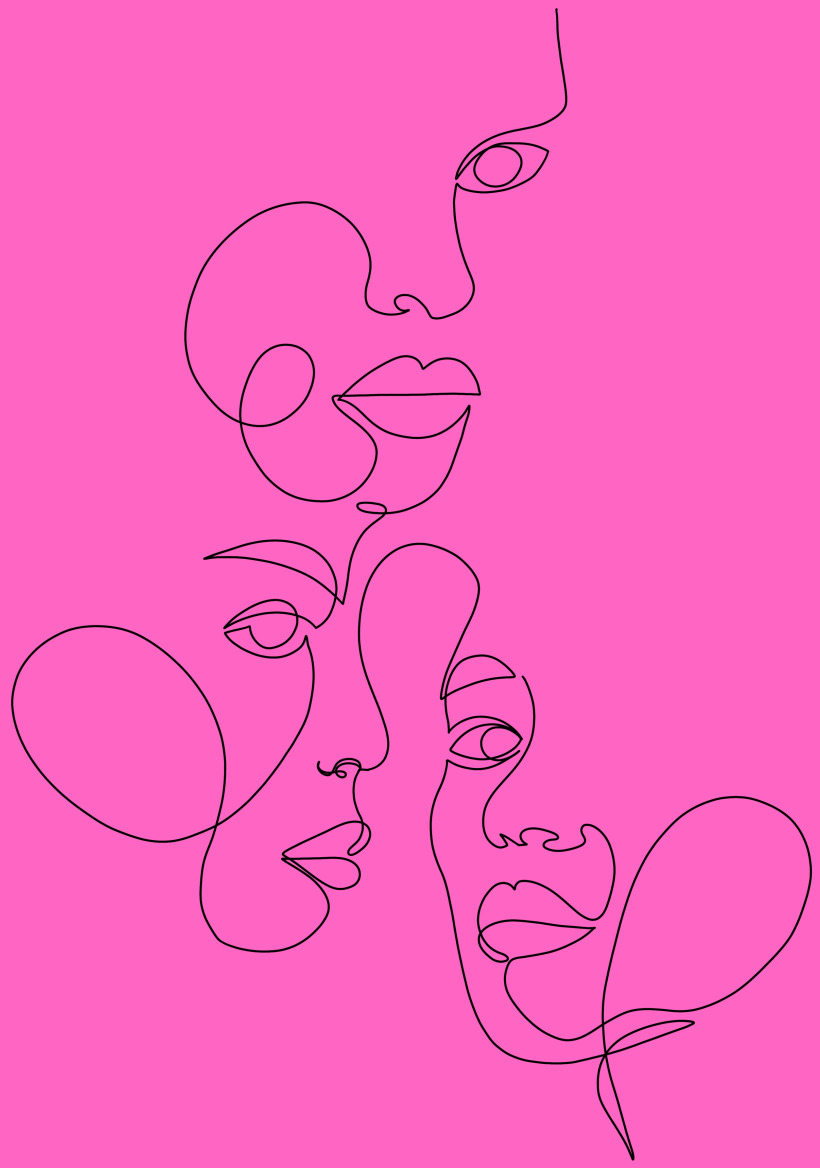


UROGYNAECOLOGICAL SOCIETY OF AUSTRALASIA

REBUILDING

2022 UGSA ASM & AGM

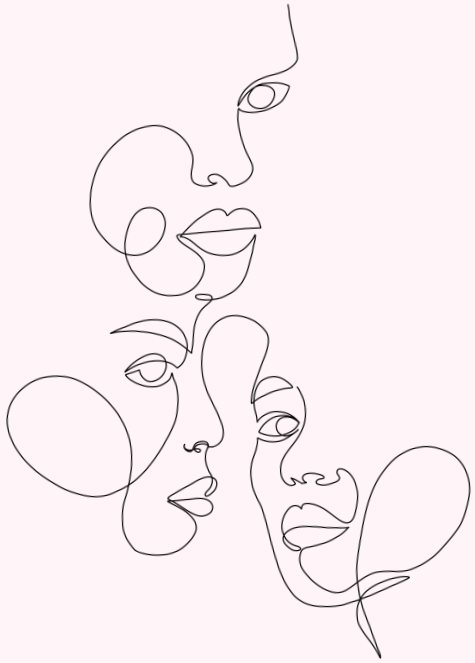
SYDNEY | AUSTRALIA



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2022 UGSA ASM & AGM



WELCOME

Dr John Short
UGSA ASM Chair

The Urogynaecological Society of Australasia has been bringing urogynaecology focused professionals together since 2009, by listening, learning and leading, to transform the care its members provide to patients.
This year's ASM with the focused theme of 'Rebuilding' provides the opportunity to discover the latest innovations in research, clinical practice and education.
With more than thirty expert presenters, panel discussion with key decision influencers, a topical debate and must-do pre-meeting workshops - you're guaranteed to learn about the latest cutting-edge research in your own specialty and gain valuable, new insights into what's happening across the spectrum of urogynaecology.
We warmly welcome you to Sydney where we will come together to celebrate the return of in-person events, network with colleagues, peers and industry partners at the largest annual urogynaecology event in Australasia.

Look forward to seeing you in Sydney.

Dr John Short

2022 UGSA ASM KEY INDIVDIUALS

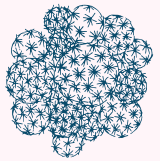


2022 UGSA ASM Scientific Committee

Dr John Short
Dr Lucy Bates
A/Professor Emmanuel Karantanis
Professor Bernard Haylen

2022 UGSA Executive Committee

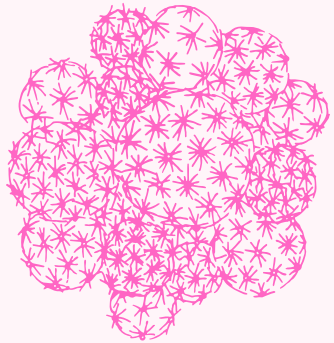
A/Professor Marcus Carey - Chair
Dr Alexandra Mowat - Vice Chair
Dr Tim Dawson - Secretary
Dr Lin Li Ow - Treasurer
Dr Ruchi Singh
Dr Lucy Bates
Dr Bernadette Brown
Dr Fiona Bach



2022 UGSA ASM International Faculty

Dr Phil Toozs-Hobson
Professor Catherine-Ann Matthews

2022 UGSA ASM AUSTRALASIAN FACULTY



Dr Alexander Chen
Dr Alex Mowat
Dr Alison de Souza
Dr Amy Goh
A/Prof Anna Rosamilia
A/Professor Anne Duggan
Dr Bernadette Brown
Prof Bernard Haylen
Bridget Weeks
Dr Catherine Matthews
Dr Chin Yong
Christine Rafe
Dr Christopher Barry
A/Prof Christopher Benness
Prof Christopher Maher
Dr Dan Costello
Dr Deepa Gopinath
Dr Edwina Chan
A/Prof Emmanuel Karantanis
Dr Fiona Bach
Fiona Beaupeurt
Prof Gil Burton
Dr Hannah Krause
Dr Ian Bradford
Dr Ian Thong
Dr Ian Tucker
Dr Jane Manning
Dr Janelle Brennan
Dr Jason Chow
Dr Jenny King
Dr Jerome Melon
Jinwa Li
Dr Jessica Caudwell-Hall
Dr Jo Karnaghan
Joelene Murdoch
Dr John Short
Prof Judith Goh
Prof Kate Moore
Katrina Parkin
Dr Kim Phan Thien
Dr Kris Cvach
Dr Lin Li Ow
Dr Lucy Bates
Dr Lynsey Hayward
A/Prof Malcolm Frazer
A/Prof Marcus Carey
Dr Mark Ruff
Dr Michael Carey
Natalie McConochie
Dr Nevine te West
Dr Oliver Daly
Patrick Gaynor
Dr Peter Henderson
Dr Phil Toozs-Hobson
Dr Xiamin Liang
Rachel Wiltshire
Dr Rebecca Young
Renee McLaughlin
Dr Ruchi Singh
Dr Ruth Cameron-Jeffs
Dr Simon Singer
Dr Stefaan Pacquee
Dr Supuni Kapurubandara
Tamara Woods
Dr Tanaka Dune
Taryn Hallam
Dr Tim Dawson
Dr Vijay Roach
Vanessa Wowk
Dr Victoria Buckley
Dr Vivien Wong
Wendy Allen
Dr Yogesh Nikam
Dr Yu Hwee Tan
Zoe Wallace
Dr Zanna Franks
Dr Zhuoran Chen

INTERNATIONAL KEYNOTE SPEAKER



PROF CATHERINE-ANN MATTHEWS, MD

International Keynote Speaker

Catherine Ann Matthews MD, is Professor of Urology and Gynecology at Wake Forest Baptist Health and serves as the Fellowship Director of Female Pelvic Medicine and Reconstructive Surgery and Director of the Female Pelvic Health Centre.

She is an oral board examiner for the American Board of Obstetrics and Gynecology, serves as the AUGS Clinical Course Director, is the immediate past Chair of Education for the International Urogynaecology Association (IUGA) and the Foundation Chair of AUGS.

Dr. Matthews is passionate about education, having delivered over 100 invited international and national lectures and workshops; as well as having received numerous teaching awards.

Boasting has extensive experience in transvaginal and robotic surgery for pelvic organ prolapse repair; she has been invited to perform live surgery in India, Brazil, Argentina, Italy, Portugal and South Africa.

The recipient of multiple awards for her excellence in patient care, Dr Matthews has been an annual recipient of "Top Doctors in America" for the past 15 years. She has published more than 100 peer-reviewed papers in pelvic organ prolapse surgery, robotic-assisted sacrocolpopexy and fecal incontinence, and is currently the principal investigator of 4 multicenter clinical trials with a total research budget of $2.3 million.

2022 UGSA ASM & AGM

INTERNATIONAL KEYNOTE SPEAKER



DR PHILIP TOOZS-HOBSON

International Keynote Speaker

Philip completed his undergraduate studies at St. Mary's Hospital Medical School. Following completion of his registrarship Philip spent 3 years working for Professor Linda Cardozo in London.

His clinical interests include pelvic floor injury from childbirth, psychological aspects of incontinence and hormonal influences within Urogynaecology. He also researches into reporting outcomes in Urogynaecology.

Philip's previous positions include both Treasurer and Chair of the Training Committee for the British Society of Urogynaecology, representative for BSUG on the RCOG Subspecialty Training Committee and Secretary-Treasurer of UKCS. His government work has included being part of the Modernising Scientific Careers Programme for the Department of Health.

Despite being a fulltime NHS consultant, Philip has run a successful research portfolio for over 20 years, including being awarded over £5 million in grants; in addition to being the recipient of various awards including C STICH.

He has published over 200 peer reviewed articles and written/edited several books. Philip is the immediate past Director of Meetings at the RCOG.

PROGRAM

DAY 1 | WEDNESDAY 21 SEPTEMBER 2022

TIME	SESSION
830	Triple P: Practical Pessary Workshop | Doctors: A/Professor Emmanuel Karantanis, Professor Kate Moore, Dr Zhuoran Chen, Dr Nevine te West & Dr Rebecca Young; Physiotherapists: Edwina Chan & Rachel Wiltshire; Nurses: Wendy Allen, Fiona Beaupeurt, Katrina Parkin & Jinwa Li
900	Vaginal Surgery Workshop | Dr Jenny King, Dr Christopher Barry, Dr Kris Cvach, Dr John Short, Dr Tim Dawson, Dr Zanna Franks, Dr Lucy Bates, Dr Lin Li Ow & Dr Bernadette Brown
900	Intermediate Laparoscopic Skills Workshop | A/Professor Anna Rosamilia, Dr Supuni Kapurubandara, Dr Yogesh Nikam, Dr Ruchi Singh, Dr Lin Li Ow, Dr Alexander Chen & Dr Stefaan Pacquee
1330	Advanced Laparoscopic Skills Workshop | A/Professor Anna Rosamilia, A/Professor Emmanuel Karantanis, Dr Yogesh Nikam, Dr Supuni Kapurubandara, Dr Stefaan Pacquee, Dr Victoria Buckley, Dr Michael Carey, Dr Dean Conrad & Dr Alexander Chen
1330	Trainees & Fellows Day Workshop | Dr Lucy Bates, Dr Vivien Wong, Dr Jerome Melon, Dr Amy Goh, Dr Hannah Krause & Dr Bernadette Brown
1330	Setting up a Multidisciplinary Mesh Service - Lessons from the Queensland Pelvic Mesh Service | A/Professor Malcolm Frazer, Professor Judith Goh, Dr Yu Hwee Tan, Dr Ian Thong, Dr Vivien Wong, Renee McLaughlin, Vanessa Wowk & Bridget Weeks

PROGRAM

DAY 2 | THURSDAY 22 SEPTEMBER 2022

TIME	SESSION
800	vNOTES Workshop | Sponsored by Applied Medical | Dr Supuni Kapurubandara, Dr Mark Ruff & Professor Judith Goh
830	Robotics Workshop | Sponsored by Device Technologies | Dr Marcus Carey, Dr Chin Yong, Dr Ruth Cameron-Jeffs & Dr Xiamin Liang supported by the team at Device Technologies
830	Cystoscopy Skills Workshop | Dr Jenny King, Dr Nevine te West, Dr Kris Cvach, Dr Tim Dawson, Dr Lucy Bates, Dr Ruchi Singh & Dr Alison de Souza
1330	vNOTES Workshop | Sponsored by Applied Medical | Dr Supuni Kapurubandara, Dr Mark Ruff & Professor Judith Goh
1330	Allied Health Workshop | Tamara Woods, Taryn Hallam, Natalie McConochie, Zoe Wallace, Joelene Murdoch & Christine Rafe
1330	Lapro-Robotic Surgical Training Workshop | Dr Alexandra Mowat & the team at Medigroup

PROGRAM

DAY 3 | FRIDAY 23 SEPTEMBER 2022

TIME	SESSION
820	Welcome & Introduction | Chairs Dr John Short, Dr Lucy Bates & A/Professor Emmanuel Karantanis
830	SESSION I. Rebuilding Confidence - Professional Issues in Urogynaecology | Chairs Dr Jenny King & Professor Ian Tucker
830	Our current location- How did we get here? | Professor Malcolm Frazer
845	The Doctor - Patient Relationship - A new paradigm | Dr Vijay Roach
900	The Future of Innovation in Urogynaecology | A/Professor Anna Rosamilia
915	Credentialling - A necessary evil? | Dr John Short
930	Big data- Benefits and risks | Dr Philip Toozs-Hobson
945	PANEL Q&A
1000	MORNING TEA
1030	Session II. Raising the Roof - Options when dealing with apical prolapse | Chairs A/Professor Emmanuel Karantanis & Dr Alexandra Mowat
1030	Sacrospinous fixation | Professor Bernard Haylen
1045	USL suspension - vaginal | Dr Tanaka Dune
1100	ULS suspension - laparoscopic and robotic | Dr Chin Yong
1115	Primary uterine prolapse - optimising choice | Dr Catherine-Ann Matthews
1145	PANEL Q & A
1200	ROUNDATBLE DISCUSSION- Update on the status of mesh availability for women requiring Sacrocolpopexy A/Professor Emmanuel Karantanis, Dr Catherine-Ann Matthews, Dr Simon Singer - Principal Medical Adviser, Medical Devices Authorisation at TGA, Dr Peter Henderson - Avant Mutual, Patrick Gaynor - MSA & A/Professor Anne Duggan - ASQHC & Dr Jo Karnaghan - SESLHD
1230	LUNCH

PROGRAM

DAY 3 | FRIDAY 23 SEPTEMBER 2022

TIME	SESSION
1330	Session III. Supporting the Walls - Improving outcomes and satisfaction for native tissue repairs | Chairs Dr Zhuoran Chen & Dr Tim Dawson
1330	Consent and Expectations | Dr Oliver Daly
1345	Pre-operative preparation | Dr Lucy Bates
1400	Vaginal repairs - Intraoperative considerations in surgical management | Dr Jenny King
1415	Post-operative considerations - The essentials | Dr Ruchi Singh
1430	Persistent postsurgical pain - Prediction, prevention and treatment | Dr Jason Chow
1445	PANEL Q&A
1500	AFTERNOON TEA
1530	Session IV. New Materials and Methods - The Latest Innovations in Urogynaecology | Dr Yik Lim & Dr Lin Li Ow
1530	Surgical Grafts - The latest developments | Dr Alexandra Mowat
1545	Fascia lata- The magic bullet in urogynae surgery | A/Professor Marcus Carey
1600	Emerging options for the treatment of OAB | Professor Kate Moore
1615	ERAS- paving the way towards day stay urogynaecological surgery | Dr Supuni Kapurubandara
1630	PANEL Q&A
1645	CLOSE
1700	ANNUAL GENERAL MEETING

PROGRAM

DAY 4 | SATURDAY 24 SEPTEMBER 2022

TIME	SESSION
820	**Welcome & Introduction | Chairs Dr John Short, Dr Lucy Bates & A/Professor Emmanuel Karantanis**
830	Abstract Presentations | Chairs Dr Ruchi Singh, Dr Lucy Bates, A/Professor Christopher Benness & Dr Jessica Caudwell-Hall
	10 x 10 format (7minutes presentation + 3 minutes Q&A)
1010	MORNING TEA
1040	**Session V. Form versus Function - Bowel Issues in Urogynaecology | Chairs Dr John Short & Dr Bernadette Brown**
1040	Postmenopausal Faecal Incontinence- Assessment and Management | Dr Kim Phan Thien
1100	Imaging in functional pelvic floor disorders - The evidence | Dr Fiona Bach
1115	Posterior compartment surgery - The Colorectal Approach | Dr Ian Bradford
1140	PANEL Q &A
1200	DEBATE | **Mid-urethral slings have had their day | Moderator Dr Lucy Bates** Teams | For: A/Professor Marcus Carey & Dr Janelle Brennan, Against: Dr Tim Dawson & Dr Jenny King
1230	LUNCH
1330	**Session VI. Grand Designs and Challenging Projects | Chairs Professor Kate Moore & Professor Judith Goh**
1330	Recurrent UTI: A paradigm shift from anti to probiotic therapy | Dr Catherine-Ann Matthews
1400	Managing pelvic floor disoders in adolescents and young women | Dr Lin Li Ow
1415	Considerations for surgery in medically frail women | Professor Christopher Maher
1430	Recurrent stress incontinence | Dr Philip Toozs-Hobson
1445	Painful Bladder Syndrome - Key Symptoms, Causes and Treatment Options Available | Dr Jane Manning
1500	PANEL Q &A

PROGRAM

DAY 4 | SATURDAY 24 SEPTEMBER 2022

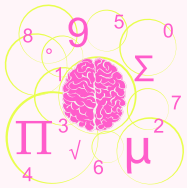
TIME	SESSION
1515	AFTERNOON TEA
1545	Session VII. Secure foundations - Training in Urogynaecology | Chairs A/Professor Christopher Benness & Dr Deepa Gopinath
1545	Challenges in urogynaecology training | Professor Emmanuel Karantanis
1600	Learning on the job - A practical approach | Dr Tim Dawson
1615	Simulation - The way forward for surgical training? | Dr Dan Costello
1630	Learning how to cope with complications | Dr Lynsey Hayward
1645	PANEL Q &A
1700	AWARDS & CLOSE | A/Professor Marcus Carey

2022 UGSA ASM & AGM

ABSTRACTS

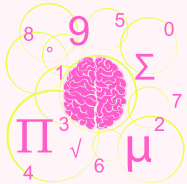
2022 UGSA ASM

ABSTRACT PRESENTERS



Chelsea Glennon
Edwina Chan
Fei Bing
Hayley Smith
James Alexander
Lauren Ferris
Mugdha Kulkarni
Nicole Young
Rebecca Shaya
Rebecca Young
Richard Song
Sophie Chapman
Stephanie Khaw
Sudi Jeyarajakumar
Tess Nagy
Tim Hasted
Vincent Fu
Yu Hwee Tan

ABSTRACT JUDGES



A/Professor Christopher Benness
Dr Jessica Caudwell-Hall
Professor Catherine Ann Matthews
Dr Philip Toozs-Hobson
Dr Tim Dawson

CHELSEA GLENNON

COMPLETE REMOVAL OF A TRANSOBTURATOR TAPE MIDURETHRAL SLING

Glennon C1*, Song M2, Dune T1,3, Cameron-Jeffs R1,3, Ashton M3, Al-Salihi S1,3

AFFILIATIONS

1. Department of Obstetrics and Gynaecology, Pelvic Floor Unit, The Royal Women's Hospital, Melbourne, Australia
2. Department of Surgery, University of Melbourne, Parkville, Australia
3. Epworth Freemasons Hospital, East Melbourne, Victoria, Australia

BIOGRAPHY

Chelsea is a RANZCOG trainee working at The Royal Women's Hospital in Melbourne. She has just completed her 4 years of core training, and is currently on maternity leave after having her first child in August. She has an interest in both obstetrics and gynaecology, as well as research in both fields. She has spent the last 6 months working with the Pelvic Floor Unit at The Women's as their senior registrar, gaining experience in complex urogynaecological conditions and surgery.

SYNOPSIS

Introduction | Synthetic midurethral slings (MUS) are common practice in the management of stress urinary incontinence (SUI). Initially thought to have a favourable risk profile, the use of synthetic mesh is increasingly known to be associated with complications, with groin pain being specifically relevant to the use of Transobturator Tape (TOT) MUS. There remains little clinical and surgical guidance on the optimal management of chronic mesh-related pain, however removal of TOT is increasingly seen in clinical practice, with variable presentation of surgical techniques in the literature including laparoscopic, abdominal and vaginal approaches.

Objective | We aim to describe a refined collaborative multidisciplinary surgical technique for the complete removal of TOT using video and still images.

Methods | Videography was performed on a patient undergoing complete removal of TOT mesh after documented written informed consent.

Results | In our clinical experience this surgical technique with the assistance from plastic surgeons allows for decreased morbidity and increased likelihood of complete removal of the TOT MUS. The patient experienced no post-operative complications.

Conclusions | We present a refined multidisciplinary surgical experience for complete TOT mesh removal. Key features of our technique include the avoidance of muscle and tendon division and use of smaller, targeted incisions and dissection spaces.

EDWINA CHAN

AUSTRALIAN HEALTH CARE PROFESSIONALS' BELIEFS AND ATTITUDES TOWARDS THE MANAGEMENT OF CHRONIC PELVIC PAIN: A CROSS-SECTIONAL SURVEY

Edwina Chan1*, Marika Hart2, Jennifer Vardy3, Rebecca Dallin4, Emma Wise5, Associate Professor Emmanuel Karantanis6, Professor Darren Beales5.

AFFILIATIONS

1. Department of Physiotherapy, St George Hospital, Kogarah, NSW, Australia
2. Department of Physiotherapy, King Edward Memorial Hospital, Perth, WA, Australia
3. Department of Physiotherapy, Eastern Health, Melbourne, VIC, Australia
4. Body Sense Physiotherapy, Joondalup, WA, Australia
5. Curtin School of Allied Health, Curtin University, Perth, WA, Australia
6. The University of New South Wales, Sydney, NSW, Australia
7. Department of Obstetrics and Gynaecology, St George Hospital, Kogarah, NSW, Australia

BIOGRAPHY

Edwina Chan is a physiotherapist who specialises in pelvic health issues. She has been a physiotherapist for over 20 years and has worked in the field of Women's Health since 2009. Edwina works with A/Professor Emmanuel Karantanis at St George Private Hospital, and she also works part-time as the Senior Women's Health Physiotherapist at the Pelvic Floor Unit at St George Hospital.

SYNOPSIS

Objective | To comparatively document the current beliefs and practice behaviours of health care professionals (physiotherapists, gynaecologists, and general practitioners) in the management of chronic pelvic pain (CPP) in Australian women.
Design | Cross-sectional online survey study of health care professionals (HCPs).
Methods | A 19-question survey focused on beliefs and practice behaviours in the management of CPP was distributed nationally in Australia between June-July 2021.
Results | In total, 446/538 responses were included for statistical analysis, including 75 gynaecologists/urogynaecologists, 184 GPs and 187 physiotherapists. Most of the respondents were female (88.1%) with male (11.7%) and other (0.2%). All three professions rated patient's beliefs (89.8%), nervous system sensitisation (85.7%), stress/anxiety/depression (91.9%), fear avoidance (83.3%), history of sexual/emotional/physical abuse (94.1%) and pelvic floor muscle overactivity (85.0%) as very/extremely important factors in the development of CPP. Most gynaecologists/urogynaecologists (71.0%) and GPs (70.2%) always referred for pelvic ultrasound when assessing CPP. Physiotherapists assessed goal setting (88.8%) and screened for patients' beliefs (80.9%) more often than gynaecologists/urogynaecologists (30.4%, 39.1%) and GPs (46.5%, 29.0%).
Conclusion | All three groups of HCPs demonstrated a good understanding of pain mechanisms and incorporated a biopsychosocial approach to assessment and management of women with CPP. The responses from all three groups of HCPs aligned with guideline recommended care.

FEI BING

AUTOLOGOUS FASCIA LATA PUBOVAGINAL SLING

Bing F1*, Song M2, Dune T1,3, Cameron-Jeffs R1,3, Yong C1,3, Carey M1,3

AFFILIATIONS

1. Department of Obstetrics and Gynaecology, Pelvic Floor Unit, The Royal Women's Hospital, Melbourne, Australia
2. Department of Surgery, University of Melbourne, Parkville, Australia
3. Epworth Freemasons Hospital, East Melbourne, Victoria, Australia

BIOGRAPHY

Fei Bing is a junior doctor in Obstetrics and Gynaecology at the Royal Women's Hospital in Melbourne, and will begin her first year as a RANZCOG trainee in 2022. Fei is currently involved in research in the fields of preterm labour and urogynaecology, and will be presenting at the 2021 International Urogynaecological Association Annual Meeting. Fei is passionate about women's health, and hopes to continue to develop both her research and clinical skills to contribute to this broad and rewarding field.

SYNOPSIS

Introduction | Stress urinary incontinence (SUI) affects up to 46% of women. Surgical treatment of SUI carries favourable success rates when balanced with complications and morbidity. Midurethral slings have become a prevalent treatment for SUI, however, there are increasing concerns around mesh-related complications. Autologous fascial slings are re-emerging as alternatives to synthetic mesh. Pubovaginal fascial slings have been demonstrated to be highly effective procedures for SUI, especially in the setting of previous incontinence surgery. Autologous fascia lata (AFL) is of particular interest, given its accessibility in patients who have had multiple abdominal surgeries or high BMI, prohibiting harvest of rectus fascia.
Objective | To demonstrate surgical technique of harvesting AFL for use in a pubovaginal sling case using video recording.
Methods | Video recording of a patient undergoing single incision AFL harvest and fascia lata pubovaginal sling was obtained after written informed consent.
Results | Videography exhibiting a pubovaginal sling with AFL case was edited to demonstrate key surgical steps. No complications occurred.
Conclusions | Pubovaginal sling with AFL is a safe alternative to existing anti-incontinence procedures and provides a native-tissue substitute to synthetic mesh. Harvesting AFL as a graft is a useful option in cases where rectus fascia harvesting is risky or impossible.

HAYLEY SMITH

SUBJECTIVE OUTCOMES OF PAIN FOLLOWING TENSION FREE VAGINAL TAPE SURGERY – A 10 YEAR FOLLOW UP SURVEY

*Smith H1, Short J1

AFFILIATIONS

Christchurch Women's Hospital, Christchurch, New Zealand

BIOGRAPHY

Dr Hayley Smith is new RANZCOG fellow. She completed her specialty training in Christchurch with an additional fellowship at St Vincent's Hospital, Sydney, focusing on Advanced Laparoscopy and Pelvic Floor Surgery. Hayley is returning to Christchurch to commence her specialist career as a generalist with a special interest in the management of pelvic floor disorders.

SYNOPSIS

Aim | To assess subjective long-term rates of pain for women who have undergone a mid-urethral sling (MUS) procedure.
Methods | All women who underwent a MUS at single tertiary hospital in 2009-2010 were sent a postal survey. The survey assessed pre- and post-operative symptoms including pain, post-operative interventions and overall satisfaction. The primary outcome measure was development of new reported pain following the MUS procedure. The secondary outcome was overall satisfaction with the procedure.
Results | 135 surveys were distributed, with a response rate of 50.4% (n=68). 7 women (10.3%) reported new onset of pain following their MUS procedure. On further review, four had pain attributable to other causes, one was uncontactable and two reported experiencing complications necessitating mesh removal. Both had a history of two MUS procedures prior to symptom onset. The rate of long-term pain presumed secondary to MUS procedure was 2/68 (2.9%)
49 women (73.1%) reported the MUS procedure improved symptoms of stress urinary incontinence. 46 (70.1%) would recommend the procedure to a friend.
Discussion | This survey of long-term outcomes shows a 2.9% rate of persistent pain likely caused by the MUS procedure itself, and suggests that a repeat procedure may be a risk factor for the development of chronic pain.

JAMES ALEXANDER

CO2 SURGICAL LASER FOR TREATMENT OF STRESS URINARY INCONTINENCE IN WOMEN: A RANDOMISED CONTROLLED TRIAL

Authors: Alexander J*1,2, Karjalainen P1,3, Ow L1, Leitch A1, Kulkarni M1, Lee J2, Rosamilia A1,4,5

AFFILIATIONS

1. Monash Health, Melbourne
2. School of Women's and Children's Health, UNSW Sydney
3. Hospital Nova of Central Finland, Jyväskylä, Finland
4. Cabrini Hospital, Melbourne
5. Monash University, Victoria

BIOGRAPHY

James has recently completed his urogynaecology fellowship at Monash Health and Mercy Hospital for Women under the supervision of A/Prof Anna Rosamilia. He has recently started practicing in Sydney and his research interests are in vaginal laser therapy and vaginal laxity.

SYNOPSIS

Background | Some studies have suggested laser therapy may improve or cure SUI however there is a lack of RCTs to judge treatment efficacy.
Objective | To compare the effects of CO2vaginal laser versus sham for the treatment of stress urinary incontinence.
Study Design | This was a multi-centre, participant-blinded, sham-controlled, superiority RCT. Intervention was performed using a CO_2 fractionated vaginal laser over 3 treatments. Sham was performed using an identical technique with a deactivated pedal.
The primary outcome was the subjective SUI rate (proportion with leak with cough, sneeze, or laughter) at 3 months after completion of treatment. Secondary outcomes included objective SUI, change in the disease specific patient reported outcomes (PRO), and generic quality of life (HRQOL) as well as adverse effects.
Results | 52 participants received laser and 49 sham treatment. At 3 months, there was no difference between participants in subjective SUI (46 (96%) vs 48 (98%), (RR 0.98 (95% CI, .91-1.05) p=.55) or objective SUI (37 (80%) vs 33 (80%), (RR 0.99 (95% CI, .81-1.23 p=.995). PRO and HRQOL were also comparable between the groups.
Conclusion | We were unable to show an improvement in SUI after CO_2 vaginal laser therapy compared to sham treatment.

LAUREN FERRIS

DUAL VAGINAL AND URETERIC LITHIASIS IN A WOMAN WITH INCONTINENCE DUE TO MULTIPLE SCLEROSIS

Lauren Ferris*1, and Sacha Strockyj1

AFFILIATIONS

Department of Gynaecology, Concord General Repatriation Hospital

BIOGRAPHY

Lauren is currently the Senior Registrar at Royal Prince Alfred Hospital, in her 1st year of RANZCOG Advanced Training. She is interested in perusing Urogynaecology subspecialty training.

SYNOPSIS

Introduction | Due to the clinical rarity of vaginal stone formation, the diagnosis is often missed or delayed. Primary and secondary vaginal stones can be differentiated by the presence of a nidus within the vagina, which occur with secondary vaginal stones1. Primary vaginal calculi result from stasis and pooling of urine in the vagina which leads to deposition of urinary salts within the vagina. There is often an associated underlying prolonged bacterial infection

Objective | To present a rare case of a primary vaginal stone, secondary to double incontinence, immobility and prolonged semi-recumbent position in a woman with multiple sclerosis (MS).

SYNOPSIS CONT.

Case | A 67-year-old woman with paraparesis and continuous double incontinence resulting from MS, presented to hospital with fevers, malaise and generalised abdominal tenderness. The provisional diagnosis based on urinalysis was urosepsis and she was treated with IV Gentamicin and Augmentin.

Management | Acute management included cystoscopy, left retrograde pyelogram and stenting of the left ureter. Fistula and other ureteral or bladder abnormality were excluded. Subsequently, the woman was managed in ICU requiring a metaraminol infusion. Broad spectrum antibiotics were continued initially with step down to ertapenem after 3 days and her AKI improved.

Conclusion | At EUA an 85 x 62 x 32 mm calcified structure was digitally removed from the vagina. Purulent discharge was noted surrounding the stone. The vaginal mucosa and cervix were examined and no abnormality was identified. A thorough wash out was completed and rectal examination was normal. A cervical screening test (CST) was overdue and was therefore collected. Examination of the vaginal stone showed an imprint of the cervix and the natural posterior curve of the vaginal wall. Laboratory analysis reported solid, stone material. Urine culture grew E.coli with sensitivity to Cephazolin. Vaginal culture taken at the time of EUA grew Enterococcus faecalis. The CST was normal. A second stage Urological procedure was undertaken for laser lithotripsy of the left ureteric stones.

MUGDHA KULKARNI

OUTCOMES FOLLOWING SACROCOLPOPEXY FOR PELVIC ORGAN PROLAPSE (OSPOP)

Kulkarni. M*, Alexander.J, Rolnik. D, Rosamilia. A

AFFILIATIONS

1. Monash Health, Melbourne Australia

BIOGRAPHY

Dr Mugdha Kulkarni is a Urogynaecologist, working at Monash Health and Mercy Hospital for Women, where she recently completed her training. She also works in rural Tasmania at Launceston General Hospital, offering subspecialty services to the state.

SYNOPSIS

Introduction | This study reports the long-term anatomic and subjective outcomes following sacrocolpopexy based on mesh weight and provides device specific data.
Methods | This cohort study compared ultra-lightweight (≤20 g/m2) with lightweight mesh (≥25g/m2). The primary outcome was composite failure defined as at least one of ≥ stage 2 apical prolapse, anterior or posterior vaginal wall beyond hymen, complaint of bulge or retreatment. Effect measure estimates were calculated as the incidence rate ratio of composite failure comparing the use of ultra-light with lightweight mesh. Crude and adjusted incidence rates ratios (IRR) were obtained using univariable and multivariable Poisson regression models.
Results | Of 358 women who met inclusion criteria, 220 (61%) agreed to attend for review; 95 (43%) had ultra-lightweight mesh and 125 (57%) had lightweight mesh including UpsylonTM. Median follow-up for ultra-light and lightweight mesh was 36 (IQR 22 -42) and 63 (IQR 48 -87) months, respectively (p <0.001). Accounting for differences in follow-up time, there was no significant difference in composite failure between ultra-light and lightweight mesh groups (IRR 1.47, 95% CI 0.83 – 2.52, p = 0.15). This persisted after adjustment for age, body mass index, parity, smoking and the presence of advanced prolapse prior to surgery (IRR 1.52, 95% CI 0.94 – 2.47, p = 0.087). Overall, repeat surgery for recurrent apical prolapse and mesh exposure occurred in 4% and 2%, respectively.
Conclusions | Ultra-lightweight mesh appears to have similar incidence rate of failure compared to lightweight mesh. UpsylonTM mesh has a similar low rate of recurrent apical prolapse and mesh exposure.

NICOLE YOUNG

OUTCOMES AFTER DIFFERENT NUMBER OF INJECTION SITES AND CONCENTRATIONS OF INTRAVESICAL ONABOTULINUM TOXIN A (BOTOX)

Young N1*, McGauran M1,2, Murray C2, Carswell F2, Schierlitz L2.

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2. Department of Urogynaecology, Mercy Hospital for Women, Melbourne, Victoria, Australia

BIOGRAPHY

Dr Nicole Young is an Obstetrics & Gynaecology Resident at Mercy Hospital for Women, Heidelberg. She graduated from Monash University in 2019, completed her internship at Austin Hospital, and is looking forward to pursuing a career in Obstetrics & Gynaecology. Nicole has developed a strong interest in research and improving the health of women worldwide.

SYNOPSIS

Background | Onabotulinum Toxin A (Botox) is an effective treatment for refractory overactive bladder; a condition with a detrimental impact on the quality of life of women worldwide.
Objectives | The aim of this research was to examine local practice of intravesical Botox including dose, dilution and number of injections, and their impact on efficacy and complications.
Methods | This is a single centre retrospective cohort study examining the use of Botox for refractory idiopathic overactive bladder and interstitial cystitis at Mercy Hospital for Women between 2016 and 2021. Participant symptoms were assessed pre- and post-procedure with bladder diaries and outpatient visits, and technical aspects of each procedure were recorded.
Results | Sixty-nine episodes of Botox administration across forty-eight patients were analysed. 100 units of Botox was administered in all treatments. There was a trend towards increasing days to symptom recurrence with increased number of injections and increased dilution, as well increased voiding dysfunction with increased number of injections. Voiding dysfunction was recorded in 21 (44%) patients, 11 (22%) requiring clean intermittent self catheterisation.
Conclusions | Trends demonstrated in this research may be worth exploring through a prospective study design, to better understand and optimise outcomes for women being treated with intravesical Botox.

REBECCA SHAYA

EXPANDED AUTOLOGOUS FASCIA LATA ANTERIOR VAGINAL REPAIR AND SACROSPINOUS FIXATION

Shaya R1*, Song M2, Dune T1,3, Cameron-Jeffs R1,3, Yong C1,3, Carey M1,

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3. Epworth Freemasons Hospital, East Melbourne, Victoria, Australia

BIOGRAPHY

Dr Shaya is Obstetric/Gynaecology Resident at Royal Women's Hospital, who has also attributed to Women's Health overseas in third world country. The far-reaching impacts at an individual and societal level that the holistic care of one woman can achieve is what draws Dr Shaya to it. Her interests in Pelvic Floor muscles led her to conduct a research study assessing feasibility of a vaginal pessary in high-prolapse risk post-partum women.

SYNOPSIS

Introduction | In Australia, almost 20% of women will require surgery for pelvic organ prolapse (POP) over their lifetime. High recurrence rates in the anterior vaginal compartment is a problem that requires innovation.
In the early 2000's synthetic mesh implanted trans-vaginally was thought to be a solution however over the last decade significant concerns emerged, for that it's use has subsequently declined and there is an unmet need for non-mesh and non-synthetic alternatives.
Human fascia lata from the thigh has a long history of use. Autologous fascia lata (AFL) is ideal to avoid potential disadvantages of allografts.
Objective | Demonstrating surgical technique and procedural feasibility of harvesting and utilising AFL.
Methods | Videography was performed on a patient undergoing fascia lata augmented anterior vaginal repair and sacrospinous fixation. Written informed consent obtained.
Results | Video recorded was edited depicting the key surgical steps. No intra- or immediate post-operative complications occurred.
Conclusions | Recurrent prolapse is challenging. Our AFL technique employs key steps to minimise donor site morbidity and optimise graft augmentation. Use of the AFL non-mesh POP procedure has the potential to change clinical practice when treating advanced and/or recurrent prolapse.

REBECCA YOUNG

MODE OF DELIVERY FOLLOWING OASI: A 7-YEAR RETROSPECTIVE REVIEW AND FOLLOW UP COHORT SURVEY

Authors: Young R*1, Bates L1, King J1

AFFILIATIONS

1. Westmead Hospital, Sydney, NSW, Australia

BIOGRAPHY

Rebecca is the Urogynaecology Fellow at St George Hospital in Sydney and in her second year of subspecialty training. She trained at Royal North Shore and Westmead Hospitals prior to commencing Urogynaecology on the Gold Coast in 2021

SYNOPSIS

Objectives | To describe outcomes following birth after OASI.
Materials and methods | This study was conducted in two parts. The first involved a retrospective review of OASI at a tertiary hospital in Australia over 7 years (2013 – 2019 inclusive) where the patient underwent a subsequent delivery. A retrospective cohort survey of this group was then performed.
Results | There were 27,284 vaginal births and 828 OASIs (3.03%). 247 (29.8%) had at least one subsequent birth by January 2021. Vaginal delivery occurred in 68%, recurrence of OASI was 5.4%. There were 90 responses (36.4%) to follow up survey. EAUS had been performed in 87.5%; none demonstrated a defect. Vaginal birth was the preferred mode for 77.8%, this occurred in 64%. The majority had high levels of satisfaction, this related to communication rather than the mode of delivery. Ongoing faecal or flatal incontinence was reported by 12%. There was no statistically significant difference in St Mark's incontinence scores between modes of birth.
Conclusion | In our unit most women who sustain OASI will have a subsequent vaginal delivery in future pregnancies. The majority remain asymptomatic at long-term follow up with no statistically significant difference in incontinence scores regardless of mode of delivery. The rate of recurrent OASI was 5.4%.

RICHARD SONG

COMPLETE REMOVAL OF A MID-URETHRAL SINGLE-INCISION SLING

Song R1*, Song M1, Dune T2,3, Cameron-Jeffs R2,3, Carey M2,3

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3. Epworth Freemasons Hospital, East Melbourne, Victoria, Australia

BIOGRAPHY

Richard Song is a 3rd Year Doctor of Medicine student at the University of Melbourne, with a keen interest in Obstetrics and Gynaecology. He has publications in PAIN®, Diabetes, Obesity and Metabolism, and World Health Organisation Guidelines. He is currently performing research in mental health in pregnancy and urogynaecology, and will be presenting his work at the International Urogynaecological Association Annual Meeting. Richard is passionate about developing his clinical and research skills to maximise women's quality of life.

SYNOPSIS

Introduction | Stress urinary incontinence (SUI) is a common problem in women that can severely hinder quality of life. Several SUI management options exist, ranging from the conservative to the surgical, including mid-urethral and pubovaginal slings. Mesh slings revolutionised SUI treatment. However, common serious side effects associated with mesh spurred the innovation of single-incision-slings such as MiniArc, with the aim of minimising surgical incisions and tissue damage. Despite these advances, significant complications and controversy have led to increased demand for mesh removal. Surgical proficiency in partial and complete mesh sling removal is necessary.
Objective | To demonstrate a safe and coordinated surgical technique for the complete removal of the MiniArc using video recording.
Methods | Video footage was recorded on a patient undergoing complete removal of a MiniArc SIS after documented written informed consent.
Results | Video from the complete removal of the MiniArc sling was edited and a voice-over procedural description was performed.
Conclusions | Demonstrating a safe and effective surgical technique for complete mesh sling removal is critical given increasing mesh concerns. These concerns, alongside the complexity partial removal of mesh adds to future extractions, are the reason our group presents our surgical technique to upskill urogynaecologists in total mesh removal.

SOPHIE CHAPMAN

TOTAL REMOVAL OF A PERFORATED 'THREE-HEADED' RETROPUBIC MID-URETHRAL SLING

Chapman S1*, Song M2, Dune T1,3, Cameron-Jeffs R1,3, Al-Salihi S1,3

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BIOGRAPHY

Sophie Chapman is a junior doctor currently working at the Royal Women's Hospital in Melbourne. She graduated from Monash University in 2018 with a Bachelor of Medicine, Bachelor of Surgery (Honours), and has continued to develop a passion for women's health, and hopes to specialise in Obstetrics and Gynaecology. Sophie is currently undertaking research in maternal outcomes following caesarean section, as well as her recent work in the area of Urogynaecology. She will be presenting some of her work at the 2021 International Urogynaecological Association Annual Meeting.

SYNOPSIS

Introduction | Stress urinary incontinence (SUI) is an embarrassing condition that can affect a woman's quality of life. The RPMUS is a favoured procedure due to its high efficacy and low complication rate. Minimal guidance exists regarding multiple RPMUS insertions for SUI. Bladder perforation and erosion are well-known complications of RPMUSs. Often, bladder perforations are immediately recognised with cystoscopy. However, delayed bladder mesh erosion has been reported.
Objective | Demonstrating surgical technique of a combined total laparoscopic and vaginal removal of three fused RPMUSs
Methods | Videography was recorded at the time of surgery in a patient found to have a RPMUS mesh bladder perforation following three previous sling insertions. Written informed consent was obtained. A combined laparoscopic and vaginal approach was used to remove the sling material.
Results | Footage from the procedure was edited with voice-over commentary outlining the surgical techniques utilised. The video provides a demonstration of the methods used for successful removal of all three retropubic slings.
Conclusions | Persistent urinary symptoms following a RPMUS procedure should prompt consideration of a previously unrecognized mesh perforation or chronic erosion. Perforation and/or erosion into the bladder warrants removal of the sling by trained surgeons, which can be achieved by combining laparoscopic and vaginal approaches.

STEPHANIE KHAW

EXPANDED AUTOLOGOUS FASCIA LATA IN ROBOTIC-ASSISTED SACROHYSTEROPEXY

Khaw S1*, Song M2, Dune T1,3, Yong C1,3, Cameron-Jeffs R1,3, Singh R1,3, Carey M1,3

AFFILIATIONS

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BIOGRAPHY

Stephanie Khaw is an Obstetrics and Gynaecology Registrar at the Royal Women's Hospital in Melbourne. Her research in urogynaecology reflects her interest to further the speciality through investigating novel surgical techniques. She is passionate about promoting women's health across the lifespan, both within the medical sphere and also as a Les Mills RPM instructor.

SYNOPSIS

Introduction | Australian women have a 20% lifetime risk of requiring an operation for pelvic organ prolapse (POP). Synthetic mesh has been extensively used in abdominal and vaginal approaches to treat POP. Trans-vaginal mesh use has decreased in light of serious mesh-related complications. Additionally, the reclassification of mesh as high-risk by Australia's Therapeutic Goods Administration has resulted in uncertainly about the future of abdominally placed mesh. Consequently, alternatives to synthetic mesh in female pelvic floor surgery must be sought. Fascia lata has been used historically and recently re-emerged for its ease of harvest, efficacy and durability. Utilising mesh-free POP surgical solutions such as autologous fascia lata (AFL) is crucial for the future of urogynaecological surgery.
Objective | To demonstrate through video recording our surgical technique of harvesting and utilising AFL in sacrohysteropexy (SCH).
Methods | This video displays intraoperative footage of a patient undergoing AFL harvesting and implantation for SCH. Written informed consent was obtained.
Results | Surgical steps with a voice-over narration in a successful AFL SCH procedure are demonstrated. No intra- or post-operative complications occurred.
Conclusions | Expanded AFL harvested from the lateral thigh is easily accessible and feasible to implant in a safe manner for SCH as an alternative to synthetic mesh.

SUDI JEYARAJAKUMAR

MINIMALLY INVASIVE REPAIR OF A POST CAESAREAN VESICOUTERINE FISTULA

Jeyarajakumar S1*, Song M2, Cameron-Jeffs R1, Dune T1, Al-Salihi, S1

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BIOGRAPHY

Sudi Jeyarajakumar is a doctor working in obstetrics and gynaecology at the Royal Women's Hospital. She graduated from The University of Melbourne in 2016 with a Doctor of Medicine. In 2022, she is looking forward to commencing her obstetrics and gynaecology training with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and continuing her passion for research in the areas of sexual and reproductive health and placental adhesive disorders.

SYNOPSIS

Introduction | Vesicouterine fistula (VUF) is an uncommon pathological communication between the bladder and the uterus, representing 1-4% of urogenital fistulae. VUF can significantly impact a woman's quality of life as women may experience voiding dysfunction, continuous urinary incontinence, haematuria, and/or amenorrhoea. VUFs primarily form due to iatrogenic causes associated with the unrecognized peripartum bladder and uterine injuries, as well as suture fixation in the bladder wall.
Objectives | To demonstrate the cystourethroscopic identification and the laparoscopic surgical technique for repair of a VUF through video recording which developed likely post suture fixation of the bladder to the uterus at the time of caesarean section delivery
Methods | Videography and still images of a patient undergoing VUF repair were obtained after documented written informed consent.
Results | Video recorded at the time of surgery was edited to demonstrate the critical surgical steps in VUF repair with added voice commentary.
Conclusions | We demonstrate an effective and safe repair of VUF using minimally invasive surgical techniques. Careful cystoscopic assessment of the bladder is necessary if suspicion of inadvertent suture involvement with the bladder occurs after surgery.

TESS NAGY

THE RISK OF REPEAT PELVIC SURGERY FOLLOWING PLACEMENT OF A CONCURRENT MID-URETHRAL SLING WITH ANTERIOR VAGINAL REPAIR COMPARED TO ANTERIOR VAGINAL REPAIR ALONE

Nagy, T*1, Short J1

AFFILIATIONS

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BIOGRAPHY

Tess Nagy is 4th year RANZCOG Trainee in Christchurch and RANZCOG NZ South Island Trainee Representative.

SYNOPSIS

Aim | To determine the risk of repeat pelvic surgery in women undergoing a concurrent mid-urethral sling (MUS) with anterior vaginal repair (AR) compared to AR alone.
Methods | A retrospective cohort of women with symptomatic anterior prolapse who underwent AR were identified. The main outcome was repeat pelvic floor surgeries following either AR or AR with a MUS. Subgroup analysis compared native repair to mesh repair. The secondary outcome was type of repeat surgery.
Results | 79 women were included, 27% with concurrent MUS. 12% of cases undergoing AR alone required a second AR compared to 9% undergoing concurrent MUS. 3.5% having AR alone required a third anterior operation, compared to none with concurrent MUS. The majority of subsequent surgeries being performed were for anterior and/or apical prolapse. Women undergoing AR with mesh in their initial operation had a lower requirement for subsequent AR but not for subsequent surgeries overall.
Conclusions | The addition of a MUS did not alter the rate of recurrence of anterior prolapse following a single surgery. An MUS placed at the time of initial operation compared to AR alone had a higher rate of AR success after undergoing a secondary repair.

TIM HASTED

OUTCOMES FROM THE FIRST 100 PELVIC MESH REMOVAL SURGERIES AT THE QUEENSLAND PELVIC MESH SERVICE

Authors: Dr Tim Hasted, Dr Hannah Krause, Dr Alexandra Mowat, Dr Yu Hwee Tan, Dr Vivien Wong, A/Prof Malcolm Frazer & Prof Judith Goh

AFFILIATIONS

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BIOGRAPHY

Dr Tim Hasted completed his specialty training in Queensland and in 2021 was a urogynaecology fellow at the Queensland Pelvic Mesh Service on the Gold Coast. He has particular interests in vaginal and laparoscopic surgery, medical education and research investigating patient and clinician experiences and perspectives in healthcare.

SYNOPSIS

Pelvic mesh (PM) was an approved surgical treatment for stress urinary incontinence (SUI) and pelvic organ prolapse (POP) in women. However, it has been associated with numerous complications leaving some women debilitated, out of work and suffering from poor quality of life1,2.

Documented post-operative adverse events or complications include (but are not limited to) mesh erosion, bleeding, infection, pain, organ perforation, dyspareunia, recurrent prolapse and vaginal scarring3-6. Internationally this has triggered a number of lawsuits and government-initiated inquiries. At the conclusion of the national senate inquiry it was recommended that specialist multidisciplinary units for the assessment and management of PM related complications be established7. In response a state-wide multidisciplinary service was established at our tertiary institution in 2019 to provide clinical assessments, medical treatments, surgical intervention, chronic pain management, psychological care, physiotherapy and social work support.

Units similar to ours are being established around the world but to date little has been published from these units with respect to what implants are being removed and why, surgical approaches, complications, success rates and the patient experience.

VINCENT FU

TOTAL SACROCOLPOPEXY MESH REMOVAL FOR PYOGENIC SPONDYLODISCITIS

Fu V1*, Song M1, Raoofi M2, Dune T2, Cameron-Jeffs R2, Al-Salihi, S2

AFFILIATIONS

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2. Department of Obstetrics and Gynaecology, Pelvic Floor Unit, The Royal Women's Hospital, Melbourne, Australia

BIOGRAPHY

Vincent Fu is currently a 3rd Year Doctor of Medicine student at the University of Melbourne, with a particular interest in Obstetrics and Gynaecology. He is currently conducting research in urogynaecology with the Urogynaecology team at the Royal Women's Hospital. He will present his work at the International Urogynaecological Association Annual Meeting in December 2021. Vincent is eager to explore the field further and grow his skill sets to support women in achieving the highest standard of wellbeing.

SYNOPSIS

Introduction | Pelvic organ prolapse (POP) is an abnormal herniation or descent of pelvic organs from their support structures. Australian women have nearly a 20% lifetime risk of needing POP surgery. Sacrocolpopexy is considered a safe and effective gold-standard treatment for apical POP. An infrequent, yet significant complication of sacrocolpopexy is pyogenic spondylodiscitis. Concomitant rectopexy at the time of sacrocolpopexy increases the risk of abscess and osteomyelitis. Patients with this rare complication can present with mesh erosion, irresolvable vaginal infections, pain and/or considerable immobility. There remains little standardised guidance on treating pyogenic spondylodiscitis as a complication of sacrocolpopexy.
Objective | To demonstrate the surgical technique for complete removal of sacrocolpopexy mesh and anterior longitudinal sutures using video recording.
Methods | Surgical footage and still images were obtained from a patient undergoing complete mesh and suture removal. Written informed consent was obtained.
Results | Video of the complete removal of sacrocolpopexy mesh and related sutures was edited with added voice commentary.
Conclusion | Pyogenic spondylodiscitis is a rare but severe complication after sacrocolpopexy, resulting in significant morbidity if left untreated. Laparoscopic complete mesh and suture removal is a safe and feasible treatment modality when long-term antibiotics do not work, where complete recovery can occur.

YU HWEE TAN

ESTABLISHING THE QUEENSLAND PELVIC MESH SERVICE – A PRELIMINARY EXPERIENCE

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AFFILIATIONS

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BIOGRAPHY

Yu Hwee underwent her specialist training in obstetrics and gynaecology (FRANZCOG) in New Zealand, Brisbane and the Gold Coast. She is a subspecialist urogynaecologist working as part of the public urogynaecology team at Gold Coast Health and the Queensland Pelvic Mesh Service as well as in private in Brisbane as part of Queensland Pelvic Floor Services with Prof Judith Goh and Dr Hannah Krause.

SYNOPSIS

Introduction | Transvaginal mesh (TVM) are permanent implants for treating pelvic floor dysfunction. Complications occur in 3% of mid-urethral slings, and up to 20% treated for pelvic organ prolapse. In March 2018, the Australian Senate recommended each state establish specialist multidisciplinary (MDT) units for management of TVM complications. We will report the setting up of such a service and provide a framework for establishment of similar models.

Methods | Developing a proposed model of care in Queensland involved a two-stage co-design process led by a specialist health consulting group involving clinicians, hospital managers and consumers. An MDT approach to patient care was envisaged. A major hurdle was determining anticipated referrals as there had been no procedure record system.

Results | From April 2019 to 2021, 1102 referrals were received. 286 were ineligible or withdrew. 484 have had medical reviews. Basic investigations include examination under anaesthesia (EUA), cystoscopy and relevant imaging. 257 patients (53.1%) have undergone EUA cystoscopy. 91 patients have undergone mesh revision (35.7%) - 65 complete excision, 25 partial excision, one sling division. 180 (37.2%) have been discharged.

Discussion | Providing a comprehensive multidisciplinary service requires careful planning and consumer involvement. Emphasis on surgery may be misplaced. QPMS patients benefit from psychological support and allied health care.

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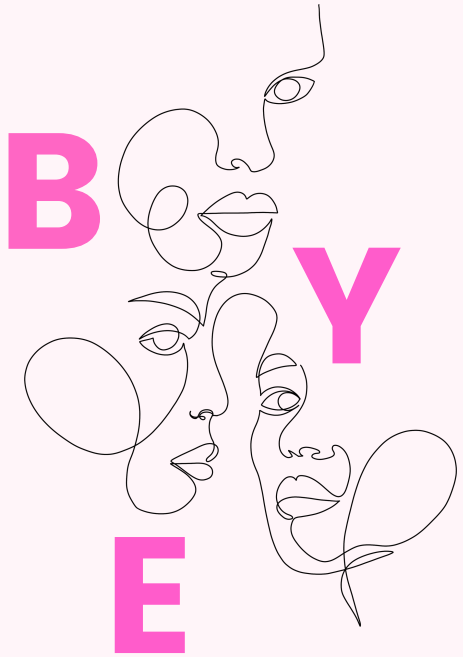
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