

稿件編號：V1	<p style="text-align: center;">腹腔鏡手術成功治療一位已經 5 次修補失敗的膀胱陰道瘻管病患 Laparoscopic transperitoneal repair for a case with recurrent VVF (vesicovaginal fistula) with previously failed 5 fixing surgeries</p> <p>孫仲賢<sup>1</sup> 侯詠齡<sup>1</sup> 莊國泰<sup>1</sup> 四季台安醫院<sup>1</sup></p>
臨時稿件編號： 1611	
論文發表方式： 影片展示	<p>Introduction: V-V-F (vesicovaginal fistula) after hysterectomy is a nightmare for both patients and gynecologic doctors. Patients with VVF are facing the problems of continuous and unremitting urinary incontinence and that greatly impairs their quality of life and psychological well-being. Small and fresh (without epithelization) VVF can be treated conservatively by bladder drainage only, with a 10% spontaneous healing rate. Fulguration, with or without fibrin sealant, may sometimes be helpful for those epithelized small holes. However, in most cases, these conservative methods will fail, and the performance of surgery is needed.</p> <p>VVF can be repaired either vaginally or abdominally. The Latzko transvaginal repair is usually the first-line surgery preferred by gynecologic doctors. The urologist may prefer abdominal approach (either trans-vesical or trans-peritoneal). However, both methods have a certain risk of recurrent fistula formation.</p> <p>In this video, we will demonstrate a case with supratrighonal VVF after an open abdominal hysterectomy 5 years ago. In the subsequent 3 years, she received totally 5 surgeries to fix her problem (2 times transvaginal Latzko repair by gynecological doctor, 1 time transvesical repair by urologist, 1 time robotic transperitoneal repair by urologist, and 1 time open transperitoneal approach by urologist). For all these 5 procedures, VVF recurred in post-operative 1 to 14 days. Finally, she was successfully treated with laparoscopic transperitoneal VVF repair (with omentum flap patching) by us .</p> <p>Materials and Methods: Surgical video review, edited.</p> <p>Result: Cystoscopy was performed first, identifying the fistula hole inside the bladder. A Sarot clamp was introduced from the vagina hole. An epidural cath was introduced cystoscopically, and was grabbed outside the vagina through the fistula tract. Ureter stents were then inserted bilaterally. Then the laparoscopy was set up. After adhesiolysis, the peritoneum overlying the vagina cuff was opened, identifying the endopelvic fascia. Then the vesico-vaginal space was opened (with great difficulties from previous repeated surgeries-induced scarring). Paravesical spaces were also opened, in order to help identifying the exact surgical plane of endopelvic fascia, and for displacing the terminal ureter away from the upper and middle vagina. Finally, the vesicovaginal space was well developed, identifying the fistula tract with adequate margin. The epidural cath inside the fistula tract was then removed, and the vesical and vaginal wound were debrided and repaired separately. (bladder wall repaired in 2 layers, and vagina wound repaired in 1 layer). Then an omentum flap was interposed between bladder and vagina. The Foley catheter and double J stent were kept in place for 2 weeks. The patient recovered very well, and was so happy to be dry again.</p> <p>Conclusion: Recurrent or complex VVF can be successfully treated with a laparoscopic transperitoneal approach. The bladder wound and vaginal wound can be well repaired under excellent vision, and an omentum interposition flap can be applied to promote additional blood supply, which should decrease the recurrence rate of VVF.</p>
論文歸類： 婦女泌尿	

稿件編號：OU1	<p>陰道閉鎖伴經血滯留之陰道重建——陰道支架的臨床應用</p>
臨時稿件編號：1336	<p>A novel surgical technique to get a successful vaginal reconstruction for vaginal atresia with hematocolpos – Clinical Application of Vaginal Stent</p> <p>高語謙<sup>1</sup> 余堅忍<sup>1</sup> 洪煥程<sup>2</sup> 陳怡仁<sup>2</sup> 振興醫院婦產部<sup>1</sup> 臺北榮民總醫院婦女醫學部<sup>2</sup></p>
論文發表方式：口頭報告	<p>Introduction</p> <p>Congenital anomalies of the müllerian ducts may lead to malformations of the uterus and vagina. Different types of müllerian agenesis can result in a wide range of genitourinary abnormalities. Patients with absence of vagina with or without uterus might be presented with amenorrhea, cyclic lower abdominal pain and hematocolpos. Here, we presented a novel technique of vaginal stent in using a porous hollow plastic tube to achieve a successful vaginal reconstruction.</p>
論文歸類：婦女泌尿	<p>Summary of Cases</p> <p>Case I is a 14 years old female who suffered from cyclic lower abdominal pain with amenorrhea. She had received vaginal reconstruction once but failed. The patient then came to our OPD for help. Upon examination, stricture and obliteration of a segment of upper 2/3 of the neovagina was noticed, and we arranged a two-step reconstruction using our vaginal stent mold.</p> <p>Case II is a 26 years old female who experienced progressive lower abdominal regular cyclic pain since she was 11 years old, also accompanied with amenorrhea. The patient came to our hospital for vaginal reconstruction. Profuse amount of pus about 70ml was drained from the apex of vagina.</p> <p>Both patients were educated on how and when to place the mold correctly into their neovagina before discharged, to prevent re-obliteration and to keep function of the neovagina.</p> <p>Discussion</p> <p>In patients of vaginal hypoplasia with functional uterus, a vaginal stent mold is the key to a successful reconstruction surgery. There are six points we would like to emphasize on. First, accurate diagnosis and good surgical timing is crucial. Second, the hematocolpos is important in reconstructing the neovagina. Third, the use of a vaginal stent supports effective drainage of menstrual blood and uterine secretions. Fourth, patients should have the ability to independently insert and remove the vaginal stent before being discharged. Fifth, the duration of vaginal stent placement can be gradually reduced but should be maintained for at least six months to allow scar stabilization and minimize the risk of stricture. Lastly, a vaginal stent can be improvised using a 50 mL plastic centrifuge tube, providing a cost-effective, manually constructed alternative. These strategies above have been associated with a higher success rate in operative outcomes.</p> <p>Reference:</p> <p>Yu, K. J., Lin, Y. S., Chao, K. C., Chang, S. P., Lin, L. Y., &amp; Bell, W. (2004). A detachable porous vaginal mold facilitates reconstruction of a modified McIndoe neovagina. <i>Fertility and sterility</i>, 81(2), 435–439. <a href="https://doi.org/10.1016/j.fertnstert.2003.06.032">https://doi.org/10.1016/j.fertnstert.2003.06.032</a></p>

稿件編號：OU2	陰道雷射治療對更年期生殖泌尿症候群患者生活品質的影響：臺北市立聯合醫院 初步研究結果
臨時稿件編號： 1486	The Effects of Vaginal Laser Therapy on Quality of Life in Patients with Genitourinary Syndrome of Menopause (GSM): Initial Results from Taipei City Hospital  賀培瑄 <sup>1</sup> 林姿吟 <sup>1</sup> 臺北市立聯合醫院仁愛院區婦產科 <sup>1</sup>
論文發表方式： 口頭報告	Introduction: The symptoms of genitourinary syndrome of menopause (GSM) included vaginal pruritus, dyspareunia, dryness, itching, urinary incontinence, and recurrent urinary tract infections affected more than 50% postmenopausal women. Nonhormonal therapies, such as lubricants and moisturizers, were indicated as first-line treatments, while the "gold standard" was represented by topical estrogen treatment. Recent studies showed that vaginal laser therapy could be used to reduce the symptoms of GSM especially for the women who were hesitated for estrogen therapy. The vaginal laser was well tolerated and increased the vaginal thickness of epithelium and improved vascularity of vagina so that it had good efficacy to treat symptoms of GSM. Here we reported an initial result of the improvement of GSM after vaginal laser therapy for patients with menopause by quality of life assessment.
論文歸類： 婦女泌尿	Objective: To compare the quality of life improvement among patients with GSM before and after vaginal laser therapy by using Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire short form (PISQ -12, item 5-8). Materials and Methods: We collected 39 patients with genitourinary syndrome of menopause (GSM) during August 2022 to September 2024 at Taipei City Hospital, Ren Ai Branch. Patients had vaginal laser therapy monthly for three times using the SmartXide <sup>2</sup> Laser System. Three types of probes were utilized during treatment: the 360-degree probe, the 90-degree single-mirror probe, and the straight vulvar probe. The energy settings for each probe were 30 W, 30 W, and 4 W, respectively. Quality of life was evaluated before and at the third time of the vaginal laser therapy using the PISQ-12 short form. Only patients who were postmenopausal at the time of receiving vaginal laser therapy were included in our study. Patients who completed at least three sessions of vaginal laser therapy and fulfilled all questionnaires were included into our study. Results: A total of 39 patients were initially included into our study. However, 12 patients who had not been sexually active within the past year were excluded, as they were ineligible for evaluation. There were 27 patients evaluated finally. The mean age of the participants was 55.89 ± 5.69 years, with an average parity of 1.44 ± 0.87. The results showed the PISQ-12 short form significant increased from 9.85 to 12.67 (p = 0.004). Further analysis was conducted based on whether the patients had undergone hormone therapy (HT) in the past year. The mean score of PISQ-12 short form increased from 10.50 to 13.31 (p = 0.008) in the group without HT. Conversely, in patients who had received HT, the mean score increased from 8.91 to 11.73, which was not statistically significant (p = 0.154). Conclusion: Our study showed that the postmenopausal women had significant improvement in GSM symptoms after vaginal laser therapy. The score of PISQ-12 short form had significant increased from 9.85 to 12.67 (p=0.004). Notably, among patients without HT, the score of PISQ-12 short form increased significantly from 10.50 to 13.31 (p = 0.008). In conclusion, vaginal laser therapy is a promising treatment for postmenopausal patients with GSM. The efficiency of vaginal laser was better in the group without HT comparing to HT group. Vaginal laser therapy could be used for postmenopausal women with GSM particularly for those who are concerned for HT.

稿件編號：OU3	<p style="text-align: center;">二氧化碳陰道雷射對於陰道影像及性功能影響</p> <p style="text-align: center;">The Effects of Pixel CO2 Laser on Vaginal Topography and Sexual Function</p>
臨時稿件編號： 1582	
論文發表方式： 口頭報告	<p>Purpose: The aim of our study was to assess the changes in vaginal capacity and sexual symptoms following Pixel CO2 laser therapy.</p>
論文歸類： 婦女泌尿	<p>Materials and Methods: Thirty women with stress urinary incontinence (SUI) or genitourinary symptoms of menopause (GSM) were referred for Pixel CO2 laser treatment and completed follow-up in this study at our hospitals. Clinical evaluations before and 6 months after surgery included 3-Dimensional (3D) perineal ultrasound, and a personal interview to evaluate the short forms of ICIQ-SF, UDI-6, IIQ-7, and FSFI.</p> <p>Results: The overall efficacy for sexual improvement was 83.3% (25/30), and 66.7% (20/30) of women felt vaginal tighter following laser therapy. We found the vaginal width and area on levator hiatus view decreased significantly by 3-D perineal ultrasound (<math>P &lt; 0.05</math>). There was a significant improvement in several domains and total scores of FSFI (<math>P &lt; 0.05</math>).</p> <p>Conclusions: The results of our study suggested that Pixel CO2 laser is an effective procedure for the treatment of SUI and GSM, and it causes significant improvement in several domains of sexual function. 3-D transperineal ultrasound can be used to measure vaginal topography precisely, and positive correlation between the ultrasound parameters and subjective outcomes.</p>

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稿件編號：OU4	<p style="text-align: center;">應力性尿失禁使用陰道雷射治療的臨床效果</p> <p style="text-align: center;">Impact of Vaginal Laser Treatment on Quality of Life in Patients with Stress Urinary Incontinence: Preliminary Results from Taipei City Hospital</p> <p>李怡慧<sup>1</sup> 林姿吟<sup>1</sup>                  台北市立聯合醫院仁愛院區婦產科<sup>1</sup></p>
臨時稿件編號：1317	
論文發表方式：口頭報告	<p>Introduction: Stress urinary incontinence (SUI) is a common condition characterized by involuntary urine leakage during activities that increase intra-abdominal pressure, such as coughing or exercising. This condition significantly impairs the quality of life in affected women. Recently, vaginal laser therapy has emerged as a potential treatment option for SUI. This study aims to evaluate the impact of vaginal laser treatment on quality of life and objective measures of incontinence in patients with SUI.</p>
論文歸類：婦女泌尿	<p>Objective: To assess improvements in quality of life and pad test results in patients with stress urinary incontinence following vaginal laser therapy.</p> <p>Materials and Methods:                  This cohort study included patients diagnosed with SUI who received vaginal laser treatment at Taipei City Hospital between August 2022 and September 2024. Quality of life was evaluated using the Urinary Distress Inventory (UDI-6) and the Incontinence Impact Questionnaire (IIQ-7) before and after 2 months of treatment. Additionally, pad tests were performed pre-treatment and two to three weeks post-treatment to quantify urine leakage. Inclusion criteria required patients to have completed both questionnaires and undergone at least two vaginal laser sessions. Exclusion criteria included patients with interstitial cystitis, recurrent urinary tract infections, or those who had undergone midurethral sling surgery during the study period.</p> <p>Results: A total of 49 patients participated in the study. Significant improvements in quality of life were observed, with the mean UDI-6 score decreasing from 7.0 to 4.1 (<math>p &lt; 0.01</math>) and the mean IIQ-7 score decreasing from 7.6 to 4.6 (<math>p &lt; 0.01</math>). The pad test demonstrated a trend toward improvement, with average leakage volume decreasing from 14.3g to 5.8g (<math>p = 0.052</math>). While the overall change in pad test results did not reach statistical significance, subgroup analyses revealed notable findings. Premenopausal women demonstrated significant improvement in leakage volume, decreasing from 18.9g to 6.9g (<math>p = 0.002</math>), compared to postmenopausal women, who showed a smaller, non-significant reduction from 9.9g to 4.8g (<math>p = 0.285</math>). Women who had undergone two or more vaginal deliveries experienced significant improvement, with leakage volume decreasing from 11.1g to 5.5g (<math>p = 0.024</math>), in contrast to women who had undergone one (from 19.3g to 6.8g, <math>p = 0.109</math>) or no vaginal deliveries (from 16.1g to 5.5g, <math>p = 0.141</math>). Additionally, women with an initial pad test greater than 10g showed a significant reduction in leakage from 48.3g to 12.8g (<math>p = 0.011</math>), when compared with women with an initial pad test less than 10g (from 2g to 3.3g, <math>p = 0.163</math>).</p> <p>Conclusion: Vaginal laser treatment is associated with significant improvements in both quality of life and objective measures of urinary incontinence in women with stress urinary incontinence. These preliminary results suggest that vaginal laser therapy may be a promising non-surgical option, particularly for premenopausal women, those who have had two or more vaginal deliveries, and those with an initial pad test result greater than 10g. As a non-invasive alternative to surgical interventions, vaginal laser therapy offers a viable treatment option for women seeking non-surgical solutions. However, further studies with larger sample sizes and longer follow-up periods are needed to confirm these findings</p>

稿件編號：OU5	<p style="text-align: center;">子宮肌瘤與下泌尿道症狀以及性功能的關聯性</p> <p style="text-align: center;">The Clinical Correlations between Uterine fibroids and Lower Urinary Tract Symptoms and Sexual Function</p> <p>盧紫曦<sup>1</sup> 林冠伶<sup>1</sup> 楊曜瑜<sup>2</sup> 宋怡潔<sup>1</sup> 龍震宇<sup>1</sup>                  高雄醫學大學附設中和紀念醫院婦產部<sup>1</sup> 高雄醫學大學附設高醫岡山醫院婦產科<sup>2</sup></p>
臨時稿件編號：1568	
論文發表方式：口頭報告	<p>Objective: To evaluate the clinical correlations between Uterine fibroids and Lower Urinary Tract Symptoms (LUTS) and Sexual Function after High-intensity Focused Ultrasound (HIFU) therapy.</p>
論文歸類：婦女泌尿	<p>Methods: Seventy- five women with symptomatic uterine fibroids and adenomyosis were scheduled for high-intensity focused ultrasound ablation for uterine fibroids. All subjects underwent Magnetic Resonance Imaging of Uterus, LUTS severity and sexual function was assessed by using questionnaires OABSS, UDI-6, IIQ-7, ICIQ-SF, FSFI 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 not anterior located uterine fibroids. There was a significant improvement in uterine reduction rate (<math>27.1 \pm 15.2\%</math>, <math>P&lt;0.05</math>) and fibroid reduction rate (<math>40.68 \pm 23.85\%</math>, <math>P&lt;0.05</math>) after 3-month HIFU treatment and symptomatic improvement in genitourinary symptoms with total reduction in OABSS, UDI-6, IIQ-7, ICIQ-SF score postoperatively (<math>P&lt;0.05</math>). The scores of all parameters of FSFI except the satisfaction and pain domain, improved significantly after HIFU therapy (<math>P&lt;0.05</math>). In subgroup OABSS analysis, LUTS severity was correlated with uterine volume and uterine greatest diameter with significant improvement of OABSS scores while the uterine fibroid location had no significant changes in OABSS score after treatment.</p> <p>Conclusion: Successful ablation and shrinkage of uterine fibroid size alleviates the bothersome LUTS symptoms through reducing in bulk symptoms and also improvement in sexual function. LUTS severity was correlated with uterine volume &amp; uterine greatest diameter but not with the location of uterine fibroids.</p> <p>Word Count: 235</p>

稿件編號：OU6	膀胱鏡檢查在女性泌尿道症狀患者中的評估: 台中榮民總醫院十年的臨床經驗
臨時稿件編號： 1504	Cystoscopy Evaluation in Female Patients with Urinary Symptoms: A Decade of Experience at Taichung Veterans General Hospital  蔡卉馨 <sup>1</sup> 蔡青倍 <sup>1</sup> 台中榮民總醫院 <sup>1</sup>
論文發表方式： 口頭報告	Abstract
論文歸類： 婦女泌尿	<p>Objective: To explore the diagnostic value of cystoscopy with hydrodistension in female patients presenting with urinary symptoms, using ESSIC criteria established in 2008 by the European Society for the Study of Interstitial Cystitis (ESSIC), and its utility in the management of Bladder Pain Syndrome/Interstitial Cystitis (BPS/IC).</p> <p>Methods: This retrospective study was conducted at the Taichung Veterans General Hospital, Department of Obstetrics and Gynecology, from January 1, 2014, to December 31, 2023. Data from 607 patients who underwent cystoscopy with hydrodistension for urinary symptoms were analyzed. Clinical characteristics and endoscopic findings were recorded, including glomerulation severity, the presence of Hunner lesions, cystitis cystica, and other notable bladder pathologies.</p> <p>Results: Among the 607 patients, the median age was 50.9 years (range 18–89). Glomerulations were observed in 57% of patients, with 72.7% showing grade II or higher severity. Hunner lesions were rare, identified in only 2% of cases (12/607), while cystitis cystica was observed in 9.7% (59/607). A single case (0.2%) of urothelial carcinoma was detected. These findings suggest that cystoscopy with hydrodistension provides critical diagnostic insights, particularly for stratifying disease severity and guiding subsequent management plans.</p> <p>Conclusion: Cystoscopy with hydrodistension proves to be a valuable tool in diagnosing and planning treatment for patients with urinary symptoms, particularly in the context of BPS/IC. The identification of glomerulations and other pathologies underscores its relevance in clinical decision-making.</p>

稿件編號：OU7	<p style="text-align: center;">下泌尿道症狀 (LUTS) 對精神疾病的相互影響</p> <p style="text-align: center;">The reciprocal impacts of lower urinary tract symptoms (LUTS) on mental illness</p>
臨時稿件編號： 1395	
論文發表方式： 口頭報告	<p>Lower Urinary Tract symptoms (LUTS) are defined as symptoms related to the lower urinary tract, or referred from similarly innervated anatomy. There are no specific criteria to define LUTS precisely, because of multi-organ involved, instead of organ-centric (urethra and bladder). The prevalence of LUTS increased dramatically during past decade, which is, however, accompanied with low healthcare-seeking behaviors. LUTS patients seemed not to actively look for medical opinion initially, due to culture barriers, or ethnicity reasons. To raise general awareness of the importance may contribute to increase the health-seeking behaviors of LUTS. In addition to the association between LUTS and mental illness, there also exists temporal relationship, i.e. LUTS may cause mental illness, and vice versa. This bidirectional correlation relationship was evidenced by a national-wide observation study.</p> <p>The impacts of LUTS differ among difference age groups. The elderly have higher LUTS prevalence, while the younger with LUTS have higher risk to develop anxiety and depression. Similarly, the impacts of LUTS also differ between men and women. Women have higher LUTS prevalence, but men with LUTS have higher risk to develop anxiety and depression. In conclusion, there exists significant association, and temporal bi-directional relationship between LUTS and mental health. From our review, we suggested that LUTS patients may also receive mental illness healthcare; in a similar way, patients with mental illness, may have risks for subsequent LUTS problems, as well.</p>
論文歸類： 婦女泌尿	



稿件編號：OU8	<p>以人工智慧預測下泌尿道病人後續發生急性冠狀動脈疾病及中風之風險</p> <p>Artificial intelligence (AI) prediction model for the impacts of LUTS for subsequent acute coronary syndrome and stroke</p>
臨時稿件編號： 1372	<p>吳銘斌<sup>1</sup> 沈姿岑<sup>1</sup> 劉忠峰<sup>2</sup> 奇美醫學中心婦女泌尿科<sup>1</sup> 奇美醫學中心醫療大數據庫暨人工智慧運算中心<sup>2</sup></p>
論文發表方式： 口頭報告	<p>Objective: The global population is aging and the burden of lower urinary tract symptoms (LUTS) is expected to increase. According to the National Health Insurance Research Database, our previous studies have showed LUTS may predispose patients to cardiovascular disease with a significant predictor (hazard ratio, 1.29; 95% confidence incidence, 1.06–1.50). in a multivariable analysis. However, it is difficult to provide a personalized risk assessment in the context of “having acute coronary syndrome (ACS) and stroke.” This study aimed to develop an artificial intelligence (AI)-based prediction model for patients with LUTS.</p>
論文歸類： 婦女泌尿	<p>Material and methods: We retrospectively reviewed the electronic medical records of 1799 patients with LUTS at Chi Mei Medical Center (Tainan, Taiwan) between January 1, 2001 and December, 31, 2018. Features with &gt;10 cases and high correlations with outcomes were imported into six machine learning algorithms. The study outcomes included ACS and stroke. Model performances was evaluated using the area under the receiver operating characteristic curve (AUC). The model with the highest AUC was used to implement the clinical risk prediction application.</p> <p>Results: Age, systemic blood pressure (SBP), diastolic blood pressure (DBP), creatinine, glycated hemoglobin, hypertension (HTN), diabetes mellitus (DM) and hyperlipidemia were the most relevant features that affect the outcomes. Based on the AUC, our optimal model was built using multilayer perception (AUC 0.803) to predict ACS and stroke events within 3 years.</p> <p>Conclusion: We successfully built an AI-based prediction system that can be used as a prediction model to achieve time-saving, precise, personalized risk evaluation; it can also be used to offer warning, enhance patient adherence, early intervention and better health care outcomes.</p>

稿件編號：OU9	<p>難治性膀胱過動症患者接受膀胱內注射肉毒桿菌毒素 A 與合併藥物治療之療效與安全性比較：隨機對照試驗</p>
臨時稿件編號：1376	<p>The Efficacy and Safety between Intradetrusor OnabotulinumtoxinA Injection and Combined Pharmacotherapy in Patients with Refractory Overactive Bladder: A Randomized Controlled Trial.</p> <p>謝孟軒<sup>1</sup> 黃俊淇<sup>2</sup> 蘇聰賢<sup>1</sup> 劉蕙瑄<sup>1</sup> 馬偕紀念醫院婦產部<sup>1</sup> 淡水馬偕紀念醫院婦產部<sup>2</sup></p>
論文發表方式：口頭報告	<p>Objective To investigate whether intradetrusor onabotulinumtoxinA injection demonstrates superior efficacy and fewer side effects compared to combined pharmacotherapy in patients with refractory overactive bladder.</p>
論文歸類：婦女泌尿	<p>Material and methods This single-center, open-label, randomized controlled trial enrolled patients with symptoms of OAB and urodynamic study-confirmed detrusor overactivity. All patients had received either an antimuscarinic or a <math>\beta</math>3-adrenoceptor agonist for at least two months but continued to report persistent OAB symptoms. Participants were randomly assigned to receive either intradetrusor onabotulinumtoxinA injection or combined pharmacotherapy with Solifenacin 5 mg and Mirabegron 25 mg. Clinical assessments were conducted before and at 12 weeks after the initiation of treatment. Outcome measurements included changes in daily voiding parameters, changes in questionnaire results including UDI-6, IIQ-7, OABSS, and adverse events.</p> <p>Results From November 2021 to November 2024, 74 women were enrolled, 66 of whom completed 3-month follow-up, with 33 in the onabotulinumtoxinA group and 33 in the combined pharmacotherapy group. Both groups demonstrated improvement in all daily voiding parameters, except urgency in combined pharmacotherapy group. All questionnaire results including UDI-6, IIQ-7 and OABSS improved after treatment in both groups. No differences were observed in changes in daily LUTS episodes or questionnaire results between the two groups, except micturition frequency and UDI-6. The onabotulinumtoxinA group had fewer adverse events, especially in dry mouth, constipation and blurred vision.</p> <p>Conclusion Intradetrusor onabotulinumtoxinA injection demonstrates comparable effectiveness to combined pharmacotherapy while causing fewer adverse events. Consequently, it may be the treatment of choice for patients who are contraindicated for pharmacotherapy or unable to tolerate its side effects.</p>

稿件編號：OU10	應力性尿失禁合併逼尿肌無力之患者接受尿道旁填充物注射之術後效果與安全性
臨時稿件編號： 1558	<p>Evaluation of Efficacy and Safety of Urethral bulking injection in Women with Stress Urinary Incontinence and Detrusor Underactivity</p> <p>陳欽貽<sup>1</sup> 馬偕紀念醫院<sup>1</sup></p>
論文發表方式： 口頭報告	Objective
論文歸類： 婦女泌尿	<p>In patients with both stress urinary incontinence (SUI) and detrusor underactivity (UAB), mid-urethral sling—still the gold standard for SUI—may increase the risk of postoperative voiding dysfunction. Urethral bulking agent injections serve as a minimally invasive alternative for patients with treatment failure or those unsuitable for surgery. This article aims to evaluate the efficacy and safety of urethral bulking injections in women with SUI and UAB.</p> <p>Materials and Methods</p> <p>This single-arm, retrospective study enrolled patients diagnosed with SUI and UAB who received periurethral bulking injections at MacKay Memorial Hospital, Taipei, Taiwan, from March 2023 to February 2025. We compared preoperative and postoperative bladder function using the UDI-6 and IIQ-7 questionnaires, evaluated lower urinary tract symptoms (LUTs) for subjective assessment, and conducted urodynamic studies for objective assessment. We also reported the incidence of postoperative complications, including acute urinary retention, urinary tract infections, pain, and bleeding events.</p> <p>Results</p> <p>A total of 25 patients were enrolled. The questionnaires demonstrated significant improvement after the Bulkamid injection. A trend of improvement was observed when evaluating LUTs. For the urodynamic studies, there was a significant decrease in urine leakage during the one-hour pad test. Urodynamic parameters related to voiding, storage, and urethral function revealed no significant differences after treatment. No adverse effects were observed, except that one patient reported postoperative pain.</p> <p>Conclusion</p> <p>Urethral bulking agent injection is a safe intervention for treating women with SUI and UAB. It is also effective in improving patients' quality of life and results from the pad test.</p>

稿件編號：OU11	比較兩種不同膀胱內玻尿酸（喜仕及海優樂）針對間質性膀胱炎的療效：回顧性分析，單中心研究
臨時稿件編號： 1612	<p>A Comparative Study of the Efficacy of Two Different Bladder Intravesical Hyaluronic Acid Treatments, Cystistat® and Hyauro®, in the Management of Interstitial Cystitis: A Retrospective Analysis, single center study</p> <p>林詩茵<sup>1</sup> 許鈞碩<sup>1</sup> 大林慈濟醫院婦產部<sup>1</sup></p>
論文發表方式： 口頭報告	<p>Background: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic bladder condition marked by inflammation and pain in the bladder lining, accompanied by urinary frequency, urgency, and pelvic pain. Intravesical instillation of hyaluronic acid is a recognized treatment modality which aims to restore the glycosaminoglycan (GAG) layer of the bladder. Due to supply disruptions of Cystistat® (an internationally recognized hyaluronic acid bladder instillation medication produced by the Irish company Mylan) during the COVID-19 pandemic, Hyauro®, a locally manufactured alternative, was adopted by our hospital.</p>
論文歸類： 婦女泌尿	<p>Objective: To retrospectively analyze patient medical records and post-treatment questionnaire surveys, aiming to investigate the differences in efficacy between Cystistat® and Hyauro® hyaluronic acid treatments for interstitial cystitis.</p> <p>Study Design: This retrospective study analyzed medical records and post-treatment questionnaires of 101 IC/BPS patients treated at a single institution from January 2019 to December 2023. Patients received six months of treatment with Cystistat® and Hyauro® respectively. Data collection included the O’Leary–Sant Interstitial Cystitis Symptom Index (ICSI), Interstitial Cystitis Problem Index (ICPI), visual analog scale (VAS) for pain, and Global Response Assessment (GRA). Paired t-tests were used for statistical analysis.</p> <p>Results: No significant differences were observed between Cystistat® and Hyauro® for ICSI (p=0.88), ICPI (p=0.95), or VAS scores (p=0.54). Furthermore, for the Global Response Assessment (GRA) scores, the average scores were 2.00 and 2.25 for Cystistat® and Hyauro® respectively. Paired t-test analysis revealed a significant difference between the two groups (t=-2.84; p=0.005).</p> <p>Conclusion: Cystistat® and Hyauro® showed comparable effectiveness in managing IC/BPS symptoms in this real-world setting. The significant GRA score difference may indicate enhanced patient response following sequential therapy. These findings support Hyauro® as a viable alternative to Cystistat® for IC/BPS treatment.</p>

稿件編號：OU12	間質性膀胱炎病人行影像尿路動力學檢查-合併膀胱出口阻塞之臨床發現 Video-urodynamic study finding of overlap between BOO and IC/PBS
臨時稿件編號： 1588	梁世蓓 <sup>1</sup> 許鈞碩 <sup>1</sup> 大林慈濟醫院婦產部 <sup>1</sup>
論文發表方式： 口頭報告	Video-urodynamic studies (VUDS) are vital diagnostic tools for patients experiencing low urinary tract symptoms (LUTS). Interstitial cystitis (IC), a chronic condition marked by bladder pain and urinary urgency, is primarily diagnosed based on symptoms, cystoscopy, urodynamics, and bladder biopsy. Since 1988, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) has established stringent diagnostic criteria for IC, necessitating at least two typical findings from symptoms, cystoscopy, or urodynamics.
論文歸類： 婦女泌尿	<p>To including more patients with bladder pain, in 2009, the Society for Urodynamics and Female Urology (SUFU) defined the term IC/BPS as “an unpleasant sensation (pain, pressure, discomfort) perceived to be related to the urinary bladder, associated with lower urinary tract symptoms for more than six weeks duration, in the absence of infection or other identifiable causes.” The American Urological Association (AUA) guideline in 2022 suggested “Cystoscopy and/or urodynamics should be considered when the diagnosis is in doubt; these tests are not necessary for making the diagnosis in uncomplicated presentations.”</p> <p>However, during a VUDS, detailed analysis helps differentiate IC from other bladder disorders, such as overactive bladder or bladder outlet obstruction (BOO). By identifying specific bladder dysfunctions, clinicians can tailor treatment plans to the individual needs of patients. Paul Irwin in 2005 and Cameron AP in 2009 both highlight a significant association between BOO and IC by VUDS.</p> <p>From 2021 to 2023, we diagnosed 63 patients with interstitial cystitis (IC) based on symptoms and cystoscopy, who subsequently underwent video-urodynamic studies (VUDS) at our hospital. The videos revealed findings of bladder outlet obstruction (BOO), primary bladder neck obstruction (PBNO), and dysfunctional voiding (DV), with over half of the IC patients exhibiting signs of total BOO. We had 19.3% of IC patients who met BOO definition of <math>Q_{max} \leq 12</math> ml/sec and detrusor pressure at maximum flow (<math>P_{detQ_{max}} \geq 25</math> cmH<sub>2</sub>O), 12% with PBNO, 21% with DV. Furthermore, among all of the IC patients, 28% exhibited detrusor underactivity, and 61% had hypersensitive bladder.</p> <p>We would like to share our preliminary data on the similar findings with previous studies of the overlap between BOO and IC. Although the pathophysiology and mechanisms are not fully understood, identifying patients with IC who experience symptoms that overlap with those of BOO may help provide additional treatment strategies for patients with complex symptoms that are difficult to treat.</p> <p>Ultimately, VUDS enhance the understanding of IC, leading to more targeted and effective management strategies, improving the quality of life for patients facing this challenging condition.</p>

稿件編號：OU13	<p>主動收縮與被動收縮對第四孕期的婦女骨盆腔的影響</p> <p>Active or Passive Pelvic Floor Exercise for Fourth Trimester Population, it Matters!</p>
臨時稿件編號： 1438	<p>潘恆新<sup>1</sup> 陳尚仁<sup>2</sup> 柏仁醫院<sup>1</sup> 柏仁<sup>2</sup></p>
論文發表方式： 口頭報告	<p>woman's urinary control abilities. During pregnancy, the weight of the expanding uterus can weaken the strength of a woman's pelvic floor muscles and cause urine to leak. Giving birth can also affect those same muscles. Symptoms of incontinence may persist even after delivery. Hormones, genetics and other lifestyle factors, like smoking, can also make it more likely that a woman will experience incontinence after childbirth. Doing regular Kegel exercises will strengthen the pelvic floor muscles and can help to prevent urinary incontinence after childbirth. We have many resources all about Kegels including how to do them and how often, exercise tips and more. We emphasized and strong encourage pelvic floor stimulation for those who encounter postpartum period female.</p>
論文歸類： 婦女泌尿	

稿件編號：OU14	<p>經陰道網片手術與機器輔助腹腔鏡骶骨固定術治療骨盆器官脫垂對下尿路症狀 (LUTs) 和膀胱功能影響的比較研究</p>
<p>臨時稿件編號： 1458</p>	<p>A comparative study of impact on lower urinary tract symptoms (LUTs) and bladder function after transvaginal mesh and robotic-assisted sacrocolpopexy surgery for pelvic organ prolapse</p> <p>周芷瑜<sup>1</sup> 劉蕙瑄<sup>1</sup> 台北馬偕紀念醫院婦產部<sup>1</sup></p>
<p>論文發表方式： 口頭報告</p>	<p>Objective Transvaginal mesh (TVM) and robotic-assisted sacrocolpopexy (RSCP) are commonly performed to treat pelvic organ prolapse. This study is aimed to investigate the impact on LUTs and bladder function after two surgeries.</p>
<p>論文歸類： 婦女泌尿</p>	<p>Materials and Methods This single-center, open-label, prospective controlled study enrolled women with at least symptomatic stage II prolapse according to POP-Q system. Women underwent either TVM or RSCP were enrolled. Clinical assessments were performed both preoperatively and postoperatively, incorporating subjective evaluations of LUTs using valid questionnaires as well as objective measurements of bladder function through urodynamic studies.</p> <p>Results From March 2020 to June 2024, 110 patients were enrolled, with 55 underwent TVM and 55 underwent RSCP. LUTs and urodynamic parameters were analyzed before and three months after surgery. Results showed both TVM and SCP surgeries demonstrated significant improvements in certain LUTs and urodynamic parameters. TVM was particularly effective in reducing frequency, urgency, and voiding difficulty (all <math>p &lt; 0.05</math>), while SCP significantly decreased frequency and residual urine volume (all <math>p &lt; 0.05</math>). However, RSCP was associated with a higher rate of de novo stress urinary incontinence and worsening nocturia postoperatively. Urodynamic evaluations revealed significant reductions in maximal cystometric bladder capacity and maximum urethral closure pressure in both groups.</p> <p>Conclusion Both TVM and SCP surgeries effectively improved certain LUTs and urodynamic parameters. SCP reduced residual urine volume but was associated with higher rates of de novo SUI and worsening nocturia. These findings highlight the need for individualized surgical planning to balance the benefits and risks, tailoring the approach based on patient-specific symptom profiles and urodynamic characteristics.</p>

稿件編號：OU15	<p>使用倒 T 型網狀進行子宮保存腹腔鏡骨盆懸吊術治療陰道脫垂</p>
臨時稿件編號：1522	<p>One-year outcomes of uterine-preserving laparoscopic pectopexy using inverted T mesh for apical and anterior vaginal suspension: A proof-of-concept and comparative study</p> <p>楊昫臻<sup>1</sup> 廖韻涵<sup>1</sup> 蔡青倍<sup>2</sup> 應宗和<sup>1</sup> 李宗賢<sup>1</sup> 洪滿榮<sup>1</sup>          中山醫學大學附設醫院婦產部<sup>1</sup> 臺中榮民總醫院婦女醫學部<sup>2</sup></p>
論文發表方式：口頭報告	<p>Objective: Since its introduction in 2011, laparoscopic pectopexy has been proposed to be an effective alternative to sacrocolpopexy in the treatment of apical pelvic organ prolapse. Previous studies have found similar outcomes including functional and anatomical outcomes between pectopexy and sacrocolpopexy, while the pectopexy group showed fewer bowel complications and no post-operative defecation disorders. Furthermore, pectopexy has a more advantageous learning curve and is associated with shorter operative times. In this study, we aimed to explore the surgical outcomes after laparoscopic pectopexy using an inverted T mesh for a concurrent apical and anterior vaginal suspension.</p>
論文歸類：婦女泌尿	<p>Materials and Methods: Between August 2020 and December 2023, a total of 67 patients who were referred to a tertiary medical center for laparoscopic reconstructive surgery for advanced POP were included in this study. Of the 67 patients, 42 (62.7%) presented with advanced (POPQ stages <math>\geq 2</math>) apical and anterior vaginal prolapse and underwent an innovative laparoscopic uterine pectopexy procedure with an inverted T mesh extending distally to cover the anterior vaginal wall. The other 25 (37.3%) patients were found to have dominant uterine or post-hysterectomy vaginal vault prolapse and underwent the standard laparoscopic sacral hysteropexy (n=12) or sacrocolpopexy (n=12) procedures using a commercial Y-shaped mesh. Baseline and follow-up assessments included pelvic examinations and composite condition-specific questionnaires. A detailed analysis of 1-year post-operative outcomes was conducted.</p> <p>Results: Compared to the sacrocolpopexy group, the pectopexy group was characterized by a younger age (56.6 years vs 65.4 years, <math>p &lt; 0.009</math>) and lower body mass index (23.3 vs 25.5, <math>p &lt; 0.02</math>). Objective anatomical success (POP stage <math>\leq 1</math>) rates were 76.2% (32/42) and 92.0% (23/25) for the pectopexy and sacrocolpopexy groups, respectively, at one-year post-operative follow-up. Of the 10 pectopexy patients who presented with recurrence at one-year follow-up, 7 required reoperations due to likely mesh dehiscence which led to recurrent prolapse. 95.2% (40/42) of patients in the pectopexy group underwent a concomitant McCall culdoplasty at the time of operation for the prevention of enterocele formation. There were no significant differences between groups in other perioperative surgical outcomes such as operative times, operative blood loss, and length of hospital stay. There were no severe adverse events reported for patients in both groups post-operatively.</p> <p>Conclusion: This innovative laparoscopic uterine pectopexy with an inverted T mesh for concurrent apical and anterior vaginal suspension is an effective and safe approach for the treatment of advanced apical and anterior vaginal prolapse. This approach has comparable surgical outcomes to the sacrocolpopexy while affording an easier learning curve and lessened risk of mesh erosion due to the smaller amount of mesh used during the operation. Furthermore, it allows for the conservation of the uterus while still utilizing a minimally invasive approach.</p>



稿件編號：V2	<p style="text-align: center;">陰道支架的製作--解決陰道閉鎖導致陰道積血的治療方法 Vaginal Stent Assembling: a device for neovaginal reconstruction in case of vaginal atresia with functional uterus</p> <p>余堅忍<sup>1</sup> 高語謙<sup>1</sup> 洪煥程<sup>2</sup> 陳怡仁<sup>2</sup> 振興醫院婦產部<sup>1</sup> 臺北榮民總醫院婦女醫學部<sup>2</sup></p>
臨時稿件編號： 1367	
論文發表方式： 影片展示	<p>The underdevelopment of the female reproductive tract manifests in various clinical presentations, which can differ in location and severity. In cases where uterine function is normal but vaginal atresia is present, patients often experience periodic abdominal pain due to menstrual blood retention around the age of 14. Imaging studies typically reveals hematocolpos or hematometra.</p>
論文歸類： 婦女泌尿	<p>To prevent retrograde menstruation into the abdominal cavity and other complications, it is essential to promptly eliminate the vaginal obstruction to allow for the drainage of menstrual blood. In cases where uterine function is normal but with vaginal atresia caused by a thin transverse vaginal septum, a simple incision of the septum can achieve drainage and restore normal vaginal function. However, if the atresia involves a closed segment of tissue, neovaginal reconstruction is required to restore normal vaginal functionality.</p> <p>In cases of significant vaginal atresia, the surgical creation of a vaginal opening often carries a high risk of failure due to subsequent reclosure. To mitigate this risk, a stent-like device is typically used postoperatively to maintain the patency of the vaginal canal for a duration of 6 to 12 months, allowing scar tissue to stabilize. During this period, the placement of a cylindrical plug may impede the discharge of menstrual blood and uterovaginal secretions. A widely adopted approach is the use of medications to suppress menstruation; however, challenges remain due to the retention of secretions and the potential for secondary infections or abscess formation, which pose significant clinical difficulties.</p> <p>The stent described here is made of a 50 ml centrifuge tube, which is readily available in hospital wards and clinical laboratories. Clinically, it demonstrates effective drainage and ease of sterilization, along with additional advantages such as accessibility, simplicity of production, and cost efficiency.</p> <p>Currently, there is no commercially available vaginal stent with integrated drainage functionality. Therefore, we aim to present a video demonstration on how to construct a vaginal stent with effective drainage capabilities, thereby addressing this pressing clinical need.</p>

稿件編號：V3	<p style="text-align: center;">腹腔鏡骶骨子宮懸吊術 A case of laparoscopic sacrohysteropexy</p>
臨時稿件編號： 1615	
論文發表方式： 影片展示	<p>Laparoscopic sacrohysteropexy is a minimally invasive surgical procedure used to treat women with uterine prolapse. This technique involves securing the uterus to the sacral promontory using sutures and mesh, effectively restoring the anatomical position of the uterus and supporting pelvic structures. Compared to traditional open surgical methods, laparoscopic sacrohysteropexy offers several advantages, including reduced postoperative pain, shorter recovery times, and smaller incisions. The procedure is associated with a low complication rate and high patient satisfaction. Here we present a case of laparoscopic sacrohysteropexy</p>
論文歸類： 婦女泌尿	

稿件編號：OU16	使用自體奈米脂肪合併濃縮血小板血漿經膀胱內注射治療女性頑固性間質性膀胱炎
臨時稿件編號： 1511	<p>Sustained improvement in symptoms and signs of refractory interstitial cystitis after intravesical Nanofat plus platelet-rich plasma grafting: results from a prospective, observational study</p> <p>楊昶臻<sup>1</sup> 蔡青倍<sup>2</sup> 蘇鴻麟<sup>3</sup> 應宗和<sup>1</sup> 李宗賢<sup>1</sup> 洪滿榮<sup>1</sup>                  中山醫學大學附設醫院婦產部<sup>1</sup> 臺中榮民總醫院婦女醫學部<sup>2</sup> 國立中興大學生命科學系<sup>3</sup></p>
論文發表方式： 口頭報告	Objective: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a debilitating chronic disease characterized by pelvic pain, irritative urinary symptoms, typical cystoscopic findings, and histological features. Despite decades of research, the etiology remains obscure, and no curable treatment is currently available. We aim to assess the safety and efficacy of a novel bladder injection therapy using regenerative medicine in women with refractory IC/BPS.
論文歸類： 婦女泌尿	<p>Materials and methods: This is a prospective, observation study. Between January 2019 and 2021, Women with cystoscopic IC refractory to conventional therapy were enrolled consecutively for the study. The medicine, which is an autologous emulsified fat (Nanofat) plus platelet-rich plasma (PRP) combination, was prepared intraoperatively. Lesion-targeted injection was performed after cystoscopic hydrodistension of the bladder. Patients, who completed a standard protocol of four consecutive treatments at 3-month intervals, were followed up.</p> <p>Results: 12 (80%) of the 15 patients after enrollment completed the treatment. Three (20%) patients dropped out of the study because of inadequate fat harvest. Of the 12 patients, nine (75%) and three (25%) were found to have non-Hunner and Hunner IC, respectively. All (100%) patients reported marked (+3; +3~-3) improvement of their overall bladder conditions at 6 months and at the latest follow-up (average 3 years) after treatment. Mean pelvic pain (from 8.2 to 1.7; range: 0~10), IC-related symptoms (from 18.5 to 5.7; range: 0~20) and bother (from 14.8 to 3.8; range: 0~16) improved significantly (P&lt; 0.01). Functional bladder capacity increased while cystoscopic capacity remained stable after treatment. The regression of various cystoscopic abnormalities with treatments was persistently remarkable at the latest follow-up. One severe adverse event was reported for a patient (8.3%) with Hunner IC who suffered from a severely contracted bladder and intractable pelvic pain after treatment. Uneventful recovery was achieved after appropriate treatment. The cultured mesenchymal stem cells and purified cytokines/growth factors from Nanofat samples of seven patients were verified in vitro.</p> <p>Conclusion: Our results suggest the novel bladder injection therapy using a bio-cellular regenerative medicine provides immediate and sustained safety and efficacy in the treatment of refractory IC/BPS. Surgical efficacy might be attributed to an in vivo tissue engineering process.</p>

稿件編號：OU17	人類羊水幹細胞與可吸收支架在大鼠模型中的特性：骨盆腔重建手術的創新
臨時稿件編號： 1459	The properties of absorbable scaffold harvested with human amniotic fluid stem cells on rat model: an innovation for pelvic reconstruction surgery  盧佳序 <sup>1</sup> 陳怡斌 <sup>2</sup> 蕭勝文 <sup>3</sup> 劉士榮 <sup>4</sup> 游千千 <sup>1</sup> 林口長庚醫院 <sup>1</sup> 基隆長庚醫院 <sup>2</sup> 台北長庚醫院 <sup>3</sup> 長庚大學 <sup>4</sup>
論文發表方式： 口頭報告	ABSTRACT Objective: The current practice of restoring the anatomical structure in the treatment of pelvic floor dysfunction includes implantation of synthetic sling, which carries potential complications. This study aimed to develop biological substitutes to improve tissue function using scaffolds as a support to the host cells, through formation of new tissue.
論文歸類： 婦女泌尿	Human amniotic fluid stem cells (hAFSCs) were seeded on synthetic mesh-scaffold of AlloDerm Regenerative Tissue Matrix (RTM), Poly-DL-lactico-glycolic acid (PLGA) mesh (VICRYL) and Polydioxanone (PDS) meshes. In vitro study evaluates the metabolic activity of hAFSCs seeded mesh-scaffolds. In vivo study involving Sprague-Dawley rats was performed by assigning into 7 groups of sham control with fascia operation, AlloDerm implant, PDS implant, PLGA implant, AlloDerm harvest with hAFSC (AlloDerm-SC), PDS harvest with hAFSC(PDS-SC) and PLGS harvest with hAFSC (PGLA-SC). In vitro study reveals cell viability and proliferation of hAFSC on mesh scaffolds varies between meshes, with AlloDerm growing the fastest. The biomechanical properties of tissue-mesh-complex tension strength declined over time, showing highest tension strength on week-1, deteriorated similar to control group on week-12. All hAFSC-seeded mesh provides higher tension strength, compared to without. This study shed the potential of synthetic mesh as a scaffold for hAFSC for the surgical treatment of pelvic floor dysfunction.

稿件編號：OU18	<p>腹腔鏡薦骨陰道固定術與陰道薦棘韌帶固定術在大體模型中的強度比較 The immediate pull-out strength of laparoscopic colposacropexy and vaginal sacrospinous ligament fixation in a cadaver model</p>
臨時稿件編號： 1592	<p>盧佳序<sup>1</sup> 張藍心<sup>2</sup> 謝武橋<sup>1</sup> 林益豪<sup>1</sup> 梁景忠<sup>1</sup> <u>Louiza Erika Rellora</u><sup>1</sup> 林口長庚醫院<sup>1</sup> 土城長庚醫院<sup>2</sup></p>
論文發表方式： 口頭報告	<p>Abstract Objective: The main aim of this study is to determine the biomechanical strength of LSC and SSLF through its pull out force.</p>
論文歸類： 婦女泌尿	<p>Material and Methods: The data for this study was collected during the Cadaver workshop organized by TUGA, TAOG and Chang Gung Memorial hospital for skill competence. The data collected for this study focused on two primary procedures: Laparoscopic Sacrocolpopexy (LSC) and Sacrospinous Ligament Fixation (SSF). LSC was performed by the skilled surgeon. The mesh was stitched to the anterior and posterior wall of the vagina using prolene 4-0 sutures. Tackers or Prolene sutures were used to fix the mesh to the promontory followed by peritoneal closing. Pelvicstop PP, Dynamesh PVDF and Uplift were used for this procedure in 5 cadavers. SSF was done using the Anchorsure system by a skilled surgeon at two fingerbreadths medial to the spin and at mid-portion between superior and inferior border of the ligament which was used as a marker for the trainees to be used as a reference. The sutures were marked in a sequential order.</p> <p>Results: The study made use of 6 cadavers. Load at failure for the SSF, the lowest mean value was recorded was 25.3N, while highest was 52.5N. The majority of the cadavers had mean values within the 44-47N, indicating consistent load bearing capacity across most specimens. For LSC, the tacker has an average result of 13.7N and the 1-0 suture with 2 stitches were 8.2N and 6.7N, while 4 stitches with highest value of 22.8N. The average outcome for the suture group was 12.6N. Vaginal load values are relatively consistent, with an average of 42.6N across all cadavers.</p> <p>Conclusions: This study is the first investigation of mechanical data for cadavers in context of SSF and LSC. SSF provided superior apical support compared to LSC. The LSC uterus grip force was found to be greater than the LSC promontory grip force. SSF may offer more effective support as the LSC demonstrates variability in grip force depending on the anatomical location.</p>

稿件編號：OU19	前頂端網膜（Surelift）與前陰道壁修補術及薦棘韌帶固定術在嚴重骨盆腔脫垂手術中的長期比較結果
臨時稿件編號： 1460	<p>Long term outcome of anterior-apical mesh (Surelift) versus anterior colporrhaphy and sacrospinous ligament fixation in advanced pelvic organ prolapse surgery</p> <p>盧佳序<sup>1</sup> 周怡君<sup>1</sup> 謝武橋<sup>1</sup> 林益豪<sup>1</sup> 梁景忠<sup>1</sup> 蔣奐巧<sup>1</sup> 林口長庚醫院<sup>1</sup></p>
論文發表方式： 口頭報告	Objective: This study aims to compare the outcomes of Surelift and Sacrospinous ligament fixation (SSF) with anterior repair using objective and subjective cure rates. Secondly, to compare the quality of life and its major and minor complications.
論文歸類： 婦女泌尿	<p>Material and Methods: A retrospective study was conducted between December 2011 and January 2020. Patients with symptomatic stage <math>\geq 3</math> anterior or apical prolapse were included. Those who had prior POP mesh and who were unfit for surgery were excluded. Pre-operative evaluation included history and physical exam, urodynamic studies and validated questionnaires (IIQ-7, UDI-6, POPDI-6) at baseline, one, three, and five years later. Results: 181 patients were included: 98 underwent Surelift and 83 had SSF with Anterior colporrhaphy (SSF+A). Surelift and SSF+A patients had mean follow-up periods of <math>83.5 \pm 6.1</math> and <math>91.6 \pm 39</math> months, respectively. At one-year, there was no statistically significant difference was noted in objective and subjective cure rates between Surelift (96.8% and 94.7%) and SSF+A (89.9% and 88.6%). However, after three and five years, Surelift showed superior results with objective cure rates of 94.1% and 89.1%, respectively, compared to 80% and 64.4% for SSF+A (<math>p=0.008</math>). At 3 and 5 years, Surelift had 92.9% and 85.9% subjective cure rates compared to SSF's 77.1% and 60%, respectively (<math>p=0.005</math>).</p> <p>Conclusions: Surelift has better long-term outcomes and lower recurrence rates than SSF+A, with effective management of minor complications in both groups. These findings attests its use as a superior surgical option for pelvic organ prolapse.</p>

稿件編號：OU20	<p>經陰道骨盆器官脫垂手術中使用 Calistar-S 與前方網片(Surelift-A)結合薦棘韌帶固定術的比較：一年期的手術與功能性結果分析</p>
臨時稿件編號：1472	<p>Comparison Between Calistar-S and Anterior Mesh (Surelift-A) With Sacrospinous Ligament Fixation in Transvaginal Pelvic Organ Prolapse Surgery: Surgical and Functional Outcomes at One Year</p> <p>羅艾琳<sup>1</sup> 盧佳序<sup>1,2</sup> 高川琪<sup>1</sup> 張藍心<sup>1</sup> 謝武橋<sup>1</sup> 林益豪<sup>1,2</sup> 梁景忠<sup>1,2</sup> 長庚紀念醫院北院區(林口/台北/基隆)<sup>1</sup> 長庚大學<sup>2</sup></p>
論文發表方式：口頭報告	<p>Objective: We aim to study the incidence of de novo and persistent stress urinary incontinence (SUI), urodynamic stress incontinence (USI) using Calistar-S and anterior mesh (Surelift-A) + sacrospinous fixation (SSF).</p>
論文歸類：婦女泌尿	<p>Methods: Patients with Stage III or IV POP who underwent Surelift-A+SSF or Calistar-S were evaluated at 1 year postoperative and compared. Primary outcome was emergence of postoperative de novo and persistent SUI. Secondary outcomes rate of 50 POP recurrence, quality of life, sexual function and complications.</p> <p>Results: 107 patients underwent Calistar-S and 122 patients with Surelift-A+SSF. 12/58 (20.7%) had de novo USI, 15/58 (25.9%) de novo SUI in Calistar-S, while in Surelift A+SSF group, de novo USI developed in 3/43 (7%) and de novo SUI in 4/43 (9.3%), significantly higher with p .048, and p .035 respectively. 5/46 (10.9%) had persistent USI, 7/46 (15.2%) persistent SUI in Calistar-S+MUS, while in Surelift A+SSF+MUS group, persistent USI observed in 7/74 (9.5%) and persistent SUI in 9/74 (12.2%), comparable between two groups with p .802, and p .632 respectively. Objective cure was comparable between the two groups (96.3% vs 97.5%, p .428), subjective cure 99/107 (92%) vs 114/122 (93.8%) for Calistar-S vs Surelift+SSF. One case of bladder injury occurred in Calistar-S and one mesh erosion seen in both groups.</p> <p>Conclusion: Risk of de novo SUI and de novo USI were 3-fold higher in the Calistar-S, however risk of persistent USI and SUI was similar. Both Calistar-S and anterior vaginal mesh (Surelift-A) with SSF confer comparable high objective and subjective cure.</p>

稿件編號：OU21	<p>骨盆器官脫垂手術中聚丙烯網膜的創新防沾黏水膠塗層：可大幅減少手術併發症的一種生物相容性解決方案</p>
臨時稿件編號：1550	<p>Innovative Anti-Adhesion Hydrogel Coating for Polypropylene Mesh in Pelvic Organ Prolapse Surgery: A Biocompatible Solution to Minimize Surgical Complications</p> <p>張博涵<sup>1</sup> 張正昌<sup>1</sup> 宋鈺雯<sup>1</sup> 中國醫藥大學附設醫院<sup>1</sup></p>
論文發表方式：口頭報告	<p>Surgical mesh is integral to the management of pelvic organ prolapse (POP), providing essential structural support to compromised tissues and decreasing recurrence rates. The clinical application of polypropylene (PP) mesh in pelvic organ prolapse (POP) surgery is constrained by complications, including mesh erosion, infection, and adhesion formation. Adhesions are bands of scar tissue that develop between organs or between organs and the abdominal wall. They are a prevalent postoperative complication associated with chronic pain, bowel obstruction, and surgical failure, presenting considerable challenges in gynecologic practice.</p>
論文歸類：婦女泌尿	<p>This research presents a new anti-adhesion hydrogel created from methacrylated carboxymethyl cellulose (CMC) and maleated type I collagen. The hydrogel serves as a physical barrier, integrating the non-adhesive characteristics of CMC with the biocompatibility of collagen to achieve sustained anti-adhesion effects. In vitro analyses indicated the hydrogel exhibits a favorable cytotoxicity profile and biocompatibility. The hydrogel's anti-adhesion efficacy and its effect on the inflammatory response were assessed using a rat cecal abrasion model.</p> <p>In a subsequent phase, the hydrogel was utilized as a coating for PP mesh to improve its clinical applicability in POP surgery. The hydrogel-coated mesh's anti-adhesion performance was assessed through preclinical testing utilizing a rat uterine repair model, concentrating on outcomes including adhesion formation, mesh exposure, tissue erosion, and inflammatory response. The findings demonstrated a notable decrease in adhesion formation and enhanced biocompatibility, while maintaining mesh integrity.</p> <p>The CMC/Col hydrogel serves as a promising adjunct in gynecologic surgeries that utilize synthetic mesh. This innovation may improve surgical outcomes, enhance patient quality of life, and broaden the safe use of mesh in pelvic reconstructive procedures by reducing adhesion-related complications.</p>



稿件編號：OU22	<p style="text-align: center;">不同材質的生物網膜對重建手術之預後 Synthetic or Biochemical Material for Reconstruction of Pelvic Organ Prolapse, It Matters!</p> <p>潘恒新<sup>1</sup> 陳尚仁<sup>2</sup> <u>蔡宗穎</u><sup>1</sup> 柏仁醫院<sup>1</sup> 柏仁<sup>2</sup></p>
臨時稿件編號： 1437	
論文發表方式： 口頭報告	<p>ic Organ Prolapse (POP) is a disabling and chronic condition that affects women of all ages. Pelvic organs can protrude outside the body through the vagina due to weakness in the pelvic floor. POP affects patients both physically and psychologically. Most women with POP suffer from at least one other pelvic floor disorder, such as incontinence. Pelvic organ prolapse increases nationwide, namely, anterior, posterior and middle compartments prolapse. Plenty of different kits had created in recent years for reconstruction surgery. Among those surgical kits, synthetic material augmentation plays a major role, for last Decade, however, Food and Drug Administ-ration raised (FDA) a red flag due to massive complication, such as spontaneous vaginal pain, extrusion, there-fore, Nowadays, selection of proper material for reconstruction surgery is important for life quality. it divides into two systems: anchor non-anchor system. Hence, we attempt to compare a novel modified surgical technique involving a non-anchor system with the conventional anchor approach to determine the effectiveness of these two systems for treating POP. In this study, we compared the benefit, disadvantage, side effects, and complications for the two systems. Then we found that the modified tiling approach can be used to prevent the aforementioned surgical risks. Furthermore, if patients cannot bear the cost of using the required instruments, they can consider undergoing the modified non-anchor surgical procedure</p>
論文歸類： 婦女泌尿	

稿件編號：OU23	<p>膀胱出口阻塞合併有嚴重骨盆腔器官脫垂的病人接受骨盆重建手術的預後</p> <p>Outcomes of bladder outlet obstruction following extensive vaginal pelvic reconstruction surgery on patient with advanced pelvic organ prolapse</p>
臨時稿件編號： 1422	<p>盧佳序<sup>1,2</sup> 黃詩穎<sup>3</sup> 謝武橋<sup>1</sup> 蔣奐巧<sup>1</sup> 胡家瑜<sup>1</sup> 林口長庚紀念醫院婦產部<sup>1</sup> 長庚大學<sup>2</sup> 基隆長庚紀念醫院婦產部<sup>3</sup></p>
論文發表方式： 口頭報告	<p>Objective To evaluate the impact of extensive vaginal pelvic reconstruction surgery (PRS) on advanced pelvic organ prolapse (POP) patients with bladder outlet obstruction (BOO)</p>
論文歸類： 婦女泌尿	<p>Methods We conducted a single center, retrospective analysis of women who attended a tertiary referral center for receiving extensive vaginal pelvic reconstruction surgery for advanced POP (POP-Q <math>\geq</math> 3) with BOO from January 2006 to January 2016. Data regarding preoperative evaluation, surgical procedure, and post-operative management were abstracted from medical record. Patients were considered to have BOO when detrusor pressure at maximum flow (Dmax) was <math>\geq</math>20 cmH<sub>2</sub>O and peak flow rate (Qmax) of <math>\leq</math>15 mL/s. Postoperative value of Dmax lower than 20 cmH<sub>2</sub>O or Qmax higher than 15 mL/s were regarded as objectively cured.</p> <p>Results: A total of 1894 patients with severe POP stages III or IV were assessed. The incidence of BOO was 22.8% (431/1894) within this patient population of advanced POP. One year after the vaginal PRS, the objective cure rate of BOO was 98.1%. Urodynamic voiding parameters showed a significant increase in Qmax (P &lt; 0.001), while Dmax (P &lt; 0.001) and postvoid residual urine (PVR) (P &lt; 0.001) were significantly decreased. Previous POP surgery, native tissue repair (NTR), PVR <math>\geq</math>200ml, and MCC <math>\geq</math>500ml increase the likelihood of persistent BOO in patients.</p> <p>Conclusion: Vaginal PRS demonstrated effectiveness in treating BOO in patients with advanced POP, exhibiting a notable objective cure rate. Previous POP surgery, NTR, preoperative PVR <math>\geq</math>200ml, and MCC <math>\geq</math>500ml were the risk factors predicting the failure of PRS in improving BOO .</p>

稿件編號：OU24	<p>針對薦棘韌帶固定術中使用的錨定裝置（anchor-based device）脫落可能對操作醫師構成的潛在傷害</p>
臨時稿件編號：1591	<p>Dislodging tacker (anchor-based device) for Sacrospinous ligament fixation posing a potential hazard to the operator finger (Operator injury)</p> <p>盧佳序<sup>1</sup> 王佑辰<sup>2</sup> 林宜萱<sup>1</sup> 楊佳璇<sup>1</sup> 游千千<sup>1</sup> 羅艾琳<sup>1</sup> 蔣奐巧<sup>1</sup> 張藍心<sup>3</sup>                  林口長庚醫院<sup>1</sup> 基隆長庚醫院<sup>2</sup> 土城長庚醫院<sup>3</sup></p>
論文發表方式：口頭報告	<p>Abstract Objective:</p>
論文歸類：婦女泌尿	<p>This study aims to identify factors contributing to tacker dislodgement and associated complications during sacrospinous ligament fixation (SSF) procedures.</p> <p>Materials and Methods: A retrospective review was conducted on 674 patients with stage &gt;3 pelvic organ prolapse (POP) who underwent SSF with anchor-based devices between April 2018 and November 2023. Of these, 665 underwent SSF with transvaginal mesh (461 with Surelift and 194 with Calistar-S), and 19 underwent SSF with Anchorsure alone. Patients were categorized into secure tacker (n=649) and dislodged tacker (n=27) groups.</p> <p>All patients followed standardized institutional protocols, including preoperative assessments, validated Chinese questionnaires at baseline, and follow-ups at 6 and 12 months postoperatively. Surgical techniques varied by device type but adhered to meticulous dissection and repair protocols.</p> <p>Results: Tacker dislodgement occurred in 2.2% of cases. The dislodged group exhibited significantly higher BMI (p&lt;0.001) and hypertension prevalence (p=0.004). Complications in this group included two bladder injuries and four operator injuries, including glove tears and finger cuts (p&lt;0.001). The secure group demonstrated significantly less blood loss (p&lt;0.001).</p> <p>Objective and subjective cure rates were high and comparable between groups: 95.5%/94.4% for the secure group and 90%/90% for the dislodged group. Quality of life and sexual function outcomes were similarly favorable.</p> <p>Conclusion: SSF using tacker-based devices is safe and effective. Recognizing risks associated with tacker dislodgement can enhance preparedness and minimize complications for both patients and operators.</p>

稿件編號：OU25	比較有無陰道子宮切除術之薦棘韌帶固定術使用 Anchorsure 治療骨盆器官脫垂的臨床效果與併發症
臨時稿件編號： 1623	<p>Comparison of Clinical Effect and Complication of Sacrospinous Ligament Fixation using Anchorsure with and without vaginal hysterectomy for Pelvic Organ Prolapse</p> <p>李欣陪<sup>1</sup> 宋怡潔<sup>1</sup> 林冠伶<sup>1</sup> 盧紫曦<sup>1</sup> 楊曜瑜<sup>1</sup> 龍震宇<sup>1</sup> 高雄醫學大學附設中和紀念醫院婦產部<sup>1</sup></p>
論文發表方式： 口頭報告	Objective: To assess the therapeutic effects and complications of sacrospinous ligament fixation with Anchorsure® Suture Anchoring System (Neomedic) with and without vaginal hysterectomy (VH) for pelvic organ prolapsed (POP).
論文歸類： 婦女泌尿	<p>Materials and methods: This study recruited a total of 74 women who suffered from POP and received sacrospinous ligament fixation with Anchorsure® device. All subjects were assigned to either VH (n=26) or without VH (n=48) groups. To assess objectively, all patients received urodynamic study and POP-Q system examination before and 6 months after the operation. The change of lower urinary tract symptoms was recorded simultaneously as well.</p> <p>Results: Our data revealed that success rate for POP were comparable in both groups, and residual urine had significantly decreased after the operation (Paired t-test, P&lt;0.05) in both groups. Among POP-Q parameters, nearly all items improved significantly except for total vaginal length and the point Ap (Wilcoxon signed-rank test, P&gt;0.05). Moreover, no patient had recurrent pelvic organ prolapse six months after the operation in our present study. There was a significant reduction in all urinary symptoms except the nocturia (McNemar's test, P= 0.168). As for the complications, one patient had a bladder injury in a woman with cervical amputation.</p> <p>Conclusion: Our results showed that sacrospinous ligament fixation with Anchorsure® Suture Anchoring System is an effective and relatively safe treatment for women with POP, regardless of vaginal hysterectomy.</p>

稿件編號：OU26	比較單一切口中段陰道帶(single-incision sling devices)的 Solyx 以及可調整式 I-stop mini 對於治療應力性尿失禁一年的臨床結果
臨時稿件編號： 1494	<p>Comparison of clinical outcomes on short tape single-incision sling devices (Solyx) and adjustable length device (I-stop mini) for Urodynamic stress incontinence at one year</p> <p>盧佳序<sup>1</sup>林芝卉<sup>2</sup>楊佳璇<sup>1</sup>謝武樵<sup>1</sup>林益豪<sup>1</sup>梁景忠<sup>1</sup>林芳秀<sup>2</sup> 林口長庚婦產部<sup>1</sup>基隆長庚婦產科<sup>2</sup></p>
論文發表方式： 口頭報告	<p>Objective</p> <p>The study primarily aims to compare the outcome of voiding dysfunction related to over-tension and the resumption of normal voiding after TRS manipulation in Solyx and I-stop Mini. Secondly, it aims to determine the cure rate, complications and Quality of Life at 1-year post-operatively.</p>
論文歸類： 婦女泌尿	<p>Materials and Methods</p> <p>This is a retrospective study conducted from March 2015 to June 2023 approved by the Chang Gung Memorial Hospital's Ethics Committee. Patients with clinically confirmed SUI and Urodynamic stress incontinence (USI) were included, excluding those with pelvic organ prolapse (POP) greater than stage II, neurogenic bladder dysfunction, or post-void residual (PVR) of more than 100ml. Standardized pre-operative evaluations and tension-releasing sutures (TRS) were used. Follow-ups were conducted at 1 week, 1 month, 3 months, 6 months and annually. Statistical analysis were performed using SPSS version 17.</p> <p>Results</p> <p>Out of 453 patients, 333 underwent Solyx and 120 underwent I-stop Mini. The mean age was 56.6 years with an average BMI of 25.4. Post-operatively, urinary retention and TRS manipulation were more common in the Solyx group (12% vs 4.2%, p=0.014). Objective cure rates were 87.1% for Solyx and 91.7% for the I-stop Mini, with no statistical difference. Two patients in the Solyx group required repeat mid-urethral sling surgery.</p> <p>Conclusion</p> <p>Solyx and I-stop mini are effective for treating SUI. Short tape single-incision sling device (Solyx) was found to be tighter than adjustable-length device (I-stop mini). With the addition of TRS, the surgeon can easily treat post-operative voiding dysfunction.</p>

稿件編號：OU27	單切口吊帶 (Solyx™) 合併張力放鬆縫合輔助線應用於術後排尿功能障礙之過度張力在超音波檢查與臨床三年術後回顧結果
臨時稿件編號： 1445	<p>Ultrasonography and clinical outcomes following on tension-releasing suture (TRS) appendage on single-incision sling (Solyx™ tape) devices for postoperative voiding dysfunction involving undue tape tension: A 3-year post-operative review</p> <p>楊佳璇<sup>1</sup> 盧佳序<sup>1</sup> 簡誌緯<sup>2</sup> 游千千<sup>1</sup> 謝武橋<sup>1</sup> 林益豪<sup>1</sup> 梁景忠<sup>1</sup> 林口長庚紀念醫院婦產部<sup>1</sup> 新北市立土城醫院<sup>2</sup></p>
論文發表方式： 口頭報告	<p>Abstract</p> <p>Objective: The mid-urethral sling (MUS) is a safe and effective treatment for stress urine incontinence (SUI), however it can produce voiding dysfunction in 2-4% of patients, typically due to over-tensioning. Sling lysis and/or mobilization can help, but it needs additional surgery and costs. The tension-releasing suture (TRS) (i.e., a bedside maneuver to loosen the sling in the immediate post-operative period) can overcome such difficulties and has previously been described with a 92% objective and subjective cure rate. The study seeks to evaluate the long-term effectiveness of TRS after installing the Solyx™ MUS over a three-year follow-up. The secondary goal is to demonstrate functionality and position using introital ultrasonography (US).</p>
論文歸類： 婦女泌尿	<p>Materials and methods: Retrospective case-series study conducted at a tertiary referral facility from September 2015 to December 2020. 18 patients experienced voiding dysfunction following anti-incontinence surgery. Primary outcome was objective and subjective cure. Secondary outcomes included quality of life (QoL) and ultrasonography assessments. US was done six months and three years following the procedure.</p> <p>Results: Objective cure rate was 94.1%, and the subjective rate was 94.4%, QoL also showed improvement. As shown in the US results, the bladder neck position and mobility remained consistent. The percentages of mid-point sling position and urethral kinking were consistent, showing that the sling was appropriately positioned and did not migrate after surgery.</p> <p>Conclusions: TRS manipulation after Solyx™ surgery is safe and effective modality to treat post-operative voiding dysfunction. Furthermore, the tape position was constant with no dislodging noted after three years.</p>

稿件編號：OU28	<p>I-stop Mini 及 Altis 兩種尿失禁手術吊帶的療效與安全性之比較                  Comparison of Efficacy and safety using “I-stop Mini” versus “Altis” system devices                  for the Treatment of Stress Urinary Incontinence</p> <p>楊曜瑜<sup>1,2</sup> 林冠伶<sup>1,2</sup> 盧紫曦<sup>1,2</sup> 宋怡潔<sup>1</sup> 龍震宇<sup>1,2</sup>                  高雄醫學大學附設中和醫院紀念醫院婦產部<sup>1</sup> 高雄醫學大學附設高醫岡山醫院婦                  產科<sup>2</sup></p>
臨時稿件編號： 1574	
論文發表方式： 口頭報告	<p>Introduction: This study aims to compare clinical outcome using the I-stop Mini® vs. Altis® devices for the treatment of stress urinary incontinence (SUI).</p>
論文歸類： 婦女泌尿	<p>Methods: One hundred and seventy-four women with SUI were scheduled for either Altis® (n=118) or I-stop Mini® device (n=56). Preoperative and postoperative assessments included pelvic examination, urodynamic study, and a personal interview about urinary symptoms.</p> <p>Results: Despite longer follow-up period for the Altis group, the success rates for two groups were comparable (P&gt; 0.05), as well as postoperative VAS scores. The prevalences of severe SUI and intrinsic sphincter deficiency (ISD) did not differ significantly in both groups (P&lt;0.05). The mesh extrusion was not found in the both groups.</p> <p>Conclusions: Altis® and I-stop Mini® devices for SUI have comparable success rates and functional outcomes, with relatively low complication rate.</p>

稿件編號：OU29	<p>不同年齡層之女性接受經閉鎖孔中段尿道吊帶術手術之預後</p> <p>Outcomes of primary transobturator mid-urethral sling surgery in women of different ages</p>
臨時稿件編號： 1412	<p>何欣諭<sup>1</sup> 黃文貞<sup>1,2,3,4</sup></p> <p>國泰綜合醫院婦女醫學部<sup>1</sup> 汐止國泰綜合醫院婦產科<sup>2</sup> 台北醫學大學醫學系<sup>3</sup> 國立清華大學醫學院<sup>4</sup></p>
論文發表方式： 口頭報告	<p>Background: Urinary incontinence is more common with advancing age, often accompanied by unaddressed healthcare needs. Whether age influences clinical and ultrasonographic outcomes following transobturator mid-urethral sling (TOS) surgery remains uncertain. This study compared 1-year postoperative outcomes of TOS across age groups.</p>
論文歸類： 婦女泌尿	<p>Methods: We conducted a retrospective analysis of women undergoing primary, isolated TOS surgery for uncomplicated urodynamic stress incontinence. Eligibility criteria included independence in daily activities and an acceptable level of surgical risk. Preoperative and 1-year postoperative assessments comprised clinical interviews, pelvic examinations, urodynamic studies, and introital four-dimensional ultrasound. The primary outcome was the rate of stress urinary incontinence (SUI) 1 year postoperatively. Secondary outcomes included postoperative adverse events and ultrasound findings.</p> <p>Results: A total of 464 women were included, with 162 aged &lt;51 years, 213 aged 51–64 years, 60 aged 65–74 years, and 29 aged ≥75 years. At 1-year follow-up, older women were more likely to report persistent or bothersome SUI. The severity of SUI and the incidence of adverse events did not differ significantly between age groups. Ultrasonography demonstrated that slings were positioned higher and appeared looser in older women.</p> <p>Conclusions: TOS surgery is a safe and effective treatment for women of all ages who are independent in daily activities and have an acceptable level of surgical risk. However, sling positioning appeared higher and looser in older women.</p>



稿件編號：OU30	尿道中段懸吊帶置放後引發尿滯留之機率及危險因子研究
臨時稿件編號： 1483	Incidences and risk factors of postoperative urinary retention after mid-urethral sling placement with and without pelvic reconstructive surgery  孫茂榮 <sup>1,2</sup> 彰化基督教醫院婦產部 <sup>1</sup> 彰化基督教醫院婦產部婦女泌尿暨骨盆重建科 <sup>2</sup>
論文發表方式： 口頭報告	Objective: Postoperative urinary retention (POUR) is a common consequence of urogynecologic surgery. In this study, we retrospectively assessed the rate of POUR and identified risk factors for the development of urinary retention after mid-urethral sling placement with and without pelvic reconstructive surgery.
論文歸類： 婦女泌尿	Materials and Methods: Eight hundred and sixty-six women with urodynamic stress incontinence who underwent transobturator (TOT) and single-incision sling (SIS) placement, with or without a concomitant reconstructive procedure, were included in this study. Postoperative evaluations from the study were reviewed both subjectively and objectively, including voiding volume and bladder scan prior to discharge, cough stress test, uroflowmetry, changes in urodynamic parameters, and the Urogenital Distress Inventory six-item questionnaire at 3 months after surgery. Results: A total of 866 patients were included, of which 686 patients had no POUR (79.2%), 158 had transient POUR (18.3%), and 22 had prolonged POUR (2.5%). No patients with prolonged POUR required a Foley catheter 2 weeks after discharge. Prior pelvic reconstruction surgery, concomitant hysterectomy, older age, and higher postvoid residual volume were associated with POUR ( $p < 0.05$ ). Incidences of POUR were not significantly different between patients with and without concomitant pelvic reconstructive surgery. However, patients with SIS had a higher incidence of POUR than those with TOT ( $p < 0.05$ ). Total objective cure rate of urodynamic stress incontinence was 91.7%. Patients with prolonged POUR had a significantly lower cure rate, whereas those with transient POUR had the highest cure rate ( $p = 0.013$ ). Multiple logistic regression analysis revealed that old age, previous hysterectomy, MUCP $< 30$ cmH <sub>2</sub> O, and SIS were the risk factors for POUR. Conclusions: POUR was common after mid-urethral sling placement with or without pelvic reconstructive surgery; however, most cases were mild, transient and resolved spontaneously. Clinicians should be aware of the risk factors for POUR and strive for adequate prevention and management.

稿件編號：OU31	<p>單切口吊帶放置時的術中膀胱損傷-文獻回顧及病例報告</p> <p>Intraoperative Bladder injury at the Time of Single-incision Sling Placement – review of literature and case report</p>
臨時稿件編號： 1453	<p>張哲綱<sup>1,2</sup> 孫茂榮<sup>1,2</sup> 彰化基督教醫院婦產部<sup>1</sup> 彰基婦女泌尿暨骨盆重建科<sup>2</sup></p>
論文發表方式： 口頭報告	<p>Bladder injury during single-incision sling (SIS) procedures is exceedingly rare, with a reported incidence of 0% to 0.8%, and literature on this complication remains limited. This study focuses on two recent cases of bladder injury during SIS at our institution and reviews the associated risk factors, including surgical route, surgeon experience, prior pelvic surgeries, and patient characteristics such as age and BMI. Management strategies, adapted from traditional mid-urethral sling techniques, emphasize the importance of intraoperative cystoscopy for early detection, catheterization to facilitate healing, and careful decision-making on sling placement timing. While minor injuries may allow immediate sling placement, complex injuries often require delayed intervention.</p>
論文歸類： 婦女泌尿	<p>In both cases, early detection and prompt management resulted in satisfactory recovery without long-term complications. Despite its rarity, vigilance is critical to managing bladder injury during SIS procedures. Surgeons must recognize risk factors and adopt evidence-based practices to ensure optimal patient outcomes.</p>

稿件編號：OU32	<p style="text-align: center;">中段尿道懸吊帶移除的臨床結果分析 The outcomes of mid-urethral sling removal</p>
臨時稿件編號： 1345	
論文發表方式： 口頭報告	<p>Stress urinary incontinence is a prevalent problem affecting approximately 4% to 35% of the global population. Since the introduction of tension-free vaginal tape in 1995, mid-urethral sling(MUS) are now the preferred surgical approach to treat urinary stress incontinence nowadays. Although generally considered safe, sling procedures can be associated with complications such as vaginal extrusion(0.5%–3%), mesh erosion(1%–3%), new-onset urinary urgency(5%–15%), delayed voiding dysfunction(2%–10%), and pelvic pain (1%–10%). Approximately 10% of women who underwent MUS insertion were admitted due to complications during 5-year follow up, additionally, 5% underwent further continence surgery. Around 0-30% of women experience urogenital pain post-surgery. Some require full or partial sling removal. Data suggests that a minority of women (2-4%) undergo removal specifically because of chronic pelvic pain that does not resolve despite conservative treatments. According to recent study, the risk of mesh sling removal was higher in women with a retropubic insertion compared to transobturator insertion (3.6% vs 2.7%) at 9 years post-operation. Age was a significant factor, with younger women (18-39 years) having a higher risk of mesh removal (4.4%) compared to older women (≥70 years, 2.1%). Women who underwent complete sling removal due to mesh exposure had a significantly higher rate of recurrent SUI compared to partial removal. With perspective to pain resolution, partial and complete removal have similar rate (72% vs 76%). Overall improvement of LUTS better in the early sling lysis group compared with the late sling lysis group (91% vs 71%; P=.01). The likely mechanism is related to the degree of tissue scarring and fibrosis that develops over time, later interventions face more extensive tissue changes, which may limit the functional recovery after lysis. There was no statistically significant difference between the two groups about complication rates such as minor bleeding, infection, or transient urinary retention. Bladder outlet obstruction outcomes were associated with improvement irrespective of amount of mesh removal or even by mesh transection. There was one case of our hospital who underwent partial removal of the urethral sling due to persistent lower abdominal pain and difficulty urinating 3-month after mid urethral sling inserted. Intraoperative findings of second surgery revealed significant adhesion of the sling to surrounding tissues, limiting the extent of its removal. Therefore, a partial removal of the urethral sling was performed. Postoperative follow-up 5 months later demonstrated significant pain relief with no recurrence of stress urinary incontinence.</p>
論文歸類： 婦女泌尿	