

稿件編號：OU1	<p>有效性及安全性 I stop mini adjustable sling system 及 Obtryx sling system 針對應力性漏尿之比較：回溯性研究</p>
臨時稿件編號：0382	<p>Efficacy and Safety of “I-stop-mini adjustable” Sling System Versus Transobturator Midurethral “Obtryx” Sling System in Stress Urinary Incontinence: A Retrospective Cohort Study</p> <p>趙偉廷¹ 陳冠宇¹ 劉家豪¹ 陳綺珊¹ 張嘉珮¹ 陳怡仁¹ 王鵬惠¹ 洪煥程¹ 臺北榮總婦女醫學部¹</p>
論文發表方式：口頭報告	<p>Study objective: To compare the safety, efficacy, and adverse events of the new mini-adjustable sling system “I-stop-mini” with transobturator midurethral slings “Obtryx” in women with stress urinary incontinence (SUI).</p>
論文歸類：婦女泌尿	<p>Design: A single-center, retrospective cohort study.</p> <p>Setting: Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taiwan,</p> <p>Patients: Three hundred and forty-seven patients who underwent I-stop-mini or Obtryx for SUI treatment.</p> <p>Intervention: Mid-urethral sling with either I-stop-mini or Obtryx.</p> <p>Measurements and main results: The primary outcomes were objective success and subjective cure rates between the two groups. Objective success was evaluated using a one-hour pad test and subjective cure was evaluated using a questionnaire score (IIQ-7, UDI-6, ICIQ-SF). Secondary outcomes were the evaluation of surgical outcomes, operative data, and adverse events between the two groups. In total, 171 of 200 I-stop-mini subjects and 127 of 147 Obtryx subjects completed 12 months of follow-up. Regarding the objective success between the I-stop-mini group and the Obtryx group, 1 month postoperative (3.6±5.2 vs. 3.9±12.6; p = .765), post-operative 6 month (3.9±5.1 vs. 4.2±12.6; p = .848), 12 month (4.6±5.6 vs. 4.5±13.6; p = .980) one-hour pad tests showed no significant difference. The 12-month subjective cure rates decreased from 94.7% (1 month post-operative) to 91.2% (12 months post-operative) in the I-stop-mini group and 95.2% (1 month post-operative) to 85.0% (12 months post-operative) in the Obtryx group. Similar and durable efficacy was observed between the two groups. The I-stop-mini group had shorter operative times and hospital stays than the Obtryx group; however, both groups showed similar adverse event rates.</p> <p>Conclusion: The objective success and subjective cure rates of I-stop-mini did not differ to those of Obtryx. However, long-term data and further prospective studies on I-stop-mini are necessary to arrive at a definite conclusion.</p>

稿件編號：OU2	<p>探討膀胱過動症及尿路動力學診斷上的逼尿肌活性過強相關性</p> <p>Correlation between overactive bladder and detrusor overactivity: a retrospective study</p>
臨時稿件編號：0571	<p>黃亭瑄¹ 盧佳序^{1,2,3,4} 林益豪^{1,4} 梁景忠^{1,4} 謝武喬¹</p> <p>林口長庚紀念醫院¹ 基隆長庚紀念醫院² 台北長庚紀念醫院³ 長庚大學⁴</p>
論文發表方式：口頭報告	<p>Introduction and Hypothesis:</p> <p>Overactive bladder (OAB) is a syndrome diagnosed clinically with symptoms of urinary urgency associated with frequency and nocturia in the absence of urinary tract infection or other pathology. Detrusor overactivity (DO), as seen with detrusor contraction during the filling cystometry in a urodynamic study is a demonstrable finding correlating to OAB symptoms. However, the etiology of OAB and DO is not well defined, and half of the patients with OAB does not have DO. The primary objective of this study is to determine the prevalence of OAB and DO in patients from a single tertiary teaching center who were referred for UDS due to lower urinary tract symptoms (LUTS). The secondary objective is to determine the subjective and objective differences between OAB patients with and without urodynamically proven DO.</p>
論文歸類：婦女泌尿	<p>Methods:</p> <p>All patients who underwent UDS in a single, tertiary medical center for LUTS between June 2016 to September 2019 were retrospectively reviewed. Personal history, medical history, and physical examination were collected. Patients were asked to complete validated questionnaire including OABSS, ICIQ-IU SF, UDI-6, POPDI-6, IIQ-7, PISQ-12, and CRADI-8. One-hour pad test and multichannel urodynamic study was performed according to ICS Standard Good Urodynamic Practices (ICS- GUP2016).</p> <p>Results:</p> <p>A total number of 4184 patients underwent UDS due to LUTS between June 2016 to September 2019. A total of 1524 patients were analyzed for OAB or DO/DOI. In all patients with lower urinary tract symptoms, the occurrence of OAB was 36.4%. The overall incidence of DO/DOI in patients with OAB was 15.5%. 9.5% of all patients had DO/DOI finding on UD study, and the incidental finding of DO/DOI was 4.6%. There were significant differences between mean age, parous number, ICIQ-UI SF, OABSS, and POPDI-6 between patients with and without DO/DOI. Except for maximal urethral pressure and pressure transmission ratio, all other urodynamic parameters had significant differences between the two groups. In patients with DO/DOI, there were no significant differences between age, parous, and BMI in patients with or without OAB symptoms. However, there were significant differences between the mean OABSS, ICIQ-UI SF, UDI-6, POPDI-6, IIQ-7, and pad test.</p> <p>Conclusions:</p> <p>UDS was previously considered as an invasive examination that should be limited to OAB patients that failed first line treatment regardless of presence and absence of DO. However, patient's perception of symptoms is often unreliable, leading to misdiagnosis and improper treatment. In the present study, we have found patients with DO are associated with older age, increased parity, greater urine leakage, and worse storage and micturition functions on UDS. The combination of subjective and objective measurements are better predictive models for OAB patients than either one alone.</p>

稿件編號：OU3	<p>探討應力性尿失禁於尿路動力學診斷上的相關性 Correlation between stress urinary incontinence and urodynamics stress incontinence: a retrospective study</p> <p>沈玉華¹ 盧佳序² 黃詩穎¹ 林芝卉¹ 高川琪¹ 基隆長庚婦產科¹ 林口長庚婦產科²</p>
臨時稿件編號：0511	
論文發表方式：口頭報告	<p>Introduction: The prevalence of stress urinary incontinence is 4-35% in female and most of them needed advanced treatment. The urodynamics study help us differentiate mixed type incontinence or other etiology that may need other treatment.</p>
論文歸類：婦女泌尿	<p>Objectives: Our primary objective was to find the prevalence of patients with SUI symptoms with USI in our hospital and associating risk factors. Our secondary objective was to find the predictive values for USI in SUI patients.</p> <p>Methods: 4127 patients who had low urinary tract symptoms and received urodynamics studies between Feb 2018 and Aug 2020 were reviewed retrospectively. All patient received validated quality-of-life (QOL) questionnaires. Primary outcomes were the prevalence of patients with SUI symptoms and diagnosed USI. The secondary outcome was the associating risk factors.</p> <p>Results: 1649 out of 2835 women(58.2%) was diagnosed USI in SUI patient. The women with USI in SUI patient had higher BMI, larger amount of pad test. The urodynamics study in the women with USI in SUI patient had larger voiding volume, lower residual urine, larger first desire, larger maximal cystometric capacity, lower maximal urethral closure pressure, lower functional length and lower detrusor pressure at peak flow. The QoL questionnaires in the women with USI in SUI patient had significant higher score.</p> <p>Conclusions: In patient with SUI and diagnosed USI, they had larger MCC, lower RU and more severe in symptoms of incontinence.</p>

稿件編號：OU4	<p style="text-align: center;">女性夜尿症在尿動力學檢查的主要結果</p> <p style="text-align: center;">The main finding of urodynamic study in women with nocturia: a retrospective study</p>
臨時稿件編號： 0526	<p>張藍心¹ 盧佳序¹ 梁景忠¹ 林益豪¹ 謝武橋¹ 林口長庚紀念醫院婦產部¹</p>
論文發表方式： 口頭報告	<p>Introduction: Nocturia is a high prevalence symptom of elder women, and much pathophysiology may cause this disease. Urodynamic study is an important diagnostic tool for lower urinary tract symptoms but its role in nocturia is still uncertain. This study wants to find the correlation between nocturia and urodynamic study.</p>
論文歸類： 婦女泌尿	<p>Materials and Method: This retrospective study included all results of urodynamic study and questionnaires of OABSS, ICIQ-SF, UDI-6, POPDI-6 IIQ-SF, CRADI-8, PISQ-12 in Chang Gung memorial hospital, Linkou branch in Taiwan during February 2018 to August 2020. We analysis the difference of all questionnaires, all parameters, and the diagnosis of urodynamic study between the patients with or without nocturia.</p> <p>Result: Total 4127 urodynamic study were enrolled and nocturia group was 2423(58.71%). The group with nocturia had significant decreased of maximal flow rate, voiding volume, Maximal cystometric capacity and Maximal urethral closure pressure, and significant increased of residual urine. The ratio who diagnosis with bladder outlet obstruction(187(7.72%) v.s. 87(5.11%), detrusor overactivity (236(9.74%) v.s. 49(2.88%), and bladder hypersensitivity(377(15.56%) v.s. 136(7.98%) were also significant higher.</p> <p>Conclusion: The urodynamic study may play a role to distinguish the uro-gynecological etiology of nocturia such as reduced bladder capacity or impaired bladder function.</p>

稿件編號：OU5	<p>生物反饋與電刺激輔助之骨盆底肌肉訓練使用於女性輕度與中重度應力性尿失禁之效果</p>
臨時稿件編號：0485	<p>Efficacy of biofeedback and electrical stimulation-assisted pelvic floor muscle training between women with mild and moderate to severe stress urinary incontinence</p> <p>黃俊淇¹ 孫芳如² 蘇聰賢¹ 劉蕙瑄¹ 馬偕紀念醫院婦產部¹ 馬偕紀念醫院醫學研究部²</p>
論文發表方式：口頭報告	<p>Study objective: To evaluate the efficacy of biofeedback and electrical stimulation-assisted pelvic floor muscle training (PFMT) between women with mild and moderate to severe stress urinary incontinence (SUI).</p>
論文歸類：婦女泌尿	<p>Design: Retrospective observational study. Setting: Tertiary referral center. Participants: Patients with urodynamically proven SUI who underwent a rehabilitation program from 2014 to 2021. Interventions: Biofeedback and electrical stimulation-assisted PFMT in women with mild and moderate to severe SUI. One-hour pad test from 2 to 10 g was defined as mild SUI, and > 11 g defined as moderate to severe SUI. Main outcome measures: Incontinence-related symptoms of distress and quality of life were measured using questionnaires including the short-form Urogenital Distress Inventory (UDI-6), Incontinence Impact Questionnaire (IIQ-7), incontinence severity index (ISI) and visual analog scale (VAS) at the first and last treatment sessions. Results: Fifty-seven patients were reviewed during the study period. Incontinence-related symptoms of distress including the UDI-6, ISI, and VAS all significantly improved in the mild SUI group (P=.001, P=.001 and P=.010, respectively), while only UDI-6 and VAS statistically improved in the moderate to severe SUI group (P=.027 and P=.010, respectively). There was significant improvement in IIQ-7 in the mild SUI group during serial treatments, but only in session 6 in the moderate to severe SUI group. After 18 sessions of treatment, the UDI-6, ISI and IIQ-7 scores showed significantly greater improvements in the mild SUI group compared to the moderate to severe SUI group (P=.003, P=.025 and P=.002, respectively). Conclusions: Although biofeedback and electrical stimulation-assisted PFMT is an effective treatment option for SUI, it is more beneficial for patients with mild SUI and a 1-hour pad weight < 10 g urine leak.</p> <p>Key Words: Biofeedback; Electrical stimulation; Electromyography; Stress urinary incontinence</p>

稿件編號：OU6	<p>以延長吊帶的方式治療中段尿道吊帶術後膀胱出口阻塞：長期追蹤報告</p> <p>Maintenance of long-term continence rate after revision of obstructed mid-urethral slings with tape elongation : A cohort study including two sling procedures.</p>
臨時稿件編號：0401	<p>蔡青倍¹ 洪滿榮² 劉芝谷¹ 陳明哲¹</p> <p>台中榮民總醫院¹ 中山醫學大學附屬醫院²</p>
論文發表方式：口頭報告	<p>Purpose: Recurrent stress incontinence occurred frequently (9-61%) in patients who underwent sling incision/excision for iatrogenic urethral obstruction (UO). We hypothesized that sling revision with tape elongation help relieve the UO symptoms and maintain continence at long term follow-up.</p>
論文歸類：婦女泌尿	<p>Materials and Methods: This is a retrospective cohort study. Women with urodynamic stress incontinence, who underwent either a single-incision (AJUST-HELICAL) or a conventional, trans-obturator (TVT-O) mid-urethral sling (MUS) procedure, at the same period, were enrolled and studied. The rates of iatrogenic UO and its outcomes after a two-staged management (i.e., an early transurethral sling mobilization, followed by sling revision with tape elongation at a later stage) were assessed and compared between groups. Key steps of sling elongation were illustrated in Figure 1 and 2. At up to 8 years follow-up, patients were interviewed by telephone using validated questionnaire UDI6 and chart reviewed.</p> <p>Results: Of the 119 (58 AJUST-HELICAL and 61 TVT-O) patients studied, 16 (13.4%) were diagnosed to have UO. Comparison of characteristics between groups were listed in Table 1 and 2. UO symptoms were relieved by transurethral sling mobilization in 9.1% (1/11) and 60% (3/5) of patients after AJUST-HELICAL and TVT-O, respectively. Of the remaining 12 patients who had refractory UO, sling revision with tape elongation were performed. Recurrent stress urine incontinence occurred in 8.3%(1/12) and 16.6%(2/12) in short term and long term follow-up, respectively(Table 3). Sling revision procedure had no impact on long term incontinence rate according to outcome analysis(Table 4).</p> <p>Conclusions: Variations in MUS procedures might affect the occurrence of UO and its management. Our results suggested sling revision with tape elongation is an effective treatment for refractory UO with the benefit of maintaining continence.</p> <p>Figure 1. Sling elongation procedures. (a) The sling is identified using careful sharp and blunt dissection (b) A right-angle clamp is used to create a plane for sling incision (c) The sling tension is released immediately after midline incision (cut edges labeled with white arrows) (d) A polypropylene mesh is used for elongation of the sling.</p> <p>Figure 2. Illustrations of sling elongation procedures. A.Before sling elongation. B. Midline incision of the sling. C.A polypropylene mesh is used for elongation of the sling.</p> <p>Table 1. Comparison of preoperative characteristics of patients who underwent a SIMS or TOT for treatment of urodynamic stress incontinence (USI)</p> <p>Table 2. Perioperative data of patients who underwent a SIMS or a TOT procedure for treatment of urodynamic stress incontinence (USI)</p> <p>Table 3. Characteristics of the 12 patients who had post-op BOO.</p> <p>Table 4. Comparison of characteristics between continent and incontinent patients at long-term follow-up.</p>

稿件編號：OU7	使用自體奈米脂肪合併濃縮血小板血漿經膀胱內注射，改善女性頑固性間質性膀胱炎症狀與徵兆
臨時稿件編號： 0540	<p>Improved symptoms and signs of refractory interstitial cystitis in women after intravesical therapy with autologous emulsified fat (Nanofat) plus platelet-rich plasma grafting: Results from a pilot study</p> <p>楊昀臻¹ 廖韻涵¹ 應宗和¹ 陳進典¹ 曾志仁¹ 洪滿榮¹ 中山醫學大學附設醫院婦產部¹</p>
論文發表方式： 口頭報告	Objective: Interstitial cystitis/Bladder pain syndrome (IC/BPS) is characterized by bladder pain accompanied by irritative urinary symptoms, and typical cystoscopic and histological features. In this pilot study, we assessed the impact of lesion-targeted bladder injection therapy using a bio-cellular regenerative medicine on patients with refractory IC/BPS.
論文歸類： 婦女泌尿	<p>Materials and Methods: The medicine, which was an autologous emulsified fat (Nanofat) and platelet-rich plasma (PRP) combination, was prepared intraoperatively. Six patients (aged 40-54 years), who completed a standard protocol of four consecutive treatments at 3-month intervals, were followed up at six months postoperatively.</p> <p>Results: All (100%) patients reported marked (+3; +3~-3) improvement of their overall bladder conditions. Mean bladder 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< 0.01). The normalization of bladder mucosal morphology with treatments was remarkable under cystoscopic examination and no significant adverse events were found. The cultured mesenchymal stem cells from Nanofat samples of the six patients were verified in vitro.</p> <p>Conclusion: Our preliminary results suggest novel intravesical therapy with autologous Nanofat plus PRP grafting is safe and effective for IC/BPS. Surgical effectiveness might be attributed to an in vivo tissue engineering process.</p>

稿件編號：OU8	<p style="text-align: center;">台灣地區女性「剖腹產」對是否「神經性膀胱障礙」之世代研究 Relationship between cesarean section and neurogenic lower urinary tract dysfunction: a retrospective cohort study</p>
臨時稿件編號：0448	
論文發表方式：口頭報告	<p>張崑敏¹ 衛福部豐原醫院¹</p>
論文歸類：婦女泌尿	<p>Objectives: Pregnancy or pelvic surgery may result in pelvic floor dysfunction. Therefore, cesarean section, which is one of the most common pelvic surgeries in women, may be associated with bladder nerve disorders in pregnant women. This study aimed to explore the relationship between cesarean section and neurogenic bladder disorder (NBD).</p> <p>Design: This is a retrospective cohort study included 63,426 delivered women from a nationwide database. Medical visits for NBD after delivery were identified during the twelve years study period.</p> <p>Methods: Women with a history of exclusive delivery by cesarean section or vaginal delivery were included in either a cesarean or vaginal delivery cohort from a nationwide database during 2002–2013. Both the cohorts were followed up to identify medical visits for NBD after delivery. The hazard ratio (HR) of medical care for NBD was compared between the cohorts by two models, with and without matching for confounding factors.</p> <p>Results: In the unmatched group, which included 22,756 women with cesarean deliveries and 40,670 women with vaginal deliveries, the cesarean cohort had an NBD care HR of 1.690 (95% confidence interval [CI], 1.053–2.713; p=0.030) after delivery when compared to the vaginal delivery cohort. In the matched group, which included 18,588 women in the cesarean and vaginal delivery cohorts each, the cesarean cohort had an NBD care HR of 2.504 (95% CI, 1.308–4.932; p=0.006). Both HRs were significantly increased in the cesarean cohort.</p> <p>Limitations: The main limitation of this study is that the nature and duration of patients' symptoms were not recorded in this database, the validity of results might be affected.</p> <p>Conclusions: The possibility of medical visits for NBD was higher in women undergoing cesarean delivery than in those undergoing vaginal delivery, after controlling for confounding factors. This association should be considered by women and physicians when choosing a delivery method. Further evaluation of pelvic floor sequelae of cesarean section delivery is needed.</p>

稿件編號：V24	<p style="text-align: center;">尿失禁手術中以咳嗽功能測試達到吊帶的適當張力 To Achieve A Proper Tension of TVT-Tape by Using Functional Test in An Anti-USI Operation</p> <p>余堅忍¹ 振興醫院¹</p>
臨時稿件編號： 0396	
論文發表方式： 影片展示	<p>尿失禁手術中以咳嗽功能測試達到吊帶的適當張力 To Achieve A Proper Tension OF TVT-Tape By Using Functional Test in An Anti-USI Operation</p>
論文歸類： 婦女泌尿	<p>余堅忍 醫師。博士。副教授 婦女泌尿 台北振興醫院 婦產部 KEN-JEN YU, M.D., Ph.D. Associate Professor Urogynecology Cheng Hsin General Hospital</p> <p>Abstract A functional test of intraoperative coughs is presented in anti-SUI surgery of TOT procedure. The procedure had combined several specific techniques to achieve a promising result by local anesthetic infiltration and functional coughing test. There are 5-key points will be demonstrated in this video. 1) Preoperative education for creating a condition reflex to have a good communication between patient and surgeon. 2) Local anesthesia with a dilute Lylocaine solution (20ml 2% lylocaine + 80ml N/S + 1ml pitress-20U). 3) The tension of sub-urethral tape was adjusted with a serial coughs in semi-sitting position with full bladder. 4) The Foley and vaginal gauze can be removed soon after back to ward. 5) A post-operative voiding diary should be used to evaluate the status of voiding function.</p>

稿件編號：OU9	<p>最大尿道閉鎖壓的改變與骨盆腔器官脫垂術後新發生應力性尿失禁的關聯性</p>
<p>臨時稿件編號： 0613</p>	<p>The association between maximum urethral closure pressure after reduction test during urodynamic study and de novo stress urinary incontinence following pelvic organ prolapse surgery</p> <p>劉奕吟¹ 盧紫曦² 林冠伶³ 龍震宇³ 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部³</p>
<p>論文發表方式： 口頭報告</p>	<p>Introduction: Pelvic organ prolapse (POP) and stress urinary incontinence (SUI) coexist in up to 80 percent of women with pelvic floor dysfunction. The incidence of SUI after POP surgery is wide-ranging with reports of 8–60 %. There are several studies to evaluate the association of urodynamic study result and de novo SUI after POP surgery, such as elder age, 20 minutes pad test >8gm, low maximum urethral closure pressure (MUCP), and functional urethral length <2cm are risk factors.</p>
<p>論文歸類： 婦女泌尿</p>	<p>Purpose: the aim of our study was to evaluate the association between different MUCP after reduction test during urodynamic study and postoperative de novo SUI in POP women after transvaginal mesh surgery (TVM).</p> <p>Material and methods: From January 2018 through December 2020, 213 women with POP stage II to IV were referred for TVM procedures. We excluded patients had concomitant mid-urethral sling (overt or occult SUI), incontinence without sling operation and incomplete data. Of the remaining 156 women, 32 women reporting decreased MUCP after reduction test while 124 increased MUCP after reduction test. Clinical evaluations before and after surgery included pelvic examination, multichannel urodynamic study, and a personal interview to evaluate the lower urinary tract symptoms.</p> <p>Result: There were no significant difference at demographic data between two groups except history of hysterectomy were higher in the decreasing MUCP groups. In the increasing MCUP groups, residual urine, first sensation to void, maximal cytometric capacity, and MUCP had significant difference after POP surgery. There was no significant difference of post-op de novo SUI between 2 groups. The POP-Q values and urinary symptoms (urinary frequency, urge incontinence, incomplete emptying, and hesitancy) were all had signification difference after POP surgery in both groups.</p> <p>Conclusion: the decreasing MCUP after reduction test was not associated with post-operation de novo SUI following POP surgery.</p>

稿件編號：OU10	<p>台灣地區 15 年來婦女尿失禁手術方式及手術醫師手數量轉變期間比較研究</p> <p>A time-frame comparison study of surgical types and surgical volume shifts on female primary stress urinary incontinence surgery during 15 year study period in Taiwan</p>
臨時稿件編號：0418	<p>謝宛玲¹ 黃俊哲² 吳銘斌^{1,3} 奇美醫學中心婦女泌尿科¹ 義大醫學院醫務管理系² 輔大醫學院婦產學科³</p>
論文發表方式：口頭報告	<p>Introduction. To investigate the surgical trends and volume effect shifts among female primary stress urinary incontinence (SUI) surgeries over a 15-year period (1999-2013) in Taiwan. We also evaluate the shifts among surgeon age, gender and specialties, and hospital levels.</p>
論文歸類：婦女泌尿	<p>Material and methods. This was a retrospective cohort study from the Inpatient Expenditures by Admissions files of the Taiwan's National Health Insurance research database (NHIRD) from 1999 through 2013. We divided into three five-year time-frames: 1st period (1999–2003), 2nd period (2004–2008), and 3rd period (2009–2013). The variables included types of SUI surgery (retropubic urethropexy, RPU, pubo-vaginal sling, PVS, midurethral sling, MUS, and injection, etc.), patient age, surgeon age, gender, specialty (gynecology, and urology) and surgical volume (high >25, median 5-25, low <5), hospital accreditation level (medical centers, regional and local hospital) and service volume. Chi-square and trend tests were used to examine the association between the variables.</p> <p>Results: A total of 36,144 patients who underwent various surgical types for SUI were identified in the 15-year study period. The total numbers of SUI surgeries increased from 8,292 in the 1st period, to 12,696 in the 2nd period, and 15,156 in the 3rd period. The frequency of MUS increased from 27.1% in the 1st period, to 52.6% in the 2nd period, and 75.8% in the 3rd period. During the same time period, there was a decrease in the frequency of RPU (45.8%, 28.6% and 13.1%) and PVS (19.4%, 9.1% and 2.6%);</p> <p>The surgical volume shifts from high- to medium- and low-volume surgeons. The proportion of all types SUI surgeries by high-volume surgeons decreased from 51.4%, 44.8%, to 37.1%, as compared with an increase in medium-volume surgeons 22.4%, 28.7% to 34.9% during 3 time periods. Meanwhile, the hospital accreditation level shifts from medical center to regional, and local hospitals.</p> <p>All types of SUI surgeries performed by female surgeons increase, which is associated with a decrease by male surgeon during 3 time periods. Similar phenomenon happened in MUS. All types of SUI surgeries were performed equally by gynecologists and urologist during 3 time periods; while MUS were performed more by gynecologists than those by urologist during 3 time periods.</p> <p>Discussion: This 15-year study describes an increase of MUS over time and provides evidence of surgical trends and a paradigm shift of SUI surgeries. Surgical skills and performance extended from high- to low-surgical volume surgeons; and shift from medical centers to regional and local hospitals. This shift may have a great influence on patient and healthcare provider choice of treatment.</p>

稿件編號：OU11	<p style="text-align: center;">應力性尿失禁術後體重變化是否影響手術成效</p> <p style="text-align: center;">The impact of body weight change of the out come of sling treatment for USI</p>
臨時稿件編號： 0474	<p>王昇元¹ 劉蕙瑄² 蘇聰賢² 台東馬偕紀念醫院¹ 馬偕紀念醫院婦產部²</p>
論文發表方式： 口頭報告	<p>Objective</p> <p>Obesity is a common modern problem for middle aged women, and are at increased risk for many serious diseases including urinary incontinence. A few of studies reported the success rate of sling surgery appeared to be lower in the obesity women. But there's no study focusing on the impact of body weight change (BWC) outcome after surgery up to now. This study is to investigate the impact of BWC after sling surgery treatment outcome in stress urinary incontinence (SUI) patient.</p>
論文歸類： 婦女泌尿	<p>Materials and Methods</p> <p>We performed a retrospective review of 248 patients with urodynamic stress incontinence. More than 10% of body weight gain at 1-year follow up were recruited, and those with stable weight was as control group. The surgical outcome and quality of life (QoL) using valid questionnaires were compared. The objective success rate was defined as no urine leakage during the stress test in the filling phase of urodynamic studies. De novo overactive bladder (OAB) was defined as the appearance of urgency, and/or frequency, nocturia, with or without urinary incontinence after a mid-urethral sling surgery that persists after six months.</p> <p>Result</p> <p>A total of 248 women who received a mid-urethral sling for SUI during the study period completed the weight measurements and all evaluations. Of whom 131 were normal, 90 were overweight, and 27 obese. The median follow-up duration was 18 months (range, 8–47 months). The surgical outcomes between women with weight gain or stable after sling surgery revealed no significant differences regarding the objective cure rates, 1-hour pad test, and postoperative QoL (all $p > 0.05$). However, the women with weight gain had higher rate of de novo OAB symptoms (12 vs. 23%, $p=0.055$).</p> <p>Conclusion</p> <p>BWC after surgery or not doesn't impact patient's surgical outcome, but the women with weight gain are tends to have de novo OAB symptoms. Patients and physicians should be awarens of this condition after operation.</p>

稿件編號：OU12	子宮內膜異位與間質性膀胱炎關係:邪惡的雙胞胎症候群,是否正確?
臨時稿件編號： 0569	The coexisting of interstitial cystitis/bladder pain syndrome (IC/BPS) and endometriosis: The dilemma of evil twin syndrome, Is it true?? 辜家儀 ¹ 許鈞碩 ^{1,2} 大林慈濟婦產部 ¹ 花蓮慈濟大學 ²
論文發表方式： 口頭報告	Introduction: Chronic pelvic pain (CPP) was defined as “pain symptoms perceived to originate from pelvic organs/structures typically lasting more than 6 months (1). The etiology of CPP can be multifactorial, including interstitial cystitis/bladder pain syndrome (IC/BPS), irritable bowel syndrome, endometriosis, sexual dysfunction, myofascial and vulvodynia. According to WHO report, chronic pelvic pain (CPP) affects nearly 2.1~24% of women worldwide (2). From previous literature (Chung et.al 2002), a term of “the evil twin syndrome” has reminded the high prevalence of coexisting endometriosis and interstitial cystitis when managing CPP. In a systematic review that included nine studies of 1,016 women with chronic pelvic pain who were evaluated for other conditions, the mean prevalence of bladder pain syndrome was 61% (range 11–97%; CI, 58–64%); of endometriosis, 70% (range 28–93%; CI, 67–73%); and of coexisting bladder pain syndrome and endometriosis, 48% (range 16–78%; CI, 44–51%).(4) Aim: To survey the prevalence of endometriosis disease in premenopausal BPS/IC women and the relationship of KCl test and bladder tenderness at pelvic examination in BPS/IC. Methods: We retrospectively review medical charts from 1 January 2005 to 31 December 2021 in Da Lin Tzu Chi hospital. Inclusion criteria is premenopausal women, diagnosed IC/BPS, and underwent cystoscopy bladder hydrodilatation and diagnostic laparoscopy or any laparoscopy surgery. Exclusion criteria is postmenopausal women who diagnosed IC/BPS without diagnostic laparoscopy. All IC/BPS patients has submucosal hemorrhage (at least Grade II granulation) in cystoscopy bladder hydrodilatation. Endometriosis disease was confirmed with visual inspection during laparoscopy or pathology confirmation. All data was recorded as table below. Results: In 244 IC/BPS women, 172 women underwent both laparoscopy and cystoscopy bladder hydrodilatation. Only 112 was premenopausal and met our inclusion criteria. In these 112 women, 74.1% has potassium chloride test positive and 61.6% palpated bladder tenderness during pelvic examination. Only 36.6% women has coexisting endometriosis and IC/BPS. Hunner ulcer was observed in 2 women (1.8%) only during cystoscopy. Discussion: Comparing the previous literature (4), only 36.6% patient has “the evil twin syndrome” in premenopausal women in our study. This data was compatible to the prevalence of endometriosis – 30.80%, range in 5~42% in Taiwan (5,6). In postmenopausal women, only 6 of 60 patient (10%) has coexisting endometriosis and IC/BPS. In managing chronic pelvic pain, multimodal approach is the best, thus the etiology of pain should be surveyed. If there is endometriosis disease among patients, treating the endometriosis with surgical excision, progestin therapy or GnRh agonist may help. Conclusions: The evil twin syndrome may exist when treating the chronic pelvic pain in BPS/IC patients especially in premenopausal women although the prevalence in this study is lower than previous literature. We recommended diagnostic laparoscopy to all premenopausal women in BPS/IC patients
論文歸類： 婦女泌尿	

稿件編號：OU13	使用 Calistar 與 MIPS 經陰道人工網膜於女性骨盆腔器官脫垂的臨床療效比較 Comparison of clinical effects between transvaginal mesh surgery with Calistar and MIPS mesh for the treatment of female pelvic organ prolapse
臨時稿件編號： 0616	<p>盧紫曦¹ 林冠伶² 劉奕吟³ 葉建麟² 龍震宇² 高雄市立大同醫院婦產科¹ 高雄醫學大學附設中和紀念醫院婦產部² 高雄市立小港醫院婦產科³</p>
論文發表方式： 口頭報告	Objective: To compare the clinical effects between transvaginal mesh (TVM) surgery with Calistar and MIPS mesh for the treatment of female pelvic organ prolapse (POP).
論文歸類： 婦女泌尿	<p>Methods: Seventy-four women with anterior and/or apical prolapse with POP-Q stage II to IV were scheduled for TVM surgery with Calistar or MIPS mesh kit from March 2019 through March 2021. All subjects underwent multichannel urodynamic studies, one hour pad test, pelvic examination to assess POP-Q stage and urinary symptoms questionnaire assessments before and 6 months post operation with follow-up durations of 6-18 months. Intra-operative, postoperative and mesh-related complications were also recorded in Calistar and MIPS mesh groups.</p> <p>Results: Among these 74 patients, 43 patients were assigned in Calistar group and 31 patients were in the MIPS group. All the patients were in postmenopausal status. There was significant improvement in anatomical correction of all POP-Q stage except the total vaginal length in both group and Ap point in MIPS group. The anatomical success rate was 93% in the Calistar mesh group while in the MIPS group was 90% respectively. Lower urinary tract symptoms with improvement of urinary frequency, urge incontinence, incomplete bladder emptying and urinary hesitancy postoperatively (P<0.05) were found in both groups. There was a significant reduction in residual urine amount and maximum urethral closure pressure from urodynamic studies parameters after 6-month after surgery. Regarding the mesh complications, vaginal mesh extrusion rate was higher in MIPS group (12.9%) compared to Calistar group (4.7%) .</p> <p>Conclusion: Calistar and MIPS created comparable anatomical success rate postoperatively, but with slightly high but not significant rate of vaginal mesh extrusion in MIPS group.</p> <p>Word Count: 265</p>

稿件編號：OU14	Managements of de novo SUI following transvaginal mesh surgery
臨時稿件編號： 0665	Managements of de novo SUI following transvaginal mesh surgery 林冠伶 ¹ 盧紫曦 ¹ 劉奕吟 ¹ 龍震宇 ¹ 高雄醫學大學附設中和醫院 ¹
論文發表方式： 口頭報告	Abstract Background: De novo stress urinary incontinence (SUI) may occur in approximately a quarter of those who receive pelvic reconstruction surgeries. We review the efficacy of different managements for the patients with de novo SUI.
論文歸類： 婦女泌尿	Methods: This was a retrospective database review of one hundred fifty-six women who had surgery for POP from 2018 to 2021 and developed de novo SUI at ≥ 6 months postoperatively. Preoperatively, all patients had a negative stress test and no evidence of occult SUI on prolapse reduction urodynamics. Women with persistent de novo SUI were divided into groups with different managements including :pelvic muscle training, vaginal laser, and middle urethral sling. Results: We included 156 women of de novo SUI. There were one hundred thirty women without bothersome de novo SUI six months after transvaginal mesh surgery. The cure rate of de novo SUI under vaginal laser with three sessions was about 90% and the cure rate of middle urethral sling was about 80%. Otherwise, there was 75% of cure rate of pelvic muscle training for de novo SUI. Conclusions: Six months after transvaginal mesh surgeries, de novo SUI symptoms resolve in the vast majority of cases. The managements of persistent de novo SUI also appeal high cure rate.

稿件編號：OU15	<p style="text-align: center;">薦棘韌帶固定術治療骨盆底器官脫垂之成效與併發症 The Effect and Complication of Sacrospinous Ligament Fixation on Pelvic Organ Prolapse</p> <p style="text-align: center;">葉建麟¹ 盧紫曦² 劉奕吟³ 張介禹¹ 林冠伶¹ 龍震宇¹ 高雄醫學大學附設醫院婦產部¹ 高雄市立大同醫院婦產科² 高雄市立小港醫院婦產科³</p>
臨時稿件編號：0612	
論文發表方式：口頭報告	<p>Objective: To assess the therapeutic effects and complications of sacrospinous ligament fixation with Anchorsure® Suture Anchoring System (Neomedic) on pelvic organ prolapsed (POP).</p>
論文歸類：婦女泌尿	<p>Materials and methods: This study recruited a total of 20 women who suffered from POP and received sacrospinous ligament fixation with Anchorsure® device. To assess objectively, all patients received urodynamic study and per vagina examination before and six months after the operation. The change of lower urinary tract symptoms was recorded simultaneously as well.</p> <p>Results: Our data revealed that residual urine had significantly decreased after the operation (Paired t-test, $P < 0.05$). Among POP-Q parameters, nearly all items improved significantly except for the point Ap (Wilcoxon signed-rank test). Moreover, no patient had recurrent pelvic organ prolapse six months after the operation in our present study. There was a significant reduction in urinary frequency, incomplete bladder emptying, and urinary hesitancy (McNemar's test, $P = 0.037$, 0.001, and 0.005, respectively), whereas nocturia showed no significant improvement (McNemar's test, $P = 0.168$). As for the complications, one patient had a bladder injury during operation, and three patients had postoperative urinary tract infections.</p> <p>Conclusion: The short term results showed that sacrospinous ligament fixation with Anchorsure® Suture Anchoring System is an effective and relatively safe treatment for women with POP.</p>

稿件編號：OU16	<p style="text-align: center;">G 動椅治療婦女應力性尿失禁之成效評估</p> <p style="text-align: center;">Effect of High-Intensity Focused Electromagnetic (HIFEM) technology for the treatment of Female Stress Urinary Incontinence</p> <p>龍震宇¹ 劉奕吟² 盧紫曦³ 葉建麟¹ 張介禹¹ 林冠伶¹ 高雄醫學大學附設醫院婦產部¹ 高雄市立小港醫院婦產科² 高雄市立大同醫院婦產科³</p>
臨時稿件編號：0577	
論文發表方式：口頭報告	<p>Background:</p> <p>The aim of the study was to assess the effect of High-Intensity Focused Electromagnetic (HIFEM) technology in the treatment of female stress urinary incontinence (SUI).</p>
論文歸類：婦女泌尿	<p>Materials and Method:</p> <p>20 women with SUI were delivered a treatment course with HIFEM technology. Patients attended 6 therapies scheduled twice a week. Validated questionnaires were assessed, including OABSS, UDI-6, IIQ-7, ICI-Q, and Female Sexual Function Index (FSFI). Data was collected pre-, post-treatment, at 3- and 6-month follow-up visits. Scores of questionnaires were calculated and statistically evaluated through t-test.</p> <p>Results:</p> <p>Course of the treatment with the HIFEM technology significantly improved QoL of all women. This was demonstrated as 75% level of improvement in degree of incontinence according to the ICI-Q scores during 3-month follow-up. The average total FSFI scores increased significantly ($p < 0.05$) during the 3-month follow-up. A significant improvement was observed in most domains of FSFI.</p> <p>Conclusion:</p> <p>The results suggest that HIFEM technology is an efficacious therapy for treatment of SUI</p>

稿件編號：V25	<p style="text-align: center;">腹腔鏡恥骨梳韌帶懸吊手術之術後膀胱出口堵塞 Bladder outlet obstruction after laparoscopic pectopexy</p>
臨時稿件編號： 0654	
論文發表方式： 影片展示	<p>Background Advanced pelvic organ prolapse is a common cause of female bladder outlet obstruction. Restoration of pelvic support via conservative treatment or operation usually relieve the obstructive symptoms. De novo lower urinary tract symptoms may occur after operation, however, persistent urinary retention following the operation is rare. Herein, we reported a patient with vaginal vault prolapse with bladder outlet obstruction, who received laparoscopic pectopexy for pelvic reconstruction treatment. Persistent urinary retention and unable to void was noted after operation.</p>
論文歸類： 婦女泌尿	<p>Patient and methods This is a 59-year-old woman with 3 vaginal deliveries. She received hysterectomy due to uterine fibroid at age 40. She complained of bearing down sensation for more than 10 years, such discomfort worsens recently. In addition, urinary frequency and incomplete voiding sensation were also noted. Multichannel urodynamic study showed pelvic organ prolapse with bladder outlet obstruction. After thorough counseling, she received laparoscopic pectopexy for reconstruction.</p> <p>Results After operation, urinary retention was noted in the immediate postoperative course. She was discharged with Foley catheter indwelling. Foley catheter was removed on postoperative day 14 during outpatient follow up, however, she was still unable to void, and was under clear intermittent catheterization in home. Video urodynamic study was arranged 2 months after operation. The patient could not void on the examination table. Under fluoroscopy, the bladder seems to be divided into upper and lower parts by the mesh. After discussion with the patient, she decided to remove the mesh. Before removing the mesh, cystoscopy revealed an obvious band traversing the middle of the bladder, involving the trigone area. The patient was able to void after mesh removal, and is now under follow up in our clinic.</p> <p>Conclusions Persistent urinary retention is rare after pelvic reconstruction operation. Iatrogenic bladder outlet obstruction should be considered if clear temporal relationship of the symptoms to the index surgery. Videourodynamic study provides real time imaging and help in differential diagnosis. Removal of mesh may be necessary and the outcome is usually satisfying.</p>