UROGYNAECOLOGICAL SOCIETY OF AUSTRALASIA

2020 UGSA ANNUAL SCIENTIFIC AND GENERAL MEETING (ASM)

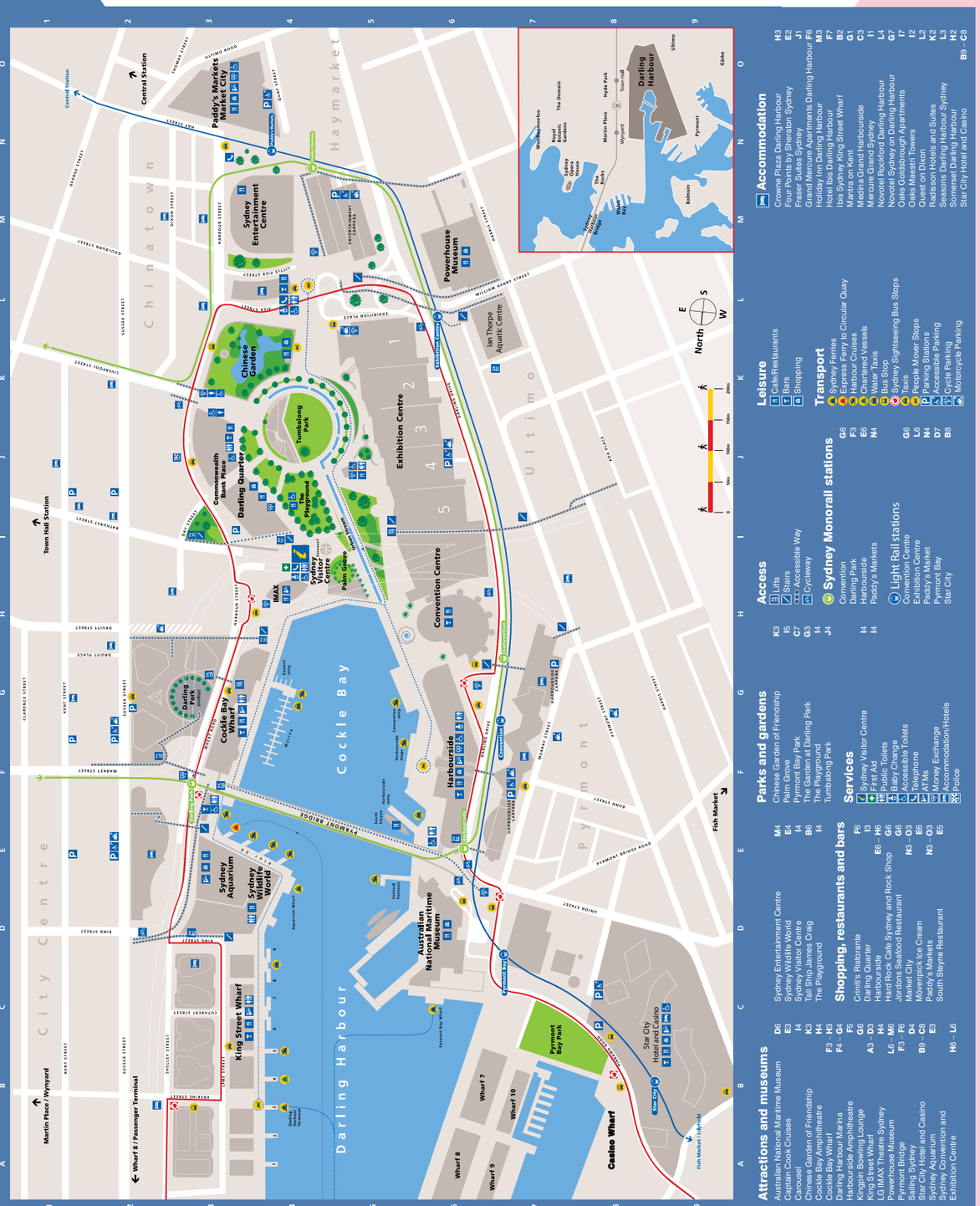


Fact & Fallacy

in Urogynaecology

MAP OF

DARLING HARBOUR



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WELCOME

2020 UGSA ASM

The last few years in urogynaecology have been tumultuous involving a major reassessment of our processes for the introduction of new technology, for both training and clinical audit. This reassessment has been extremely valuable and will benefit our patients. However we are now faced with a dramatically altered landscape when it comes to determining optimal medical practice. Our clinical guidelines, and surgical practices may now be imposed by legislators and bureaucrats in defiance of the evidence. Without exaggeration, this change threatens the foundations of good medicine.

So what can we do? We must continue to work on the science. What does the data tell us, how sound is this data, what more do we need to know and how do we adapt our practice based on this? And we do not capitulate from the position that governance of clinical practice must be evidence based.

This is the focus for the 2020 Urogynaecological Society of Australasia ASM. 'Fact and Fallacy in Urogynaecology' analyses the current evidence across multiple aspects of pelvic floor dysfunction and looks at the development of best practice guidelines for both conservative and surgical treatment options. We have input from three vastly experienced international urogynaecologists Dr Gunnar Lose from Copenhagen University, Dr Becky Rogers from Austin University Texas and Dr Charbel Salamon from Atlantic Health USA plus dozens of local experts. Our workshops this year are based largely on acquiring practical skills in intermediate and complex laparoscopy, cystoscopy techniques and vaginal surgery.

We look forward to welcoming you to the UGSA ASM at the Maritime Museum on Sydney's Harbourside. This is a beautiful venue and a great opportunity for a few days break in Sydney. And we guarantee you will know more when you leave than when you arrived!



Dr Jenny King
UGSA ASM Chair
Urogynaecological Society of Australasia (UGSA)

2020 UGSA ASM SCIENTIFIC COMMITTEE

Chair, Dr Jennifer King
Associate Professor Emmanuel Karantanis
Dr Lucy Bates

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Dr Marcus Carey | Vice Chair
Dr Lin Li Ow | Treasurer
Dr Alexandra Mowat | Secretary
Dr Ruchi Singh | UGSA Database
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2020 UGSA ASM INTERNATIONAL FACULTY

Professor Gunnar Lose | Denmark
Dr Rebecca G Rogers | USA
Dr Charbel Salamon | USA

2020 UGSA ASM AUSTRALASIAN FACULTY

Alex Mowat | QLD
Alison de Souza | VIC
Amani Harris | NSW
Anna Rosamilia | VIC
Bernadette Brown | QLD
Bernard Haylen | NSW
Chris Benness | NSW
Chris Maher | QLD
Emmanuel Karantanis | NSW
Edwina Chan | NSW
Erika Hunter | NZ
Fay Chao | VIC
Fiona Beaupeurt | NSW
Gil Burton | NSW
Hannah Krause | QLD
Hayley Leek | NSW
Jane Manning | NSW
Jason Abbott | NSW
Jenny King | NSW
Joe Lee | NSW
John Short | NZ
Judith Goh | QLD
Kate Moore | NSW
Katrina Parkin | NSW
Kris Cvach | VIC
Kurinji Kannan | QLD
Lin Li Ow | VIC
Lore Schierlitz | VIC
Lucy Bates | NSW
Lynsey Hayward | NZ
Madhuri Manandhar | NSW
Malcolm Frazer | QLD
Marcus Carey | VIC
Nevine te West | NSW
Niki Dykes | NZ
Oliver Daly | VIC
Ruchi Singh | VIC
Salwan Al-Salihi | VIC
Stefan Pacquee | NSW
Supuni Kapurabandara | NSW
Tim Dawson | NZ
Vivien Wong | QLD
Wendy Allen | NSW
Yogesh Nikam | NSW



PROFESSOR GUNNAR LOSE (DENMARK)

Chief of Urogynaecology, University of Copenhagen Herlev Hospital, Obstetrics & Gynaecology.

Gunnar Lose, MD, DMSc, currently serves as Professor at the Department of Obstetrics and Gynaecology; and is Chief of the Urogynaecology Unit at Herlev Hospital, University of Copenhagen, Denmark.

His thesis *'Simultaneous recording of pressure and cross-sectional area in the female urethra: A study of urethral closure function in healthy and stress incontinent women'*, was published in Neurourology and Urodynamics 1992.

He has been member of International Continence Society since 1983 and Chairman for the following Standardisation Committees:

- Outcome measures for research in adult women with symptoms of lower urinary tract dysfunction (1998),
- Standardisation of urethral pressure measurement: report from the Standardisation Sub-Committee of the International Continence Society (2002) and;
- A member the Standardisation of Terminology in Nocturia - a report from the standardisation subcommittee of the International Continence Society (2002).

Lose has been a member of the Scientific Committee of ICS and IUGA. Prof, and is Editor of the International Urogynaecology journal. He has published more than 275 peer-reviewed articles and book chapters on urogynaecological topics.



DR REBECCA ROGERS (USA)

Clinical Director, Women's Health Institute at UT Health Austin

Rebecca Rogers, MD is Professor of Women's Health at Dell Medical School in Austin, Texas. She serves as the Associate Chair for Clinical Integration and Operations and is the Director of the Women's Health Institute at UT Health Austin.

Dr. Rogers received her undergraduate degree in Economics at Dickinson College, PA, and her medical degree from Harvard Medical School. Prior to medical school, she served as a math teacher in Swaziland, Africa, and as an Assistant Instructor for Outward Bound in North Carolina. She completed her residency in Obstetrics and Gynecology and her fellowship in Female Pelvic Medicine and Reconstructive Surgery at the University of New Mexico. Dr. Rogers founded the Division and ACGME accredited Fellowship program at the University of New Mexico, and served as its lead for 20 years.

Three years ago, Dr. Rogers was recruited to Austin Texas to help build novel value-based care models for complex gynecologic conditions in University of Texas' new clinical enterprise.

In addition to her academic titles, Dr. Rogers has served as the past president of the American Urogynecology Society, is currently a member of the ABOG Subspecialty board for FPMRS, a member of the Gynecologic Devices Committee for the FDA, and the editor-in-chief for the International Urogynecology Journal.

Dr. Rogers' clinical interests include pelvic reconstructive surgery, anal incontinence and birth trauma. Her research interests include the development of validated patient reported outcomes with a focus on sexual function, the impact of birth on the pelvic floor and fecal incontinence. Her work has been funded by the NIH. Dr. Rogers is passionate about mentorship of the next generation of clinicians and academicians in medicine.



DR CHARBEL SALAMON (USA)

Urogyanecologist, Atlantic Health Systems

Dr. Salamon graduated from Saint Joseph's University, the French Faculty of Medicine. Immediately after earning his MD, Dr. Salamon went through three years of a general surgery residency program in Paris – before realizing that he wanted to move to the United States.

In 2005, he completed his residency in obstetrics and gynecology at the University of Medicine and Dentistry of New Jersey. He then completed his fellowship in urogynecology and reconstructive pelvic surgery at Atlantic Health System, Mount Sinai School of Medicine. During his fellowship training, he also obtained a Master's degree in clinical research from Drexel University Medical School.

AUSTRALIAN NATIONAL MARITIME MUSEUM



Located close to the Sydney CBD, and right on the water, The Australian National Maritime Museum plays host to the 2020 UGSA ASM. Situated in Darling Harbour, next to Pyrmont Bridge, close to Sydney's CBD there are several transport options at your disposal.

GETTING TO OUR CONFERENCE

CAR

Museum visitors recieve $15 all day validated parking at the following locations:

- Harbourside Car Park, 100 Murray Street, Pyrmont.
- Star Casino Car Park, 55 Pirrama Rd, Pyrmont (7am - 6.30pm).

Remember to have your parking ticket stamped at the museum reception.

WALK

Located in Darling Harbour, a pleasant 15 minute stroll across Pyrmont Bridge from the centre of Sydney's CBD, or a 10 minute walk from Sydney Fish Market.



TRAIN

With just a 20 minute walk from Town Hall Station. You can also connect with the L1 Light Rail at Central Station to arrive just across the road from the museum.



BUS

The 389 from Bondi Junction stops at the front door.



FERRY

Catch the spectacular F4 route from Circular Quay to Pyrmont Bay Wharf, right at the museum. You can also catch the F3 route to Barangaroo Wharf, a 20 minute walk across Pyrmont Bridge to the museum.



LIGHT RAIL

Take the L1 light rail from Central Station, or from Dulwich Hill through the inner west, to Pyrmont Bay stop, right across the road from the museum.



For timetables, more information and the best route via public transport from wherever you are, plan your trip at Transport for NSW.

WORKSHOP PROGRAM / WEDNESDAY 18 MARCH

AM	8.30am-12pm	**Triple P: Practical, Prolapse, Pessary workshop**	Clinical Skills Centre, St George Hospital Kogarah
PM	1pm-4.30pm	**Vaginal surgery** Vaginal hysterectomy, colpocleisis, sacrospinous ligament fixation, Pelvic anatomy – clay pelvis. *Nevine te West, Ruchi Singh, Kris Cvach, Lin Li Ow, Oliver Daly, Jenny King, Kurinji Kannan, Tim Dawson*	Terrace Room

WORKSHOP PROGRAM / THURSDAY 19 MARCH

AM	8.30am-12pm	**Robotic Pelvic Floor Live Surgery** *Dr Salwan Al-Salihi, Dr Tanaka Dune, Dr Chin Yong*	
	8.30am-12pm	**Boston Scientific Workshop** Consenting Workshop – Complaints, Complications & Comparative Data in Continence Surgery *Charbel Salamon, John Short, Jenny King*	Terrace Room
	8.30am-12pm	**Intermediate laparoscopic skills** Basic suturing, ectopic, salpingo-oophorectomy. *Anna Rosamilia, Alex Mowat, Supuni Kapurabandara, Yogesh Nikam, Fay Chao, Ruchi Singh, Lin Li Ow*	Lighthouse Gallery
PM	1pm-4.30pm	**Cystoscopy workshop** Basic cystoscopy techniques, diagnostic and therapeutic skills, ureteric catheterisation, suprapubic catheterisation. *Alison de Souza, Lore Schierlitz, Kris Cvach, Lucy Bates, Ruchi Singh, Linli Ow, Tim Dawson, Jenny King, Kurinji Kannan*	Terrace Room
	1pm-4.30pm	**Advanced laparoscopic skills** Burch colposuspension, repair bladder injury, single-incision laparoscopy, technique for vaginal entry for V-Notes *Anna Rosamilia, Emmanuel Karantanis, Yogesh Nikam, Supuni Kapurabandara, Alex Mowat, Amani Harris*	Lighthouse Gallery

LECTURE PROGRAM / FRIDAY 20 MARCH

0800-0830	Registration	Lighthouse Gallery
0830-0840	Welcome	John Short Jenny King
0840-1010	**Optimising operative outcome**	Chairs: Bernie Haylen, Niki Dykes
0840-0858	Imaging v examination in diagnosis of prolapse	Vivien Wong
0858-0916	Pessaries – how many, how long , when to change	Alex Mowat
0916-0934	Vaginal oestrogens pre and post-op	Nevine te West
0934-0952	Sexual function in women with pelvic floor disorders	Becky Rogers
0952-1010	Update on urodynamics before incontinence surgery	Gunnar Lose
1010-1040	**Morning tea**	**Yots Waterside**
1040-1210	**Optimising operative outcome 2**	Bernie Haylen, Alison de Souza
1040-1058	Catheter drainage & prophylactic antibiotics for pelvic floor surgery	Joe Lee
1058-1116	Bowel prep and bowel management	Tim Dawson
1116-1134	Post-op pelvic floor exercises, activities, coitus	Lynsey Hayward
1134-1152	The definition of surgical success in urogynaecology	Charbel Salamon
1152 - 1210	Summary, recommendations and guidelines	Bernie Haylen
1210-1310	**Lunch**	**Yots Waterside**
1310- 1440	**Abstracts**	
	Two concurrent sessions, total 18 abstract presentations.	Tim Dawson, Ruchi Singh, Marcus Carey, Lucy Bates
1440 - 1510	**Afternoon tea**	**Yots Waterside**
1510-1725	**A few continence problems**	Chair: Kate Moore, Lore Schierlitz
1510-1527	Weight loss and incontinence	Lucy Bates
1527-1544	Faecal incontinence- how do we mention the unmentionable?	Becky Rogers
1544-1601	How do peri-urethral injections work?	Gunnar Lose
1601-1618	Management of nocturia is more than limiting evening fluids	Ruchi Singh
1618-1635	Predicting success of botulinum toxin for OAB	Jane Manning
1635-1652	Does prolapse repair correct OAB symptoms?	Bernadette Brown
1652-1709	Mixed incontinence, which should we treat first?	Judith Goh
1710- 1725	What have we learned? Discussion, questions	Kate Moore
1730-1800	**AGM**	

LECTURE PROGRAM /SATURDAY 21 MARCH

0800-0830	Registration	Lighthouse Gallery
0830-0840	Welcome	John Short Jenny King
0830-1230	**Contentious surgical issues**	Chair: Chris Benness, John Short
0830-0850	How do we manage the 'vaginal cyst'?	Lin Li Ow
0850-0910	Does concurrent hysterectomy affect the outcome of apical prolapse repair?	Becky Rogers
0910-0930	What is the role of V-notes?	Supuni Kapurabandara
0930-0950	Manchester repair as a primary treatment for uterine prolapse	Gunnar Lose
0950-1010	Mesh myths – carcinogenesis, degradation, auto-immune disease	Malcolm Frazer
1010-1040	**Morning tea**	**Yots Waterside**
	Contentious surgical issues 2	Chair: Gil Burton, Jenny King
1040-1100	How good is laparoscopic colposuspension?	Chris Maher
1100-1120	Is there any place for pubofascial slings other than in the mesh averse patient?	Emmanuel Karantanis
1120-1150	How good is robotic sacrocolpopexy?	Marcus Carey
1150-1210	Latest on laser and GSM	Jason Abbott
1210-1230	High uterosacral ligament suspension – abdominal v vaginal	Charbel Salamon
1230-1330	**Lunch**	**Yots Waterside**
1330-1450	**Ethics in medicine**	Chair: Malcolm Frazer, Anna Rosamilia
1330-1345	How do we acquire and maintain surgical skills?	Charbel Salamon
1345-1400	Ensuring integrity in research	Gunnar Lose
1400-1415	Surgeons' disclosure of interests	Becky Rogers
1415-1430	Visiting surgeons & live surgery, should we be concerned?	John Short
1430-1450	Overview, questions, panel discussion	Malcolm Frazer, Anna Rosamilia
1450-1520	**Afternoon tea**	**Yots Waterside**
1520-1640	**Childbirth controversies**	Chair: Bernadette Brown, Tim Dawson
1520-1540	OASIS - perineal guarding and hot compresses	Oliver Daly
1540-1600	Bladder scanner postpartum	Kris Cvach
1600-1620	Accurate diagnosis & management of UTIs in pregnancy	Faye Chao
1620-1640	So you want informed consent for delivery?	Jenny King
1640-1655	**Awards and close**	

TRIPLE P – PRACTICAL, PROLAPSE, PESSARY WORKSHOP

FACULTY *A/Professor Emmanuel Karantanis, Nevine teWest, Edwina Chan – Women's Health Physiotherapist, Katrina Parkin – CNS1 Oasis and Research, Wendy Allen – CNS1 Urodynamics and Research, Hayley Leek – CNS/NCA, Fiona Beaupeurt –CNC Continence, Madhuri Manandhar – CNC Continence Community, Jinwa Li – CNS/NCA, Professor Kate Moore, Research Fellow*

DATE & TIME Wednesday 18 March 2020 | 8.30am - 12pm
VENUE Clinical Skills Centre, St George Hospital, Kensington St, Kogarah
MAX # 12
COST $250

DESCRIPTION The 'Triple P' workshop is not about ring pessaries. It's about all the other shapes and sizes available for use in women with uterovaginal prolapse, and stress incontinence.
The workshop will be a hands-on learning event, with attendees fitting and removing vaginal devices on real patients. A wide range of different devices will be explored, and the nuances of these devices will be discussed.This event is limited to a small number of attendees, so don't delay your registration.

NB. Cost is inclusive of return bus to and from Australian National Maritime Museum.

VAGINAL SURGERY WORKSHOP

FACULTY *Nevine te West, Ruchi Singh, Kris Cvach, Lin Li Ow, Oliver Daly, Jenny King, Kurinji Kannan & Tim Dawson*

DATE & TIME Wednesday 18 March 2020 | 1pm - 4.30pm
VENUE Australian National Maritime Museum
MAX # 20
COST $250

DESCRIPTION With changes in technology, experience in vaginal surgery is unfortunately becoming more limited. But it remains a core skill set and with the use of training models this workshop will cover aspects of pelvic anatomy and pelvic floor prolapse surgery.

ROBOTIC LIVE SURGERY

CONVENORS *Salwan Al-Salihi and Marcus Carey*
FACULTY *Salwan Al-Salihi, Tanaka Dune & Chin Yong*

DATE & TIME Thursday 19th March | 8.30am - 12pm
VENUE Australian National Maritime Museum
MAX # 40
COST $200

DESCRIPTION This surgical workshop will showcase robotic Burch colposuspension, uterine conservation, sacral colpopexy and mid-urethral sling removal procedures performed by local experts. The format will be live surgery performed by Dr Marcus Carey streamed from Epworth Freemasons Hospital, Melbourne and presentation of high definition video recordings of robotic surgery with interactive discussion lead by Dr Salwan Al-Salihi and Dr Tanaka Dune. The focus will be on surgical technique, anatomical landmarks and avoiding complications. A highlight of the workshop will be exploring the expanding role of robotic surgery in urogynaecology.

INTERMEDIATE LAPOROSCOPIC WORKSHOP

FACULTY *Anna Rosamilia, Alex Mowat, Supuni Kapurabandara, Yogesh Nikam, Fay Chao, Ruchi Singh, Lin Li Ow & Stefan Pacquee*

DATE & TIME Thursday 19 March 2020 | 8.30am - 12pm
VENUE Australian National Maritime Museum
MAX # 20
COST $250

DESCRIPTION This is your opportunity to hone your laparoscopic techniques. Experienced facilitators will work with you on vaginal vault suturing techniques, management of ectopic pregnancy, hysterectomy and salpingo-oophorectomy.

CONSENTING WORKSHOP- COMPLAINTS, COMPLICATIONS AND COMPARATIVE DATA IN CONTINENCE SURGERY

FACULTY *Charbel Salamon, Jenny King, John Short & a representative from Avant.*

DATE & TIME Thursday 19 March 2020 | 8.30am - 12pm
VENUE Australian National Maritime Museum
MAX # 40
COST $80

DESCRIPTION Panel discussion looking at specific cases from the senate enquiry. What does 'good' consenting look like especially for alternative continence procedures with less data/more complications? Panel joined by a medico-legal representative from Avant medical defence.

CYSTOSCOPY SKILLS WORKSHOP

FACULTY *Alison de Souza, Lore Schierlitz, Kris Cvach, Lucy Bates, Ruchi Singh, Lin Li Ow, Tim Dawson, Jenny King & Kurinji Kannan*

DATE & TIME Thursday 19 March 2020 | 1pm - 4.30pm
VENUE Australian National Maritime Museum
MAX # 24
COST $250

DESCRIPTION Proficiency in cystoscopy is essential for today's obstetricians and gynaecologists. In this workshop we look at cystoscopic procedures, identification of common bladder pathology and diagnosis of lower urinary tract injury. Procedural skills such as suprapubic catheter injection of botulinum toxin and ureteric catheter placement will also be covered.

ADVANCED LAPOROSCOPIC WORKSHOP

FACULTY *Anna Rosamilia, Emmanuel Karantanis, Yogesh Nikam, Supuni Kapurabandara, Alex Mowat, Amani Harris, Erika Hunter, Marcus Carey, Salwan Al salihi, Joe Lee & Stefan Pacquee*

DATE & TIME Thursday 19 March 2020 | 1pm - 4.30pm
VENUE Australian National Maritime Museum
MAX # 12
COST $300

DESCRIPTION This workshop covers more complex laparoscopic skills including colosuspension, repair of bladder injury, single incision laparoscopy and introduction to v-notes. Participants will also work through a robotic station.

ABSTRACTS

1

ARIEL ZILBERLICHT

Modified High McCall Vaginal Cuff Suspension versus Intra-peritoneal High Uterosacral Vault Suspension for Stage 3-4 Uterine Prolapse at the time of Vaginal Hysterectomy – which is the preferred method?

Ariel Zilberlicht[1], Peter L Dwyer[1], Debjyoti Karmakarar1, Frida Carswell[1], Alison De-Souza[1], Lore Schierlitz[1]
[1]Department of Urogynaecology, Mercy Hospital for Women 163 Studley Road, Heidelberg, Victoria, Australia

Objective: Modified McCall culdoplasty and high intraperitoneal uterosacral ligament vault suspension (IPUSL) are used to prevent recurrent prolapse. We evaluated long-term results of modified McCall culdoplasty (group A) versus IPUSL (group B) at time of hysterectomy in women presented with stage 3-4 uterine prolapse.
Methods: A longitudinal retrospective clinical study conducted at a tertiary urogynaecology center.
Results: A total of 176 (group A) versus 132 (group B) we analyzed. Mean follow-up was 19.35(±22.9) vs. 21.28(±18.1) months (p=0.426). Group A had less anatomical recurrences (14% vs. 40%, p<0.0001). Site specific and recurrences at the vault were low in both groups. Only 6 cases (3%) vs. 5 (4%) (p=1) were symptomatic and required further surgery.
Conclusions: Both techniques have a good long-term success rate. Although IPUSL group had more anatomical failure, the site-specific recurrences and the need for re-operation

2

ARIEL ZILBERLICHT

Patient counselling and surgery for stress urinary incontinence – an international survey

Zilberlicht A[1*], Dwyer P[1], Karmakar D[1], Chan G[2], Schierlitz L[1]

[1]Department of Urogynaecology, Mercy Hospital for Women 163 Studley Road, Melbourne, Australia
[2]Department of Urology, Austin Health, Melbourne, Australia

Objectives: Despite being the most investigated procedure for stress urinary incontinence (SUI), the use of Mid-urethral sling (MUS) is steadily declining due-to recent negative publicity and litigation. Our aim was to investigate whether the current climate has resulted in a change in doctors' and their patients' preconceptions regarding the use of synthetic mesh for the treatment of SUI.
Methods: An electronic survey was distributed among practitioners who provide consultation and treatment for women with SUI.
Results: Out of 160 participants who completed the survey, 8% felt that patients have positive preconception of MUS. Despite resulting in prolongation of consultation, 88% of respondents think that patient information leaflet (PIL) should be handed out, and these will provide essential information for their patients (73%). However, only 54% of respondents are providing PIL. 82% of respondents haven't changed their recommendations for the treatment, nor their consent process. The preferred initial

3

GABRIELLA WENDE

Reducing urological complications at placenta accreta spectrum surgery: Do we get it right?

Authors: Wende G*[1], Paterson D[1], Tan S[1], Adams L[1], Tsokos N[1], Epee-Bekima M[1]
[1] King Edward Memorial Hospital for Women Perth, Subiaco, Western Australia, Australia.

Placenta accreta spectrum (PAS), is an obstetric complication associated with significant maternal morbidity and mortality. Most operators recommend primary caesarean hysterectomy, however, this is not without complication, as caesarean hysterectomy often necessitates urological adjuncts to avoid injury or requires specialist repair of inadvertent urinary bladder or ureteric injury. Our primary objective was to determine the incidence of urological procedures and complications in patients with confirmed diagnosis of, or suspicion of PAS at King Edward Memorial Hospital, in Perth, Western Australia between 2018 and 2019. In those undergoing caesarean hysterectomies, 85.0% underwent preoperative cystoscopy and ureteric catheterisation, with 30.0% demonstrated to have bladder invasion requiring cystotomy repair. Surgical management of PAS requires referral to a specialised, multidisciplinary PAS service to ensure optimal preoperative planning and perioperative management, as well as routine cystoscopy and ureteric catheterisation in all PAS patients to further reduce rates of urologic injury.

4

HEDWIG NEELS

Is vaginal flatus related to pelvic floor functional anatomy?

H. Neels[1] *, S. Pacquée[2], K.L. Shek[2],3, M. Gillor[2], J. Caudwell-Hall[2], H.P. Dietz[2]
Faculty of Medicine and Health Sciences, University of Antwerp, Belgium
Sydney Medical School Nepean, University of Sydney, Penrith, Australia
Western Sydney University, Australia

Objective: Vaginal flatus can impair women's quality of life. The underlying pathophysiology is not well understood. The aim of this study is to evaluate the associations between vaginal flatus and pelvic floor functional anatomy.
Methods and results: A retrospective observational study based on standardized interviews, clinical examinations and transperineal 4D ultrasounds on 570 women seen in a tertiary urogynaecological service. Vaginal flatus was reported by 190 (33%) with a mean bother of 4.2 (SD 3.4, range 0-10).
Conclusions: Vaginal flatus affects one-third of our study population, with substantial bother on quality of life. Longer vaginal length, higher levator resting tone and younger age were associated with vaginal flatus and symptom bother. We assume that a longer vagina traps more air while a higher resting tone confers a higher resistance against which trapped air is expelled during provoking activities.

ABSTRACTS

5

JAMES ALEXANDER

Is vaginal laxity an early symptom of prolapse?

Alexander J[2], Gillor M[3,4], Dietz HP[3],

Objective: Vaginal laxity (VL) is a bothersome condition that impacts relationships and sexual function. But is it an early symptom of pelvic organ prolapse?
Methods: This was a cross-sectional study of patients with pelvic floor dysfunction.
Results: 531 patients were suitable for analysis. VL and prolapse symptoms showed a divergent association with age (p=0.02). This remained significant when controlling for hiatal ballooning (p=0.002) and objective prolapse (p=0.01). 60% of women with objective prolapse reported symptoms of prolapse. 5% of the remainder reported symptoms of vaginal laxity. There was no difference in those likely to notice vaginal laxity above or below the age of 50 (2/42 vs. 5/111. P= 0.95).
Conclusions: With increasing age the prevalence of vaginal laxity decreases while symptoms of prolapse increase. However, few women with objective prolapse perceive vaginal laxity as their only symptom, independent of age. VL does not seem to be an early symptom of prolapse.

6

JENNY NUCIFORA

Primary contact physiotherapist-led clinics reduce urogynaecology wait lists with minimal representation rates.

Physiotherapy-led pelvic health clinics (PLPHC) are increasing utilized in Australia. This model of care has demonstrated improvements for patient access to care and management of specialist outpatient waiting lists, however no studies have investigated patient re-presentation rates. This study aimed to determine the reasons for, and re-referral rate of patients previously managed and discharged from the PLPHC at Gold Coast Hospital and Health Service (GCHHS).

Design: Retrospective clinical audit.
Method: Patients discharged from GCHHS PLPHC without urogynecology medical specialist review in 2017 were identified and checked for re-referral to gynaecology, gynaeoncology, urology, and colorectal outpatient services in 2018. Two investigators independently reviewed patient medical records to determine reason for re- referral.
Results: 209 patients were discharged from the PLPHC in 2017, with 65% of these(n=144) being discharged without requiring urogynaecology medical specialist review. Twenty of the 144 patients re-presented to specialist medical outpatient services in 2018, with ten of these (<7%) for the same condition previously managed by the PLPHC. Of the 10 re-referrals, one required further physiotherapy conservative management, one failed to attend their medical appointment, and the remainder(n=8) were existing patients with ongoing vaginal pessary care in the public health care system.
Conclusion: This clinical audit demonstrated low re-referral rates of patients discharged from the PLPHC without requiring urogynaecology speciality management within 12 months of discharge.

7

JESSICA CAUDWELL-HALL

Have rates of continence procedures decreased in Australia over time?

Objectives: Rates of continence procedures in Australia may be declining. We used Australian Health and Welfare (AIHW) data to observe changes in procedure rates over time.
Methods: Information regarding procedural numbers of female continence procedures are available publicly on the AIHW website. Using data sourced from the National Hospital Morbidity Database, we compared the summary of procedure counts in the subheadings 'Procedures > XI. Procedures on urinary system > 1089-1111 Bladder > 1110 Procedures for female stress incontinence' between 2008 and 2018.
Results: Between 2016 and 2018 there was a 35% increase in retropubic procedures for female stress incontinence and a 46% decrease in sling procedures for female stress incontinence. Overall, there was a 26.6% decrease in female continence procedures performed.
Conclusion: Rates of continence procedures were relatively stable from 2008 to 2013 but have declined steadily since 2014.

8

KER YI WONG

Immediate and short-term outcomes of patients with anterior wall prolapse after abdominal paravaginal repair

Wong K. Y.[1]*, Han H. C.[2]

[1]Department of Obstetrics and Gynecology, KK Women's and Children's Hospital, Singapore
[2]Department of Urogynecology, KK Women's and Children's Hospital, Singapore

Transvaginal anterior repair with synthetic mesh in patients with advanced anterior compartment prolapse is associated with lower rates of recurrence than native tissue repair. However, with the recent controversies on using transvaginal meshes and the temporary cessation of mesh supplies in Singapore, patients in our center with advanced anterior compartment prolapses were offered abdominal paravaginal repair to reduce recurrence rates. The primary aim of this retrospective study was to evaluate the immediate and short-term outcomes of up to one month of 30 women who underwent abdominal paravaginal repair in KK Women's and Children's Hospital Singapore. The risk of major blood loss intraoperatively needing blood transfusion and organ injury during abdominal paravaginal repair was low at 3.3% each respectively. However, the number of patients in this current study was small. Follow up of these women needs to be continued to evaluate longer term outcomes and complications.

ABSTRACTS

9

KRISHANTHY THAYALAN

Rectovaginal fistula: A retrospective case-series

Rectovaginal fistula (RVF) is an abnormal epithelialized connection between the rectum and vagina and is a well-recognised condition in low resource settings with obstetric injury as the primary cause. In contrast, the condition is uncommonly seen in high resource settings and can be attributed to better access to quality obstetric care. Other aetiology of RVF in high resource settings are iatrogenic trauma, infection, neoplasm, radiation injury and as a complication of Crohn's disease. While the morbidity is decreased, there is little data on the epidemiology of its incidence in high resource settings available to guide management. This study aims to provide a review of the epidemiology, aetiology and management outcomes of RVF in the high resource setting. Significant findings in this study will direct further qualitative and quantitative research and aid implementation of preventative strategies.

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MUGDHA KULKARNI

Hysterectomy or Uphold TM Uterine Conservation in women with apical prolapse: a parallel cohort study

Objective: To compare objective and subjective cure rates between Uphold™ hysteropexy (HP) and vaginal hysterectomy (VH).
Methods: Due to delayed recruitment, this originally planned randomised controlled trial was changed to patient preference study. Women with symptomatic stage ≥2 uterine descent wishing a surgical solution were included. Routine follow up was scheduled. Primary outcome was absence of stage ≥2 apical prolapse Secondary outcomes were based on quality of life questionnaires and composite outcome.

Results: We recruited 50 VH and 51 HP. Participants were followed up for a median of 25 months. Five from the VH (10%) and seven from the HP (14%) group were lost to follow-up. There was no difference in objective apical outcomes; the incidence was 0% in VH and 2% in hysteropexy group (p=0.50). We found no difference in the composite cure rate (78% VH vs 85% HP, 0.45) between the groups.

Conclusions: Uphold™ uterine suspension and VH, appear to have equivalent objective and subjective cure at 25 months.

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REBECCA EVERIST

Prevalence of long-term anal incontinence in women with OASI compared with women without OASI.

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The literature suggests that women who sustain obstetric anal sphincter injuries (OASI) have higher rates of long-term anal incontinence (AI) than women who don't, however the data is wide ranging and inconsistent. At St George Hospital, 419 women who sustained OASI in their first delivery and 139 women who did not between 2005 and 2014 were contacted and asked to complete a survey to obtain their current symptoms of AI using the St Mark's Incontinence Score. The response rate was very low with only 29.5% of women with OASI and 30.9% of controls responding. There was no difference in the prevalence of long-term AI between women with OASI and controls, with high rates in both groups (61% in OASI, 60.5% in controls, p=0.95).

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REBECCA YOUNG

Training in perineal trauma and OASIS: a survey of RANZOG trainees

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A descriptive cross-sectional study of RANZCOG trainees designed to evaluate experience, teaching, supervision and views towards training on OASIS repairs. Trainees were found to be significantly more confident in performing a caesarean section independently compared to OASIS repair ($p<0.05$). This was the case for all year groups including sixth year trainees; though confidence did increase overall with progression through training.

Only 62% reported a credentialing process at their training site. Despite previous attendance and training 86.4% felt an OASIS workshop would be valuable to them at this time. When asked suggestions 38.6% specifically requested mandatory workshops. Trainees asked for ongoing supervision despite being credentialed and that there be separate credentialing for 3A/B and 3C/4th degree repairs.

This highlights the importance of additional training away from the bedside and that current RANZCOG trainees would like an increase in structured teaching and training in OASIS repairs.

ABSTRACTS

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SHANIKA WIJAYANAYAKA

Effect of Body Mass Index on Midurethral Sling Efficacy for the Management of Stress Urinary Incontinence

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The aim of this study was to determine if BMI □ 30 influences the outcomes of midurethral sling procedures for stress urinary incontinence. A retrospective cohort study was performed on women who underwent a midurethral sling procedure (TOT, TVT, MiniArc) over a five-year period from January 2015 to Sept 2019 at Ipswich Hospital, Queensland, Australia. Chart review was carried out to identify their age and BMI on the day of the surgery, intra-operative and post-operative complications, whether they had concomitant vaginal surgery, and previous continence surgery.

Our results suggest that BMI was not independently associated with complications; thereby, supporting the feasibility and safety of mid-urethral sling procedures for obese women who suffer from stress urinary incontinence. Furthermore, there was no difference in patient satisfaction amongst both groups. Additional studies involving longer follow-up periods for all patients, and the use of standardized questioning is required to further validate these findings.

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ROSS MCBRIDE

Differentials for masses at the urethral meatus: A rare case of transitional cell carcinoma

Urethral meatus masses in women are common and usual differentials include caruncle, mucosal prolapse and diverticulum. A 60-year-old lady presented with a urethral lump which was painful during intercourse and voiding. Examination revealed prolapsed mucosa on the left external urethral meatus, which was firm and tender. On the right of the urethra, there was a pink 0.5cm mobile mass with central pigmentation. Excision biopsies were noted to be friable. Histopathology revealed a high grade papillary transitional cell carcinoma (TCC).

A literature search review found 16 cases of urethral malignant neoplasms. TCC and malignant melanoma were the most commonly reported. Unexpected types include non-Hodgkin's lymphoma and metastasis from epithelial ovarian carcinoma.
The most commonly reported symptom was urethral mass, vaginal bleeding, pain and urinary symptoms.

Urethral lumps are common, and cancer should be considered. This case study emphasises the role of careful clinical examination and highlights the importance of biopsy in diagnosis.

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WENDY BOWER

Is nocturia driven by urine volume or bladder storage in women?

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Objectives: To investigate nocturnal bladder parameters in women.
Methods: Bladder diary data from women ≥ 40 years was analysed alongside hormone status and use of known modifying agents.
Results: Data sets from 150 women with a mean age of 63.7 (SD 12.2) years were analysed; 85% and 41% showed nocturia once and ≥ twice per night respectively. Key findings:
Nocturia severity significantly correlated with night diuresis rate, nocturnal urine volume and Vitamin D supplementation. Women with nocturia ≥2 produced 215mL more urine than nocturia ≤1. Nocturnal Polyuria was independently predicted by physical exercise (protective) and older age. Nocturnal urine significantly higher when taking Vitamin D
Night voids were smaller than largest 24-hour volume in 50% women
Hormone depletion was significantly associated with nocturia severity and overnight urine volume.
Conclusions: Nocturnal Polyuria and low volume night voids co-exist with nocturia. Vitamin D use and physical activity impact nocturnal urine volume.
Acknowledgments: We appreciate the assistance of the following clinicians in supporting study recruitment: Dr Jenny King, Dr Lucy Bates, Ms Wendy Allen, Dr TJ Ong, Ms Christine Baldrey, Ms Natalya Kabylyuk, Ms Sharyn King.

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YU HWEE TAN

Abdominal pressure and pelvic organ prolapse: is there an association?

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Objectives: To assess association between maximal intra-abdominal pressure on Valsalva (VLPP) and pelvic organ prolapse (POP)
Methods: An observational cross-sectional study of 504 women seen at a tertiary urogynaecology clinic was performed. Patients underwent a standardised interview, POP-Q, rectal VLPP measurement and 4D-translabial ultrasound. Univariate and multivariate analysis was performed using logistic or linear regression.
Results: Mean BMI was 27.9 kg/m^2 (SD 5.86). 415 (82.3%) had clinically significant POP; 357 women (70.8%) had sonographically significant POP. Mean VLPP was 91 cmH2O (SD 26). There was a significant association between maximal VLPP and sonographic rectal ampulla descent (p = 0.0275); maximal VLPP and obstructed defecation symptoms (ODS) bother (p=0.0065). There was no significant association between BMI and maximal VLPP (p = 0.134).
Conclusions: A significant positive association exists between maximal VLPP and both sonographic posterior compartment prolapse and ODS bother. Maximal VLPP is not a strong risk factor for prolapse.

ABSTRACTS

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YVONNE WONG

The Use of Mirabegron for the Treatment of Overactive Bladder: Efficacy, Side effects and Persistence with treatment

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Overactive bladder (OAB) is a common condition that greatly impacts an individual's quality of life.
We conducted a retrospective study between 1st August 2017 to 31st July 2019 to review the efficacy, side effects and persistence of Mirabegron in treating OAB.
The analysis included 148 patients with mean age of 58.6 years- 73% were menopausal and mean parity was 3.2.
At the 1-month and 6-month review, mean urinary frequency intervals increased and nocturia episodes reduced. Urgency, urge and stress urinary incontinence were improved/cured in majority of patients.
There were no major adverse events.
The mean duration of treatment was 3.2 months. 27.7% of patients were lost to follow up, 12.8% stopped due to cure, 12.8% found it ineffective and 12.8% discontinued due to side effects.
In conclusion, most patients who received Mirabegron reported clinical improvement in OAB symptoms and our data showed that it was safe and well tolerated.

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ZHUORAN CHEN

Does antibiotic therapy alter the urinary cytokine response in women with refractory Detrusor Overactivity?

Background: Bacterial cystitis and the associated inflammatory response is a possible aetiological factor in the development of refractory detrusor overactivity (DO). This study examines the relationship between antibiotic treatment and concentration of cytokines in urine from women with refractory DO.
Methods: Refractory DO women enrolled in a placebo controlled, RCT of antibiotics had urines collect at baseline and regular intervals after treatment. Nine cytokines (IL-1, IL-4, IL-6, IL-8, IL-10, CXCL10, TNF-, IL-1 receptor antagonist and MCP-1) were measured.
Results: Total of 195 urine samples across 34 patients were analysed. By 6months, antibiotic treatment was associated with lower levels of cytokine release in IL-6, IL-8, CXCL-10, IL-4, MCP-1 and IL-1a, which play important roles in the innate immune response.
Conclusion: We hypothesise that antibiotics decreases the innate immune response, leading to decreased tissue damage, less stimulation of afferent nerves and therefore reduced urgency. This has important implications for our understanding of the aetiology of refractory DO.



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Join fellow meeting delegates, UGSA Executive along with renowned international keynote speakers in celebrating the 2020 UGSA ASM.

Set on the stunning waterfront side of Sydney's Darling Harbour with uninterrupted views of Bangaroo and the city skyline, the 2020 UGSA ASM Delegate Dinner at The Pavillion, Australian National Maritime Museum; is the perfect opportunity to catch up with friends, forge new friendships and enjoy great company in a truly majestic setting.

Your ticket is inclusive of 3 course meal, beverages and as much dancing as you can muster! UGSA looks forward to celebrating with you on this night!

NOTIFICATION OF THE 2020 UGSA ANNUAL GENERAL MEETING

DATE: Friday 20 March 2020
TIME: 5.30pm to 6pm
LOCATION: Australian National Maritime Museum

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