

<p>稿件編號： OU1</p>	<p style="text-align: center;">年齡老化對女性下泌尿道症狀與尿動力學之影響 Effect of aging on lower urinary tract symptoms and urodynamic parameters in women</p>
<p>臨時收件編號： 3312</p>	
<p>論文發表方式： 口頭報告</p>	<p>Objective: Bladder and urethral function may change with age. Associated lower urinary tract symptoms are common in women. To assess the impact of age on bladder function, the urodynamic measurements and lower urinary tract symptoms were reviewed and analyzed.</p>
<p>論文歸類： 婦女泌尿</p>	<p>劉蕙瑄^{1,2,3,4} 黃文助^{1,2,3} 蘇聰賢^{1,2,3,4} 黃俊淇⁵ 馬偕醫學院醫學系¹ 台北馬偕紀念醫院婦產部婦女泌尿科² 馬偕醫護管理專科學校³ 新竹馬偕紀念醫院婦產部⁴ 台北馬偕紀念醫院婦產部⁵</p> <p>Materials and Methods: In 2018, all women who visited urogynecologic clinic for pelvic floor disorders completed evaluations including surveys of the lower urinary tract symptoms, valid quality of life questionnaires, and urodynamic measurements were enrolled in the study. Patients were divided into four groups according to age (aged younger than 50, 50-59, 60-69, and >69 years). Between groups, all bothersome symptoms, and urodynamic parameters were compared.</p> <p>Results: A total of 364 women were enrolled and analyzed. Regarding the storage function, the maximal cystometric bladder capacity decreased significantly with age (p=0.021). Regarding the voiding function, the average and mean urine flow rate, and pressure of detrusor contractility at maximal urine flow rate were decreased significantly with age (p=0.013, p=0.026 and p=0.012, respectively) while the voiding time, and post-voiding residual urine volume were significantly increased (p=0.009 and p=0.006, respectively). Additionally, the maximal urethral closure pressure significantly decreased with age (p=0.014). With regard of lower urinary tract symptoms, aged women were tend to have wet bed (p=0.001), strain to void (0.005), poor stream (0.047), urine retention (p<0.001).</p> <p>Conclusions: Although the most prevalent lower urinary tract symptom remains stress incontinence, older women have voiding dysfunction as well. In addition to decreased bladder capacity and urethral competence, the urodynamic measurements revealed that the voiding function worsened with age either.</p>

台灣婦產科醫學會 109 年度年會暨擴大學術研討會

論 文 摘 要

稿件編號： OU2	台灣地區「大腸激躁症」對是否「間質性膀胱炎」之世代研究 A Cohort study between Irritable bowel syndrome and interstitial cystitis in Taiwan
臨時收件編號： 3320	<u>張崑敏</u> ^{1,2} 李明輝 ^{2,3} 吳聖良 ⁴ 林宣宏 ² 吳惠卿 ³ 衛生福利部豐原醫院婦產科 ¹ 中臺科技大學 ² 衛生福利部苗栗醫院泌尿科 ³ 衛生福利部草屯療養院 ⁴
論文發表方式： 口頭報告	Objective: Interstitial cystitis/painful bladder syndrome (IC/PBS) and irritable bowel syndrome (IBS) often occur concomitantly without a reasonable reason. Coincidental comorbidity, causal effect, or a common pathophysiology should be clarified to understand the etiology of these delegated diseases. This cohort study aimed to investigate if IBS has a causal effect on IC/PBS.
論文歸類： 婦女泌尿	Materials and methods: We identified subjects newly diagnosed with IBS between 2002 and 2013 from a nationwide database as the IBS cohort. Subjects which diagnosed of IC/PBS before IBS were excluded. Cox's regression analysis with hazard ratio (HR) of IC/PBS between IBS and non-IBS cohort was applied to unmatched and matched (e.g. age, sex and 14 comorbidities of propensity scores) models. The duration of IC/PBS as consequence of IBS was also calculated. Results: In unmatched group, including 100,124 IBS and 874,048 non-IBS patients, the IC/PBS HR was 1.292 (95% CI, 1.131-1.476 ; p Conclusion: IBS has a causal effect on IC/BPS in this twelve years' cohort study. The duration from diagnosis of IBS to IC/PBS was 5.35±3.18 years.

<p>稿件編號： OU3</p>	<p style="text-align: center;">探討 40 歲以上的婦女排尿障礙的疾病自然史：三年縱貫性研究 Natural history of voiding dysfunction in community-dwelling women aged 40 years and above: A three-year longitudinal study</p>
<p>臨時收件編號： 2731</p>	
<p>論文發表方式： 口頭報告</p>	<p>Objective: A three-year longitudinal cohort study was designed to evaluate the natural history of lower urinary tract symptoms in community residents aged 40 years and above in central Taiwan. In this report, we emphasized the evaluation of voiding dysfunction (VD) in female residents using validated questionnaires.</p>
<p>論文歸類： 婦女泌尿</p>	<p style="text-align: center;">楊昀臻¹ 黃淑君¹ 陳進典¹ 中山醫學大學附設醫院婦產部</p> <p>Materials and Methods: A structured questionnaire containing groups of different questionnaires including the Urogenital Distress Inventory (UDI-6) was translated into Chinese and each one was validated separately. A trained research assistant interviewed the participants and assisted in filling in the questionnaires. VD was defined as feeling difficulty in emptying the bladder which is slightly or more distressful (UDI-6 scoring ; ≥ 1). The prevalence, incidence, remission, persistence and relapse of VD were analyzed.</p> <p>Results: One thousand four hundred and sixty-nine female community residents aged 40 years and above completed the questionnaires in the initial survey to form the baseline cohort. In the 2nd and 3rd consecutive years, 1290 (87.8%) female residents were successfully followed-up and completed all the questionnaires. The prevalence of VD was 27.9% (n=360) in the female community residents. The second- and third-year incidence rates of VD were 17.8% and 10.8%, respectively. The remission rates were 35.6% and 41%, respectively. 25.8% of the women reported relapse of VD in the third year. The two-year VD persistence rate was 41.4%. Age ≥ 60 (OR, 1.4 ; 95%CI, 1.0- 1.9), BMI ≥ 25 (OR, 1.3 ; 95% CI, 1.0- 1.7) and instrument deliveries (OR, 1.5 ; 95% CI, 1.0- 2.1) were the risk factors for VD.</p> <p>Conclusion: Our results imply that the prevalence of voiding difficulty is high in female community residents aged ≥ 40 years. The remission rate was also high in these women.</p>

<p>稿件編號： OU4</p>	<p style="text-align: center;">羊水幹細胞有可能代替胰島素來治療糖尿病的膀胱功能障礙嗎？ Is it possible to use amniotic fluid stem cells instead of insulin to treat diabetic bladder dysfunction in rats?</p>
<p>臨時收件編號： 2847</p>	
<p>論文發表方式： 口頭報告</p>	<p>Purpose: To examine the effects of human amniotic fluid stem cells (hAFSCs) transplantation and insulin therapy on changes in bladder function in a diabetic rat model.</p>
<p>論文歸類： 婦女泌尿</p>	<p>Materials and Methods: Forty-eight female Sprague-Dawley rats were fed with a high fat diet (HFD) and water ad libitum. After 2 weeks of dietary manipulation, the rats were divided into 4 groups (n = 6/group): Group 1, control; Group 2, HFD + streptozotocin (STZ, 30 mg/kg intraperitoneal injection) induced diabetic rats; Group 3, HFD + STZ-induced diabetic rats treated with insulin; Group 4, HFD + STZ-induced diabetic rats treated with 3×1000000 hAFSCs via tail vein injection. Cystometries were examined 4 and 12 weeks after diabetes induction. Expressions of M2- and M3-muscarinic receptors, nerve growth factor (NGF) and sensory nerve markers including calcitonin gene-related peptide and Substance P in the bladder were measured by immunohistochemistry and real-time polymerase chain reaction.</p> <p>Results: Compared with the control group, diabetic conditions led to decrease in body weight at each time point tested, but gradually returned to the level of controls after insulin and hAFSCs treatment. Bladder weight and blood glucose were increased in STZ-induced diabetic rats, but decreased to near the level of controls after insulin treatment. hAFSCs transplantation did not restore bladder weight and blood glucose in STZ-induced diabetic rats. When compared to the controls, diabetic rats had significant increase in residual volume, voided volume, intercontraction interval and bladder capacity at 4 and 12 weeks after induction of diabetes; but these bladder dysfunctions were improved after insulin and hAFSCs treatment. The expressions of M2 and M3 in the diabetic rats were increased at 4 and 12 weeks compared with the control group, but decreased after insulin and hAFSCs treatment. In contrast, in diabetic rats, the expression of NGF, CGRP and substance P decreased significantly at 4 and 12 weeks, but increased after insulin and hAFSCs treatment.</p> <p>Conclusions: Similar to insulin therapy, diabetic bladder dysfunction in STZ-induced diabetic rats can be improved by transplanting hAFSCs into the bladder, which is not associated with changes in blood glucose, but may be related to the expression of bladder NGF, muscarinic receptors and sensory nerve markers.</p>

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<p>稿件編號： OU6</p>	<p style="text-align: center;">台灣健保間質性膀胱炎病人有較高之門診就診及住院風險 Interstitial cystitis/ Bladder pain syndrome (IC/BPS) patients have more out-patient visits and hospitalization among Taiwan National Health Insurance Enrollees;</p>
<p>臨時收件編號： 3379</p>	
<p>論文發表方式： 口頭報告</p>	<p>Introduction: Interstitial cystitis/ Bladder pain syndrome (IC/BPS) is a chronic pain syndrome perceived to be related to the urinary bladder. Moreover, it is associated with</p>
<p>論文歸類： 婦女泌尿</p>	<p>multifactorial etiology, including inflammatory processes or infections, autoimmunity, local neuronal dysfunction or mucosal abnormalities. Our study aimed to test the hypothesis that IC/BPS patients have more out-patient (OPD) visits and hospitalization, in addition to urology and gynecology.</p> <p>Materials and methods: This was a nationwide population-based cohort study from the National Health Insurance Research Database (NHIRD) in Taiwan. The diagnostic codes used in the NHIRD are based on the ICD-9-CM codes (595.1) at least three out-patient service claims during 2002-2008, study group and the controls group (n=2,990). All recruited cases were monitored for OPD visits and hospitalizations (excluding IC/BPS-related health-care services) for 2 years following the index date, except those who expired during the follow-up period. Subsequent health-care services, including all-cause and specialty-specific hospitalizations, were classified according to medical specialty and age group (</p> <p>Results: IC/BPS patients are more low income status. IC/BPS patients have more overall OPD visits, overall adjusted incidence rate ratio (IRR) 1.64, (95%CI 1.62-1.66). As for specialty, IRRs were higher in psychiatry 2.75, Chinese medicine 2.01, and emergency medicine 2.00, besides urology and gynecology. The IRRs decreased as age advanced (2.01, 1.71, and 1.44, respectively), except for gynecology (2.42, 2.52, and 2.81). A similar phenomenon happens in hospitalization with IRR 1.694, (95%CI 1.58-1.80). As for specialty, IRRs were higher in psychiatry 2.66, colorectal 1.96, and internal medicine 1.77, besides urology and gynecology. The IRRs decreased as age advanced (2.25, 1.68, and 1.59, respectively), except for gynecology (1.45, 2.29, and 4.70).</p> <p>Conclusion: Our study indicates the impacts of healthcare burden about IC/PBS patients. Possible explanations were firstly, IC/BPS patients may have lower threshold of medical healthcare visits. Secondly, IC/BPS patients may have some co-existing medical disease. Thirdly, IC/BPS may comprise multiple systemic dysregulation, instead of only local bladder-urethra disease only. Therefore, these findings broaden our understanding about IC/BPS, from organ-centered to multiple system concepts.</p>

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<p>稿件編號： OU7</p>	<p style="text-align: center;">間質性膀胱炎經玻尿酸膀胱灌注治療後之膀胱鏡發現比較 Urethroscoposcopic findings of interstitial cystitis after Intravesical instillations treatment in women</p>
<p>臨時收件編號： 2887</p>	
<p>論文發表方式： 口頭報告</p>	<p>Objective:</p>
<p>論文歸類： 婦女泌尿</p>	<p>Presentation of Interstitial cystitis(IC) consist of disturbing symptoms, included lower abdominal pain, recurrent, urinary frequency, nocturia, or hematuria. Regular intravesical instillations of hyaluronic acid(HA) is known as an effective standard treatment to IC. Nevertheless, limited study revealed the change of bladder mucosa glomerulation after HA bladder infusion.</p> <p>Materials and Methods:</p> <p>We retrospectively reviewed the medical records of the patients who had been diagnosed as IC with urethroscopy and had repeated scope after HA intravesical instillation started between 2010 to 2019 in Taichung Veteran General Hospital. Patients with history of radiation cystitis, ever took sodium pentosan polysulphate, received intravesical onabotulinumtoxinA or platelet rich-plasma injections before the repeated examination were excluded. We analyzed the age, initial stage, HA instillation courses, the interval period to repeated scope and symptoms before and after treatment.</p> <p>Results:</p> <p>Of 38 patients who received HA intravesical instillation therapy and repeated urethroscopy, 10 cases showed better grade of glomerulation (Group1), 20 cases showed the same grade(Group2), and 8 cases showed worse grade of glomerulation revealed by the urethroscopy(Group3). Group 3 present an elder ages trend (median=59, 51.5 ; 61.3) to the other two groups (Group 1, median=46, 30.3 ; 55.3)(Group 2, median=42, 36.3 ; 52.8)(p=0.034). There is no difference in the initial grades or HA infusion course among the three groups. The three groups all present improvement of initial symptoms in spite of the urethroscoposcopic findings. The bladder capacities are increased in the better-second-outcome group(median 550 vs 675/ p=0.0234).</p> <p>Conclusions:</p> <p>In women in elder ages, there might be less benefit from HA intravesical instillation to repair bladder mucosa damage (glomerulation) caused by IC. Further designed study with larger database would be needed. Whether the glomerulation grade progress or not, the clinical symptoms of IC could be relieved after the treatment.</p>

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稿件編號： OU8	體外低能量震波用於過動性膀胱婦女療效 The effect of low intensity extracorporeal low energy shock wave therapy on overactivity bladder
臨時收件編號： 3354	
論文發表方式： 口頭報告	Background: Extracorporeal low intensity shock wave therapy (LiESWT) (2000~3000 impulses in 0.20~0.25 mJ/mm ²) has been used clinically to improve tendonitis, ischemic cardiovascular disorders, skin wound healing and erectile dysfunction.
論文歸類： 婦女泌尿	<p>Hypothesis and aim: We hypothesize that clinical application of LiESWT on overactivity bladder (OAB) attenuates inflammatory responses, increases angiogenesis, improves bladder overactivity and decreases bladder leaks, and promotes the quality of life (QoL). Our aim is to evaluate the effects of LiESWT on bladder hyperactivity, urine leaks and improvement of OAB syndrome, including urinary urgency, urge incontinence, urinary frequency, and nocturia.</p> <p>Materials and methods: Our instrumentation is extracorporeal shock wave therapy system, the STORZ MEDICAL EvoTronTM (DUOLITH SD1, GA) shock wave (focused). The LiESWT will be applied with intensity (0.25 mJ/mm²), the number of shocks (3000 pulses), and frequency of 3 pulses /second administered once weekly for 4 weeks (W4) and 8 weeks (W8). This was a double blind, Randomized, Parallel, multi-center (Taiwan) study. Eligible subjects will be female outpatients aged 20~75 years who have been diagnosed with OAB. The participants will complete the validated questionnaire of pre-treatment versus post-treatment of LiESWT to assess the change in overactive bladder questionnaire short form [Overactive Bladder (OAB) Symptom Scores (OABSS), International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF) ; Urogenital Distress Inventory (UDI-6)-Short Form and incontinence impact questionnaire-7 (IIQ-7) score], uroflowmetry and measurement of post voidrd residual urine volume (PVR), and three-day voiding diary.</p> <p>Results: A total of 60 patients with a mean age 55.90±9.19 years, body mass index of 23.12±2.92 (kg/m²), mean arterial pressure of 91.48±12.17 mmHg, and waist circumference of 84.00±9.02 cm were enrolled. Changes in clinical symptoms at W8 of LiESWT were reported. The mean values of uroflow increased from 311.61±20.89 to 382.60±34.33 (ml/sec), but PVR decreased from 51.31±6.51 to 37.82±8.34 (ml) at W8, respectively. The mean values of functional bladder capacity increased from 338.06±28.93 to 356.80±24.43 (ml), but urgency decreased from 4.45±0.73 to 2.78±0.59 (times/ 24hrs) at W8. The mean values of nocturia also decreased from 1.72±0.17 to 1.18±0.24 (times). Moreover, the decline of OABSS, ICIQ-SF, UDI-6 and IIQ-7 scores could be noted at W4, W8, and F1 compared t</p>

<p>稿件編號： OU9</p>	<p>高強度聚焦超聲子宮肌瘤消融治療（海扶刀）對生殖泌尿道症狀的影響 The effects of High-intensity focused ultrasound (HIFU) ablation treatment for uterine</p>
<p>臨時收件編號： 3323</p>	<p>fibroids on genitourinary symptoms</p> <p>盧紫曦¹ 鄭丞傑² 林冠伶¹ 劉奕吟³ 龍震宇³ 高雄市立大同醫院 婦產科¹ 高雄醫學大學附設中和醫院紀念醫院 婦產部² 高雄市立小港醫院 婦產科³</p>
<p>論文發表方式： 口頭報告</p>	<p>Objective: To evaluate the effects of High-intensity focused ultrasound (HIFU) ablation therapy of</p>
<p>論文歸類： 婦女泌尿</p>	<p>uterine fibroids on genitourinary symptoms after HIFU therapy</p> <p>Materials and methods Seventy- five women with symptomatic uterine fibroids were scheduled for high-intensity focused ultrasound ablation for uterine fibroids. All subjects underwent Magnetic Resonance Imaging of Uterus, questionnaire assessment using OABSS, UDI-6, IIQ-7, ICIQ-SF, FISI before and three months post HIFU treatment.</p> <p>Results Among these 75 patients, 45 of them presented with anterior wall uterine fibroids while 30 of them had posterior wall uterine fibroids. There was a significant improvement in uterine reduction rate ($27.1 \pm 15.2\%$, P</p> <p>Conclusion High-intensity focused ultrasound (HIFU) ablation treatment for uterine fibroids showed significant improvement in uterine reduction rate, fibroid reduction rate and genitourinary symptoms after treatment.</p>

<p>稿件編號： OU10</p>	<p style="text-align: center;">異位寧於婦女下泌尿道及性功能症狀之治療效果評估 Effect of Dienogest on Female Urinary and Sexual Symptoms</p>
<p>臨時收件編號： 3321</p>	
<p>論文發表方式： 口頭報告</p>	<p>Introduction To investigate the performance of Dienogest on lower urinary tract symptoms (LUTS) or sexual functions of women with endometriosis.</p>
<p>論文歸類： 婦女泌尿</p>	<p>Method A prospective cohort study was conducted at Kaohsiung Medical University Hospital since November 2017 to investigate the topic. One hundred and seventy-two patients were recruited. Pre-treatment and 6 months post treatment questionnaires were filled out by the patients. Sexual performance was evaluated by Female Sexual Function Index, while LUTS by Overactive Bladder Symptom Score (OABSS), Urinary Distress Inventeory (UDI-6) and Incontinence Impact Questionnaire (IIQ-7). Forty patients' input was included for statistical analysis.</p> <p>Results Results from questionnaires collected 6 months post Dienogest treatment revealed no significant sexual function improvement compared to pre-treatment condition in all 6 domains of FSFI. LUTS improvement was inconsistent as OABSS showed significant improvement but not in UDI-6 and IIQ-7.</p> <p>Conclusion Our preliminary data showed that Dienogest has beneficial effect in relieving OAB symptoms instead of sexual satisfaction, despite of the fact that it significantly improves dysmenorrhea and chronic pelvic pain. Detailed data analysis, clinical case presentation and a review of literature will be presented.</p>

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<p>稿件編號： OU11</p>	<p>2010 年至 2019 年台灣骨盆腔脫垂病人接受經陰道網膜手術治療後成效及併發症之觀察性研究</p>
<p>臨時收件編號： 2782</p>	<p>An observational study to assess both the efficacy and complications of transvaginal mesh for Pelvic Organ prolapse in Taiwan, 2010-2019</p> <p>莊羽豐¹ 孫茂榮² 蘇聰賢³ 彰化基督教醫院婦產部¹ 彰化基督教醫院婦產部婦女泌尿暨骨盆重建科² 馬階紀念醫院婦產部³</p>
<p>論文發表方式： 口頭報告</p>	<p>Introduction: Transvaginal mesh (TVM) insertion was associated with significantly lower failure rates although its use is still controversial, because of the potential risk and mesh-related complications. In this review, we had collected the pieces of literature published related to TVM for pelvic organ prolapse and in an attempt to assess both the efficacy and complications of TVM in Taiwan.</p>
<p>論文歸類： 婦女泌尿</p>	<p>Methods: We searched 25 English language articles using PubMed for articles related to safety and the efficacy and complications of transvaginal mesh in Taiwan from 2010 to 2019, analysis and compared with the FDA publication and notices.</p> <p>Results: These TVM outcomes data in Taiwan were not inferior to the U.S FDA Executive Summary 2019. Most studies (91.7%) in Taiwan, the major complications of TVM were less than 10%. In addition, the rate of the major complications of TVM was much less from the year 2011 to 2019 and the tendency was more evident from the usage of the first generation TVM to the third generation TVM. The mesh erosion rate in Taiwan was ranged from 2.6% to 7.8%. The rate was much less from the year 2011 to 2019 and less from the first generation TVM to the third generation TVM. The rates of de novo dyspareunia in Taiwan were 2.6%-8.9%, and also less from the year 2011 to 2019. The objective success rates of TVM were >90% (90.3%- 100%) and not inferior to the success rates 81.3%(39.5-95.2%) of the U.S FDA Executive Summary 2019.</p> <p>Conclusion: Based on the data of observational studies, both the efficacy and complications of transvaginal mesh for pelvic organ prolapse were accepted and satisfied in Taiwan. However, more long-term studies aiming at safety and efficacy are necessary ongoing.</p>

<p>稿件編號： OU12</p>	<p>比較 MiniArc 及 Solyx 兩種單一傷口迷你尿失禁手術吊帶的 臨床療效與手術失敗因子之探討</p>
<p>臨時收件編號： 2871</p>	<p>Comparison of clinical outcomes and predictors of surgical failure using single-incision slings (MiniArc versus Solyx) for the surgical management of urodynamic stress incontinence</p> <p>鄭馥青¹ 孫茂榮¹ 彰化基督教醫院婦產部</p>
<p>論文發表方式： 口頭報告</p>	<p>This retrospective study entrenched an interest of making comparison of the clinical efficacy of using either the MiniArc or the Solyx sling and searching for factors that predict surgical failure for the treatment of female urodynamic stress incontinence.</p>
<p>論文歸類： 婦女泌尿</p>	<p>Methods One-hundred-thirty (MiniArc n=79, BS-Solyx n=51) patients with urodynamic stress incontinence were included in this study from June 2017 to May 2018. Clinical tools comprised of the cough stress test, the pad test, IIQ-7, UDI-6, PIS-Q, and pain score (VAS>3) were used to assess clinical outcomes at three time points: pre-operation, 3- and 12-months post-operation. Predictors of surgical failure were determined using multiple logistic regression analysis.</p> <p>Results The MiniArc group exhibited better subjective cure rate (92.4% vs. 76.5% at 3-mo and 89.9% vs. 80.4% at 12-mo). One year after surgery, both groups exhibited significant improvement with decreasing UDI-6, IIQ-7, and increasing PIS-Q scores, while their operation time and complication rates were similar. Both group also exhibited a decrease in MUCP and average flow rate (AVR) postoperatively. The Solyx group had a significantly superior negative cough stress test rate (81.0% vs. 92.2%), better improvement of UDI-6 score at 12 months, and less postoperative immediate pain (25.3% vs. 11.8% at day 1, p=0.006). Both preoperative pad test and type of sling are significant predictors of surgical failure, whereas the Solyx tape reported fewer odds (Odd ratio=0.174, p=0.02) against the MiniArc sling.</p> <p>Conclusion The Solyx group seemed to prevail on better objective cure rate and less postoperative pain, as the MiniArc triumphed in subjective cure rate at postoperative 3 and 12 months. The Solyx group seems less likely to fail than the MiniArc group in treating urodynamic stress incontinence</p>

<p>稿件編號： OU13</p>	<p>腹腔鏡人工網膜加強圓韌帶之手術：一個創新的針對女性陰道頂部脫垂的子宮保留 骨盆重建手術</p>
<p>臨時收件編號： 2771</p>	<p>Laparoscopic Long Mesh Surgery with Augmented Round Ligaments: A Novel Uterine preservation Procedure For Apical Pelvic Organ Prolapse</p> <p>龍震宇^{1,2} 劉奕吟¹ 盧紫曦³ 蕭存雯⁴ 王秋麟^{1,2} 林冠伶³ 吳佩琪⁵ 高雄市立小港醫院婦產科¹ 高雄醫學大學醫學研究所² 高雄市立大同醫院婦產科³ 高雄醫學大學附設醫院婦產科⁴ 臺大醫院婦產科⁵</p>
<p>論文發表方式： 口頭報告</p>	<p>We aim to assess the surgical outcomes of our novel hysteropexy procedure-laparoscopic long mesh surgery with augmented round ligaments. Twenty-five</p>
<p>論文歸類： 婦女泌尿</p>	<p>consecutive women with main uterine prolapse stage II or greater defined by the POP quantification (POP-Q) staging system were referred for this novel procedure. Clinical evaluations before and 6 months after surgery included pelvic examination, urodynamic study, and a personal interview to evaluate urinary and sexual symptoms using questionnaires. The Wilcoxon signed-rank test, the McNemar's test, the Fisher's exact test, and the paired t-test were applied appropriately. After a follow-up time of 12 to 24 months, the anatomical reduction rate was 92% (23/25) for the apical compartment. The average operative time was 65.4 ± 28.8 minutes. No major complications were recognized during or after surgery, except 3 cases with urinary tract infection. The lower urinary tract symptoms, except urgency urinary incontinence and nocturia, and scores on validated questionnaires improved significantly after the surgery. Neither voiding nor storage dysfunction was recognized after the operations. All of the domains and total Female Sexual Function Index (FSFI) scores of the 15 sexually-active women did not differ significantly after the surgery. The results of our study suggest that Long mesh surgery is an effective, safe, and time-saving hysteropexy surgery for the treatment of apical prolapse.</p>

<p>稿件編號： OU14</p>	<p>前盆-頂端經陰道網片手術 (SureLIFT®) 於嚴重生殖泌尿器脫垂：手術和功能一年追蹤結果</p>
<p>臨時收件編號： 2797</p>	<p>Anterior-apical transvaginal mesh (SureLIFT®) for advanced urogenital prolapse: surgical and functional outcomes at one year</p> <p>黃楷伶^{1,3} 盧佳序^{1,2} 黃亭瑄^{1,2} 林芝卉^{1,2} 林益豪^{1,2} 謝武喬^{1,2} 梁景忠^{1,2} 陳彥廷^{1,2} 長庚紀念醫院, 北院區, 林口/台北/基隆¹ 長庚大學² 新加坡國立大學醫院³</p>
<p>論文發表方式： 口頭報告</p>	<p>Objective: Our primary aim was to determine the objective and subjective outcomes of pelvic organ prolapse (POP) using SureLIFT®. The secondary objectives were to</p>
<p>論文歸類： 婦女泌尿</p>	<p>determine post-operative impact on quality of life (QOL) and lower urinary tract symptoms (LUTS), and surgical complications.</p> <p>Materials and Methods: A retrospective study was conducted between April 2018 to January 2019 in Chang Gung Memorial Hospital. Patients who had symptomatic anterior or apical prolapse of stage III and above underwent pelvic reconstructive surgery (PRS) with SureLIFT®. All completed 72-hour voiding diary, urodynamic study (UDS) and validated quality-of-life (QOL) questionnaires at baseline and between 6 to 12-month postoperatively. Primary outcomes were the objective cure of POP, defined as anterior and apical prolapse of POP-Q stage ≤ 1, and subjective cure based on negative answers to POPDI-6. Secondary outcomes were QOL and LUTS – particularly de novo or persistent USI – and surgical complications.</p> <p>Results: Eighty-seven women were eligible. 4 patients were excluded due to incomplete data. The objective and subjective cure at 1 year was 95.2% and 92.8% respectively. There were significant improvements in QOL scores in UDI-6, IIQ-7, POPDI-6, CRADI-8 and PISQ-12. Whilst bladder outlet obstruction (BOO) improved post-operatively, de novo USI and SUI were increased at 18.9% and 21.6% respectively. Mesh extrusion rate was 4.8%.</p> <p>Conclusions: SureLIFT® has excellent objective and subjective cure rates at 1-year postoperatively with acceptable mesh extrusion rate. There was significant improvement in LUTS and QOL. De novo USI at 6 to 12 months was increased but not sufficiently bothersome to warrant surgery.</p>

<p>稿件編號： OU15</p>	<p style="text-align: center;">ORPHIRA 在治療女性應力性尿失禁之臨床結果及安全評估 The clinical outcome and safety of single-incision sling, Ophira, for treating female stress urinary incontinence: a short-term follow-up.</p>
<p>臨時收件編號： 2894</p>	
<p>論文發表方式： 口頭報告</p>	<p>Study objective: The purpose of this study was to evaluate the clinical outcome, complication rates and the risk factors of failure of single-incision sling, Ophira, for treating urodynamic stress urinary incontinence with a minimum of 3 months follow up.</p>
<p>論文歸類： 婦女泌尿</p>	<p>林嘉玲¹ 孫茂榮¹ 陳麗如¹ 張玉君¹ 彰化基督教醫院婦產部¹</p> <p>Methods: This is a retrospective and single-center study evaluated 121 patients followed up at least 3 months after OPHIRA placement. The primary outcome of this study was the objective cure rate defined as absence of urine leakage more than 1gm in 1-hour pad-test and absence of positive cough stress test in postoperative 3 months follow up. The secondary outcome was the subjective cure rate evaluated via Urogenital Distress Inventory Six-Item Questionnaire (UDI), especially negative result on item 3 (urine leakage related to physical activities); Incontinence Impact Questionnaire, Short form (IIQ-7), the rate of complications (recurrence of lower urinary tract symptoms, postoperative wound infection, postoperative fever, hematoma, bladder injury and ileus), and risk factors of failure were also considered in the secondary outcome.</p> <p>Result: The mean age of patients was 58 years old (35-79). The mean body mass index and parity were 25.37 and 2.97, respectively. The successful rate of objective outcome was 100% in either pad test and cough stress test. The subjective cure rate was 94% in at least 3 months follow up. There were significant improvement on UDI-6 and IIQ-7 score. For post-operative complications, there was only one patient had urinary tract infection, and no other severe complications such as hematoma, bladder injury and ileus, etc. were found.</p> <p>Conclusion: Single-incision sling, OPHIRA, revealed satisfactory results in objective and subjective outcomes with at least 3 months follow up. Low complication rates are also the advantage of OPHIRA. Indeed, study with larger sample size and longer follow up is necessary to prove the long-term efficacy and safety of OPHIRA in treating stress urinary incontinence.</p>

<p>稿件編號： OU17</p>	<p>減壓縫線” Long Loop” 縫於中段尿道吊帶：一個創新的方法用於治療女性應力性尿失禁手術後的解尿障礙</p>
<p>臨時收件編號： 2805</p>	<p>Tension-releasing suture with “Long Loop” on midurethral sling: A novel procedure for postoperative voiding dysfunctions</p> <p>劉奕吟¹ 林冠伶² 盧紫曦² 蕭存雯³ 龍震宇^{1,4} 高雄市立小港醫院婦產科¹ 高雄市立大同醫院婦產科² 高雄醫學大學附設醫院婦產科³ 高雄醫學大學醫學研究所⁴</p>
<p>論文發表方式： 口頭報告</p>	<p>The midurethral sling (MUS) has become the gold standard for surgical treatment of stress urinary incontinence (SUI) in recent decades. The reported rate of voiding dysfunction following trans-obturator sling procedures is 4-11 %. We aim to assess the surgical outcomes of our novel tension-releasing suture with a loop made by polydioxanone 2-0 which sutured on the middle of the sling. We enrolled 63 women with SUI with or without pelvic organ prolapse (POP). They received MUS with trans-obturator sling or single incision sling (SIS) and concomitant with pelvic reconstructive surgery if patient combine POP. Five of 63 patients (8.0%) who underwent MUS for SUI required tension-releasing suture manipulation due to voiding dysfunction during the immediate postoperative period. The successful rate is 100% for resolving voiding difficulty. And there are no adverse events noted during traction the loop. The results of our study suggest that tension-releasing suture with “Long Loop” is effective and safe in the management of immediate postoperative voiding dysfunction.</p>
<p>論文歸類： 婦女泌尿</p>	

<p>稿件編號： V9</p>	<p>重新探討子宮薦椎韌帶周邊解剖構造並應用於改善子宮薦椎韌帶懸吊手術之安全性</p>
<p>臨時收件編號： 3362</p>	<p>Revisiting the uterosacral ligament anatomy and the implication for safe uterosacral ligament colpopexy</p> <p>孫仲賢 陳瑞華 施兆蘭 陳曼玲 莊國泰 四季台安醫院</p>
<p>論文發表方式： 影片展示</p>	<p>Introduction: Synthetic mesh placement was once thought to be the gold standard for surgical correction of severe pelvic organ prolapse (POP). But due to the potential serious mesh complications, now the trend of POP surgery moves back to native tissue pelvic reconstruction. For re-creation of level 1 support, uterosacral ligament (USL) and sacrospinous ligament (SSL) are the 2 main ligaments that are used to suspend the vagina cuff. SSL colpopexy has the potential advantages as followed: stronger (compared to USL) fibers, and can be easily approached vaginally. However, the axis of SSL colpopexy is not physiological (more dorsally), and will put the patients at increased risk of future cystocele. USL colpopexy has a more physiological axis for vagina cuff suspension. However, the USLs are frequently “flaccid”, and even “absent” in cases with severe POP. Besides, USL colpopexy carry the risk of ureter kinking or even ureter injury, because of the proximity of ureter and USL. Another vulnerable structure that may be hampered during USL colpopexy is the nerve. Hypogastric nerve, pelvic plexus, or even the sacral nerves may be hit during the USL colpopexy suture.</p> <p>Materials & Methods: Several surgical videos, including cases with cervical cancer, or deep infiltrating endometriosis (DIE), and cases with severe POP, were collected and edited.</p> <p>Results: In this video, we will first illustrate the detail anatomical structure within, or nearby the USL (i.e., ureter, uterine vein, hypogastric nerve, pelvic plexus) in cases with cervical cancer, or with DIE. The anatomical knowledge can be applied for POP surgery. Then we will demonstrate a case with severe POP, with totally “flaccid” USL seemed not durable for suspension. By opening the Okabayashi pararectal space, the ureter, uterine vein, and the nerves are lateralized. Then the perirectal space were opened, to “medialized” the rectum. Hence the USL were isolated, away from surrounding important structures. The USL can then be grabbed and sutured with big bite safely and effectively, without the risk of ureter, vascular, nerve, or rectal injury.</p> <p>Conclusion: By applying the knowledge of important surrounding anatomical structures, laparoscopic USL colpopexy can be safely and effectively performed, even in cases with severe POP, with minimal risk of ureter, vascular, or nerve injury.</p>
<p>論文歸類： 婦女泌尿</p>	