatus. Or the Fascia (Or What?) - **John Short**	
1220 - 1230	Panel Discussion	
1230 - 1245	Conference close	
1245 - 1345	**Lunch**	*Conway Foyer*

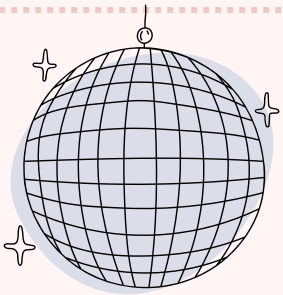
Exhibition Floorplan



2025 ASM Exhibitors

1	Paragon Care	6	Medtronic
2	Paragon Care	7	iMedCare
3	Boston Scientific	8	Applied Medical
4	Endura	9	Stark Medical
5	Innovative Medcare Technology	10	Innologic

UGSA Conference Dinner



Venue: Savoy West,
Rydges Latimer Christchurch

Time: 7:00pm - 11:00pm

Attire: Cocktail

Cost $185.00/Person*

** Limited seats left, subject to availability*

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UGSA extends our sincere thanks to our 2025 ASM Sponsors for their ongoing partnership, which plays a vital role in the success of these events.

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Upcoming Events

RANZCOG
Annual Scientific Meeting 2025
From Conception to Curtain Call
18-22 October 2025

HANDS ON PESSARY WORKSHOP

Adelaide | Saturday 18 October 2025

LEARN MORE

ABSTRACTS

1315 - 1500	Session 1: Stress Urinary Incontinence

Swati Jha: Thinking it Through

In this presentation Swati will discuss Decision-making in the m/m of Stress urinary incontinence, the Practicalities of patient discussion and the resources we can use to aid this discussion whilst giving tips for gaining true informed consent, within the confines of a clinic appointment.
The decision-making process is hugely complex and so many factors go into this. These will be explored in more detail. This will be followed by the practical problems in achieving everything that would be required for shared decision making and obtaining informed consent. Resources available will be discussed and their use in clinical care.

Geoff Cundiff: Heal with Steel

There are a number of viable surgical approaches for SUI. I will focus on the surgical techniques for 3 approaches: i) laparoscopic retropubic urethropexy, ii) retropubic mid-urethral sling, and iii) pubovaginal sling using autologous fascia lata. I also offer a brief comparison in terms of skill development and patient outcomes.

Niamh Clerkin: Muscles & Pessaries

Stress urinary incontinence (SUI) continues to be a significant clinical concern among women presenting to pelvic health physiotherapy, urogynaecology, and urology services. Pelvic floor muscle training (PFMT) remains to be the gold standard first-line conservative intervention. Physiotherapists are uniquely placed in various assessment and treatment modalities to identify women who may benefit from targeted rehabilitation versus those requiring onward referral to specialist urogynaecology for collaborative care.

Pessaries for SUI have increasingly been used worldwide as a cost effective, practical support to reduce SUI symptoms.

This presentation explores the clinical assessment of musculoskeletal systems involved in SUI, the combination of continence pessaries as a management strategy, and what the positive and negative outcomes can be in a patient centred model of care.

Emmanuel Karantanis: Urodynamics - What's the Point and What's the Evidence?

Urodynamics has been used for about a century to investigate urinary incontinence. In this talk, titled “Urodynamics: What's the Point and What's the Evidence”, the options, opinions and outcomes of urodynamics will be briefly overviewed. Options such as “to do or not to do urodynamics”; and ”to xray or to ultrasound” will be tabled to the audience. Furthermore, patient positioning and prolapse reduction and occult incontinence will also be addressed. Importantly we will discuss to what degree these variations influence the outcomes.

1530 - 1700	Session 2: Mesh is a Four-Letter Word

Bernadette Brown: Trauma Informed MDT Assessment and Management of Mesh Complications

Abstract Not Available

Simon Goss: Trauma Informed MDT Assessment and Management of Mesh Complications

Abstract Not Available

Karen Joseph: Trauma Informed MDT Assessment and Management of Mesh Complications

Pain is one of the most common reasons women present for care following surgical mesh procedures. These presentations are often complex and accompanied by significant psychosocial impacts.

Pain is not always improved following revision surgery and can even worsen.

A comprehensive and trauma-informed assessment is vital to identify the pain phenotype(s) present and to allow patients to make informed decisions about their care to achieve the best outcomes.

The terms multidisciplinary team (MDT) and interdisciplinary team (IDT) are often used interchangeably. However, an integrated interdisciplinary teamwork model is not commonly seen outside of rehabilitation services. This cohesive approach is fundamental for rebuilding trust and improving patient-reported outcomes.

Amy Mepham: Trauma Informed MDT Assessment and Management of Mesh Complications

Pain is a common and complex presentation following pelvic surgical mesh procedures. These complex presentations often involve multiple pain phenotypes.
Pelvic floor tension myalgia and central sensitization are nociplastic complications associated with pelvic mesh injuries. As a result of these complications, the function of the pelvic floor and pelvic viscera can be affected. This can result in persistent bladder and bowel dysfunction, recurrent prolapse symptoms, dyspareunia and persistent pelvic pain. Pelvic physiotherapy is placed well to conservatively manage these mesh complications.
Targets for physiotherapy are far wider than just pelvic floor strengthening. Within an interdisciplinary team context, we will explore the options and outcomes for those with pelvic floor tension myalgia and central sensitization associated with pelvic mesh injury.

0830 - 1000 Session 3: All About the Bladder

Anna Lawrence: Urethral Reconstruction

Female urethral reconstruction has traditionally been ignored, overlooked and dismissed as unnecessary in urethral reconstruction training. Despite this, patients with devastated urethras, urethra strictures or congenitally absent or partially absent urethral reconstruction offers a definitive solution, with techniques such as dorsal and ventral grafting yielding favourable outcomes. This presentation reviews when to consider reconstruction over just catheters, the surgical options available, graft materials, and clinical results, emphasizing the importance of individualized, evidence-based management in restoring function and improving quality of life.

Geoff Cundiff: Overactive Bladder: Pathophysiology and the Current Approach

The presentation will define Overactive Bladder within the context of the current epidemiology and evidence for current etiologies. This will provide the framework for an evidence informed discussion of best practice.

Jenny King: Recurrent UTI

Abstract Not Available

Natharnia Young: Neuromodulation

Neuromodulation is an established treatment for refractory lower urinary tract and bowel dysfunction. It may be delivered invasively via sacral neuromodulation (SNM) using implantable devices (e.g., Medtronic, Axonics) or non-invasively via posterior tibial nerve stimulation (PTNS) or transcutaneous tibial nerve stimulation (TTNS). Neuromodulation is indicated for refractory overactive bladder (OAB), non-obstructive urinary retention, fecal incontinence, and bladder pain syndrome (non-Hunner's ulcer type). The ARTISAN-SNM trial demonstrated 82% success with Axonics SNM at 2 years, with 37% achieving complete dryness. The RELAX-OAB study reported 93% success at 2 years. The ROSETTA trial showed greater symptom reduction with intravesical Botox versus SNM, but with higher rates of UTI and catheterization. Tibial nerve stimulation (PTNS/TTNS) also shows high efficacy (>85% with >50% symptom reduction), with TTNS offering greater patient comfort and ease of use. Risks of SNM include infection, lead migration, discomfort, and need for revision. Contraindications include pregnancy, failure of test stimulation, and inability to manage the device. TTNS/PTNS offers a lower-cost, non-invasive alternative with minimal adverse effects. Neuromodulation is an effective and increasingly accessible treatment for complex bladder and bowel dysfunction. Choice of modality should consider patient preferences, cost, comorbidities, and provider

expertise. Implementation requires structured training, institutional credentialing, and ongoing evaluation of outcomes.

1030 - 1300	Session 4: Free Communications & Debate

Alon Ben David: Vaginally Assisted Laparoscopic Sacrocolpopexy Video: A Technique to Simplify Bladder Dissection

Introduction

Sacrocolpopexy is well recognized as the gold standard surgery for post-hysterectomy vault prolapse. One of the challenges in minimally invasive sacrocolpopexy (MISCP) has always been the safe dissection of bladder from the anterior vaginal compartment, especially in setting of previous surgery; with a reported bladder injury rate of 2-3.7%.

Despite previous concern, there is now increasing evidence suggesting that MISCP can be safely combined with total vaginal hysterectomy (TVH) using vaginal mesh attachment without an apparent increase in the risk of mesh exposure, infection, or surgical failure.

Aim

We present a modified sacrocolpopexy technique in this video to make MISCP less challenging and potentially reduce intra-operative bladder injury rate.

Methods and Results

We modified the MISCP procedure by performing bladder dissection from the anterior vaginal wall first, followed by transvaginal placement of an anchoring suture before laparoscopic mesh implantation. The transvaginal phase involved an inverted U incision over the bladder neck, with dissection to the vaginal vault. A self-anchoring suture (e.g., 2-0 V-Loc 180) was inserted above the bladder neck in a figure-of-eight fashion and parked at the vault. Laparoscopically, the suture was retrieved and secured to TiLOOP®SCP Y-Mesh, which was then fixed to the anterior and posterior vaginal wall and to sacrum.

Discussion

We found that vaginally assisted MISC has made the procedure technically easier and may reduce the risk of intraoperative bladder injury. Ongoing evaluation is needed to assess long-term outcomes, including mesh exposure rates, and to further refine the technique for optimal safety and efficacy.

Annaliese Woods: Transcutaneous Tibial And Sacral Nerve Stimulation As Treatment For Refractory Overactive Bladder

Introduction

Overactive bladder (OAB) is characterised by urinary frequency and urgency with or without urinary incontinence. Physiotherapy and pharmacotherapy are the mainstay of treatments offered, however often symptoms are refractory to these methods. Percutaneous stimulation of the tibial nerve can be beneficial but is invasive and time consuming. An alternative option is transcutaneous tibial and sacral nerve stimulation (TTSNS), which can take place at home, however the efficacy of this treatment has limited evidence.

Aims

To assess the effects of TTSNS on urinary frequency, urgency and urge incontinence episodes in women with refractory OAB over 12 weeks.

Methods

Women diagnosed with refractory OAB were recruited from the outpatient setting. Participants were required to complete questionnaires (QOLQ) and a 3-day bladder diary pre-treatment and 12 weeks post-treatment. TTSNS was delivered by a transcutaneous electrical nerve stimulation (TENS) machine with electrodes placed over the sacral nerve root and distal tibial nerve. Participants were required to use TTSNS at home for 30 minutes, 6 days per week for the 12-week duration.

Results
Complete data sets from 26 participants were analysed. At 12 weeks, the use of TTSNS resulted in a significant reduction in night time frequency (pre/post treatment 4/3, p 0.017) and urge incontinence episodes (pre/post treatment 17/8, p 0.004). TTSNS did not result in a significant reduction in day time frequency.

Discussion
The study showed that the use of TTSNS offers a useful, safe and well tolerated treatment to women with refractory OAB, who have exhausted other available treatment options.

Briar Mannering: Going With the Flow; A Comparative Analysis of Suprapubic Catheter Insertion Rates in Australia

Background
Voiding trials are routine following female pelvic floor surgery to ensure the bladder function is adequate and residual volume is acceptable. The most common method is with use of an indwelling Foley catheter. Suprapubic catheters are another option, but are less popular.

Aims
To ascertain the uptake of suprapubic catheters for voiding trials in Australia, and to examine any significant differences in uptake over time or across geographical regions.

Methods
Data for suprapubic stab cystotomy procedures performed in Australia was captured via the Medicare Benefits Schedule, for uptake of the procedure per 100,000 female population. Gender and state specific data were obtained from January 2004 to December 2023. Analysis was carried out using simple descriptive and comparative statistics.

Results
The total number of suprapubic catheter insertions in Australia declined from 21 per 100,000 population in 2004 to 6 per 100,000 population in 2023, a 71.4% decline. In the most recent data set (2023) New South Wales (also the most populous state) had the highest rate of insertion at 11 per 100,000 population and Northern Territory the lowest at 0 per 100,000 population. Victoria, the second most populous state, had a rate of 2 per 100,000 population in 2023. In contrast to the other states, Queensland saw an increase of 20% over the time period.
Conclusions
Rates of suprapubic catheter insertions in Australia are declining. Possibilities for causes of this decline include a lack of training, preconceptions around risks of the procedure and case mix of clinicians

Elaine Yong: Effectiveness of Uromune Vaccine in Preventing UTIs in Women with Recurrent UTIs

Introduction
Recurrent urinary tract infections (UTIs) affect up to 25% of women and are linked with reduced quality of life, psychological distress, and high antibiotic use. Uromune (MV140) is a novel immunoprophylactic comprising inactivated whole cells of four uropathogens (E. coli, K. pneumoniae, P. vulgaris, E. faecalis), delivered as a pineapple-flavoured sublingual spray over three months. International studies suggest Uromune may reduce UTI recurrence by up to 70–80%. This study evaluates its effectiveness in an Australian clinical cohort.

Aims
To assess the effectiveness and tolerability of Uromune in women with recurrent UTIs.
Methods A retrospective chart review was conducted for women treated with Uromune between March 2022 and May 2024 at Greenslopes Private Hospital. Data included UTI frequency pre- and post-treatment, side effects, and satisfaction scores (TSQM-1.4). The Wilcoxon signed-rank test was used to assess changes in UTI frequency.

Results
Forty patients were included. Among the 35 with documented outcomes, 24 (68.6%) reported a reduction in UTIs, while 11 (31.4%) reported no reduction. Four patients had no recorded outcome. No side effects were reported. Among 28 satisfaction respondents (including follow-up calls), mean scores were 13.5/21 (satisfaction), 16.5/21 (convenience), and 11.3/17 (global) The Wilcoxon test showed a significant reduction in UTI frequency post-treatment ($p < 0.05$).

Discussion
Uromune appears to be a safe, well-tolerated, and potentially effective non-antibiotic strategy for UTI prevention in women who have recurrent UTIs. Further larger studies are warranted.

Funding
This study received no external funding.

Ellen Yeung: Outpatient Urethral Bulking for Stress Urinary Incontinence - A Pilot Study on Patient Tolerability and Efficacy

Introduction
Stress urinary incontinence (SUI) is a common condition. Injection of a urethral bulking agent is a treatment for SUI with an efficacy of 40-70%. (1) Urethral bulking is most commonly performed under local anaesthetic in international settings, (2) but this practice has not been taken up in Australia to date.

Aim
To report on patient tolerability and efficacy of the first 20 cases of outpatient urethral bulking in our tertiary urogynaecology centre.

Methods
This was a prospective single-centre pilot study. All patients who are consented for urethral bulking for management of urodynamic stress incontinence will be offered outpatient injection under local anaesthetic. Primary outcome was pain during and immediately post-operative scored with a Visual Analog Scale (VAS). Secondary outcome was efficacy at 6 weeks follow-up with a Patient Global Impression of Improvement (PGI-I).

Results
Between July 2024 and June 2025, 20 patients underwent urethral bulking under local anaesthetic. Mean age was 59 (range 36-77 years old). Fourteen (70%) patients had a VAS < 4 during the procedure, and 90% had a VAS < 2 after the procedure. One patient did not tolerate the injection. At 6 weeks post-operative, 50% procedure efficacy was reported with patients having either >50% improvement in their symptoms or a PGI-I rating of much better or very much better.

Discussion
Outpatient urethral bulking was well tolerated in our centre with low rates of intra and post operative pain and similar efficacy to that conducted under general anaesthetic. Hence, it should be considered as an option especially when general anaesthetic may be contraindicated.

Edward Ribbons: A Review of Referrals to a Sydney Fistula Clinic Focussing on Presumed Aetiology, Type of fistula and Rates of fistula repair

Introduction
A retrospective review of all referrals seen at a central Sydney Fistula clinic between 2020 and 2024.

Aim
Our Goal is to evaluate the type of fistula, aetiology and rate of surgical repair, stoma and re-operation in our unit.

Methodology
All clinic referrals were reviewed retrospectively analysing whether a fistula was confirmed, type of fistula, aetiology, and rates of surgical repair, stoma and re-operation.

Results
Thirty-nine referrals were seen in our fistula clinic between 2020 and 2024. In six cases no fistula was found at examination under anaesthesia, dye test or imaging.

Thirteen cases were diagnosed with rectovaginal fistula (RVF), eight were diagnosed with vesicovaginal fistula (VVF).

The presumed aetiology in nine RVF cases was obstetric trauma (fourth degree tear in four cases), one cervical cancer treatment, one recurrent abscess incision and drainage one abdominal sacrocolpopexy and one to an ulcerated vaginal pessary.

The presumed aetiology of VVF was abdominal hysterectomy in three cases, cervical cancer treatment in one case, total laparoscopic hysterectomy in one case, mesh erosion in one case, cervical cerclage caused a small conservatively managed VVF

Of the thirteen cases of RVF cases ten underwent surgical repairs, five requiring a stoma and 2 requiring reoperation and one of these sought second opinions with ongoing symptoms. Of the eight VVF cases, five underwent surgical repairs, two were lost to follow up and one transferred care to a private urologist.

Discussion
RVF and VVF are thankfully rare in Australia this review gives an insight into our unit's experience.

Rebecca McDonald: Machine Learning Insights on Optimal Timing for Re-Suturing Postpartum Perineal Wound Dehiscence

Introduction
Perineal wound dehiscence is a common postpartum complication with limited evidence guiding management. Early re-suturing may accelerate healing without increasing infection risk, but practice varies.

Aims
This study aims to identify factors influencing re-suturing decisions, and develop predictive models to assist clinical decision making.

Methods
Five machine learning models; Logistic Regression, Decision Tree, Random Forest, Support Vector Machine (SVM), and Extreme Gradient Boosting (XGBoost), analyzed 129 cases of postpartum perineal wound dehiscence (October 2020–September 2023). Variables included clinical symptoms, wound characteristics, degree of perineal trauma, and clinician seniority. Models were validated on 20% of the dataset as a hold-out set.

Results
Re-sutured wounds were significantly deeper, longer, and more disrupted, with higher rates of rectal mucosal involvement ($p = 0.031$), subspecialist involvement (50% vs 0%, $p < 0.001$), and follow-up needs. The SVM model showed the best performance with Area Under the Receiver Operating Characteristic Curve (AUROC) 0.86 (95% CI:0.81 – 0.91) and accuracy 0.86, identifying wound depth, length and pain score as top predictors. Decision Tree and XGBoost models achieved 0.92 accuracy (AUROC 0.83 and 0.85), with subspecialist involvement, wound depth and discharge identified as importance features. Random Forest achieved 80% accuracy (AUROC 0.81). Across models seniority and wound depth emerged as critical predictors of re-suturing decisions.

Discussion
Machine learning models can reliably predict re-suturing decisions in perineal wound dehiscence. Wound severity and clinician seniority were the strongest predictors, supporting data-driven standardization of perineal wound management. Future work should focus on prospective validation, improving interpretability, and clinical integration.

Siyan Ma: Long-term Outcomes of Prolapse Surgeries Augmented with Transvaginal Mesh

Introduction
Transvaginal mesh (TVM) was introduced to improve the prolapse recurrence risk with native tissue surgeries. However, TVM has since been withdrawn in multiple countries due to mesh related complications. There are limited studies reporting long-term outcomes.

Aims
To determine long-term outcomes of prolapse surgeries augmented with TVM.

Methods
Prospectively obtained follow-up data for patients who had surgeries augmented with Apogee and Perigee mesh kits between 2005 and 2015 were analysed, assessing recurrence and mesh exposure.

Results
Eighty-eight patients with 113 mesh kits were included. Median follow-up was 594 (range 59 – 1015) weeks. Twenty-eight patients required 32 further urogynaecological procedures.

Recurrent anatomic anterior prolapse occurred following 16/79 (20%) Perigee repairs, seven were symptomatic, two required repeat prolapse surgeries. Recurrent anatomic posterior prolapse occurred following 3/36 (8%) Apogee repairs, all were asymptomatic and did not require treatment.

Twenty-five percent of patients experienced mesh exposure, with a higher rate observed with mid-weight compared to light-weight meshes (63% vs. 8%, $p<0.001$). Accounting for different follow-up lengths, Cox regression confirmed higher exposure risk with mid-weight mesh (HR=12.4, 95% CI: 1.41–108.3). Predictors of mesh exposure included mid-weight mesh (OR=13.6, 95% CI: 1.5–122.4) and prior native repair (OR=7.1, 95% CI: 1.2–41.5).

Discussion
Compared to seven years earlier, prolapse recurrence remained similar and is comparable with the literature. Mesh exposure has increased, with higher rates compared to the literature possibly due to longer follow-up. Mid-weight mesh was associated with higher exposure risk, supporting judicious mesh selection. Our study supports the need for extended follow-up.

Yudhish Shakespear: Patient-Reported Outcomes Following Pubovaginal Sling Using Autologous Fascia: Fascia Lata vs Rectus Fascia

Introduction
With increasing concern regarding synthetic mesh use, autologous fascia has gained renewed interest for pubovaginal sling (PVS) procedures in the management of stress urinary incontinence (SUI). Limited data compare fascia lata (FL) and rectus fascia (RF) in this context.

Aims
To compare patient-reported outcomes following PVS using FL versus RF.

Methods
A retrospective cohort study was conducted on women who underwent PVS between January 2015 and February 2024. Outcomes were collected via telephone interviews. The primary outcome was improvement (a score of 1, 2 or 3) on Patient Global Impression of Improvement (PGI-I) score. Secondary outcomes included “Yes” response to the Patient Acceptable Symptom State (PASS) question, improvement in

Australian Pelvic Floor Questionnaire (APFQ) scores, and complications assessed via the Clavien-Dindo Classification (CDC). Descriptive and comparative statistics were used.

Results
Of 65 patients, 9 were excluded (1 deceased, 1 declined, 7 uncontactable), leaving 56 participants: 44 received FL (79%) and 12 RF (21%). There were no significant differences in age, BMI, parity, previous incontinence surgery, or complication rates. The average PGI-I score was 1.9 and 1.4 ($p = 0.31$) for the FL and RF group respectively. Both groups showed no statistical difference in achieving PASS or in improvement of APFQ score.

Discussion
There was no statistically significant difference in patient-reported outcomes between FL and RF slings. Both materials appear similarly effective and may be selected based on clinical or patient-specific factors.

1330 - 1500 | Session 5: Urogynaecology for the Young and Old

Mark Weatherall: Frailty Incontinency Polypharmacy

Ageing of the population is important for the developed and developing world. New Zealand still has a relatively young population however those who are alive now in their fifth and sixth decade of live will almost certainly be alive in 20 years. Currently nearly 17% (830,000) New Zealanders are aged over 65 years of age. This will be 21% (1.2 million) in 10 years. Life expectancy at any age is also increasing. For example, about 70% of those who are 80 will live another 5 years. The issue with ageing population is will we age well, free of impairments and disabilities. In general, New Zealanders are ageing better but there is still a high prevalence of health conditions. Some health conditions have improved e.g. less ischemic heart disease and stroke, but some have worsened, the prevalence of chronic painful conditions.

Interpreting cross-sectional studies is fraught. Those who will be alive in 20 years may not be the same as those older people alive now. Activity limitations are particularly prevalent with the very old. A relatively new concept in older adult medicine is ‘frailty’. As originally described it was a phenotype that was associated with worse health in the future. As currently described is a summation of diseases, impairments, and activity limitations. It is still associated with worse health outcomes, although the relationship with urinary incontinence is unclear. Trials targeting those with frailty have had limited success in improving health outcomes but may be useful for screening for multidisciplinary team management. Older urinary tracts have more detrusor overactivity, loss of trophic estrogen effects, decreased maximum bladder capacity but also less efficient bladder emptying and increased nocturnal urinary production. Because of the increased prevalence of disease and prevention of disease many more medications are used. In clinical assessment history must account for sensory impairments and cognitive impairments. Physical examination should include a nervous system and musculoskeletal assessment. Investigations may be more difficult with the very high prevalence of asymptomatic bacteruria and commoner metabolic disorders such as diabetes and renal impairment. Management should account for altered pharmacokinetics and pharmacodynamics. Management of heart failure as evolved to create polypharmacy but perhaps reduce loop diuretic use. Empaglifozin, and SGLT-2 inhibitor may be problematic. Generally, impaired cognition means anticholinergics may be poorly tolerated. Consider interventions for mobility, function, and a multidisciplinary team.

Anne Coolen: Prolapse in Younger Women: Distress & Information

Mode of delivery is an important modifiable risk factor for the development of pelvic floor disorders (PFD), including prolapse. Despite this, the extent of morbidity after childbirth has been unrecognized among both women and healthcare providers. Many women have no idea how their lives could change after giving birth. Symptoms of prolapse, involving bladder, bowel and sexual function, can have a profound effect on mental health, physical capacity and (sexual) relationship, with some of the women developing these symptoms immediately after birth and others later in life. Pleasingly, there is now more openness and advocacy for PFD prevention, recognition and treatment and not to just accept this as a normal consequence of birth and aging. Although the peak incidence of surgery for prolapse is not until after menopause, an increasing

number of younger women are seeking surgical treatment for these problems after failing or declining conservative measures. There can be discrepancies between objective findings on examination and subjective symptoms. This may be related to a hyperawareness of symptoms or from a change in body image. With a trend towards delaying motherhood, and with more uterine preserving surgery being performed, it will be inevitable some will (want to) get pregnant after surgery for prolapse. This talk will explore the counselling of women in terms of mode of delivery, when and what type of surgery should be performed, what will the impact of surgery be on the recurrence risk of prolapse and what are risks in subsequent pregnancies.

Olivia Smart: Genitourinary Syndrome of Menopause

Abstract Not Available

Alison de Souza: Sexual Function

Abstract Not Available

1530 - 1700	Session 6: Defaecation... It Happens

Danielle Pope: Conservative Measures

Abstract Not Available

Ben Wilkinson: Radiology for Prolapse

Abstract Not Available

Sarah Abbott: Rectal Prolapse

Abstract Not Available

Swati Jha: OASI: Prevention & Next Pregnancy

In this presentation Swati will focus on risk reduction strategies for avoiding an OASI, the role of endoanal physiology when an OASI occurs and the advice regarding future pregnancies and the evidence to back this up.
Risk reduction is achieved through different means and the utility of these will be considered individually. The role of more specialised investigations and what to do when these are not available will be discussed. And a template for counselling in future pregnancies will be provided to allow for evidence based shared decision making.

0900 - 1030	Session 7: Now for Something Completely Different

Sharon English: Urology for the Gynaecologist

Abstract Not Available

Cheryl Iglesia: State of the (Vagi-) Nation

This Fem-tech lecture will introduce current cosmetic gynaecology procedures designed for sexual enhancement and summarize energy-based interventions aimed at pelvic floor function.

Oliver Daly: PROMS and PREMS - What, Why, Who, When & Where

Abstract Not Available

Geoff Cundiff: Innovation and Balancing our Ethical Responsibilities

Our patients benefit from innovation as it provides choices of alternative treatments that will fit their specific conditions and personal priorities. Viewed from this perspective, the patient becomes the centre of ethical innovation that defines the framework of how innovation should proceed. We will explore this construct of patient centred innovation.

1100 - 1230	Session 8: Battle of the Bulge

Xiamin Liang: Prevention is Better than Cure - the evidence base for obstetric intervention and longer term prolapse outcomes

This presentation reviews findings from major longitudinal cohort studies, registry-based analyses, and systematic reviews on the long-term risk of pelvic organ prolapse (POP) and prolapse surgery following childbirth. Evidence consistently shows that vaginal delivery significantly increases the risk of POP compared to caesarean section. Prolapse rates 15 to 26 years post-delivery range from 14.6% to 30% after spontaneous vaginal delivery, versus 6.3% to 9.4% following caesarean section. Operative vaginal deliveries carry the highest risk, with prolapse rates reaching up to 44.9%. Exclusive caesarean delivery carries a risk comparable to nulliparity, while increasing vaginal parity is associated with progressively higher risk. Beyond obstetric factors, modifiable non-obstetric contributors - including obesity, chronic pelvic floor stress, and prior hysterectomy - are important considerations. Addressing these risk factors is essential for developing comprehensive prevention strategies aimed at optimising pelvic floor health and improving long-term outcomes for women.

Danielle Antosh: Evidence Based Perioperative Management

Abstract Not Available

Nick Bedford: Scoping Solutions for a World Without Mesh

Abstract Not Available

John Short: It's all about the Vault. Or the Hiatus. Or the Fascia (Or What?)

Abstract Not Available

QUESTIONS?

We're here to help!

VISIT US AT THE REGISTRATION DESK FOR ON THE DAY QUERIES OR CONTACT US BELOW:

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