

稿件編號：OU1	<p style="text-align: center;">不同年齡層之女性接受骨盆重建手術之預後 Outcomes of primary pelvic floor repairs in women at different ages</p> <p>曾瑀儒¹ 黃文貞^{1,2,3} 國泰綜合醫院婦產科¹ 台北醫學大學醫學系² 國立清華大學醫學院³</p>
臨時稿件編號： 1046	
論文發表方式： 口頭報告	<p>[Objectives] We aimed to explore 1-year clinical and imaging outcomes among different age groups of women undergoing surgery for pelvic organ prolapse (POP).</p>
論文歸類： 婦女泌尿	<p>[Study design] We retrospectively analyzed a cohort of women undergoing primary POP surgeries. All women received preoperative as well as 1-year postoperative evaluations including clinical interview, pelvic examination, and introital four-dimensional ultrasound. To be eligible for surgeries, women should be independent in daily living and low-risk on preoperative assessments.</p> <p>[Main outcome measures] The primary outcome was composite POP outcomes comprising lump sensation, item 3 of short forms of the Pelvic Floor Distress Inventory, and points Ba, C, and Bp on Pelvic Organ Prolapse Quantification classification system. The secondary outcomes comprised postoperative adverse events including overactive bladder symptoms, voiding difficulty, and stress urinary incontinence, as well as ultrasound findings. To control potential confounders in exploring the composite outcome, a linear regression model was applied to model the dependent measures.</p> <p>[Results] There were 23, 90, 268, 100, and 41 women aged < 51, 51-60, 61-70, 71-80, and > 80 years, respectively. At 1 year, composite outcome and postoperative adverse events were similar among different age groups. Women in all age groups achieved significant improvements in the components of composite POP outcomes after surgeries. Ultrasound findings were similar among age groups, except for less squeezing capability in older women.</p> <p>[Conclusions] Senior women who are independent in daily living and low in surgical risk could achieve similar surgical outcomes compared with younger women.</p>

稿件編號：OU2	<p style="text-align: center;">Tibolone 與荷爾蒙補充療法對下泌尿道症狀及性功能的影響</p> <p style="text-align: center;">Effect of tibolone versus hormone replacement therapy on lower urinary tract symptoms and sexual function</p>
臨時稿件編號： 1126	
論文發表方式： 口頭報告	<p>Background/Purpose: Few studies have compared the effects of tibolone versus hormone replacement therapy (HRT) on lower urinary tract symptoms and female sexual function. The current study aimed to compare these treatments.</p>
論文歸類： 婦女泌尿	<p>Methods: Women with climacteric symptoms were recruited consecutively and allocated to receive tibolone (2.5 mg) or estradiol valerate (1 mg) and medroxyprogesterone acetate (2.5 mg). Patients were followed up at 4 weeks and 12 weeks after treatment.</p> <p>Results: Overall, there were no significance of improvement in the International Prostate Symptoms Score (IPSS) scores in the HRT group. However, nocturia and the IPSS storage score improved after tibolone treatment. In addition, orgasm, satisfaction and pain improved after HRT. However, desire, lubrication, and Female Sexual Function Index (FSFI) total scores improved after tibolone treatment. There was a between-group difference in the change from baseline in the nocturia score after 4 weeks of treatment (0.1 ± 0.9 for HRT vs. -0.4 ± 1.2 for tibolone, $p=0.02$). Nonetheless, there were no significant differences of the changes from baseline in the other IPSS and FSFI domains between the tibolone and HRT groups.</p> <p>Conclusions: Despite the limited effect, tibolone seems to have more benefit in nocturia than HRT. In addition, tibolone seems to have benefits on overall low urinary tract storage symptoms; and both tibolone and HRT seem to have beneficial effects on female sexual function, despite there were no significant differences between tibolone and HRT.</p>

稿件編號：OU3	<p>利用膀胱日誌衍生的女性下泌尿道症狀分類的可行性和臨床意義 Feasibility and clinical implications of 3-day bladder diary derived classification of female storage lower urinary tract symptoms</p>
臨時稿件編號： 1122	
論文發表方式： 口頭報告	<p>Our aim was to assess the feasibility of a bladder diary (BD) classification as a surrogate for urodynamic studies in women with storage lower urinary tract symptoms. A total of 3,823 women who underwent urodynamic studies were reviewed. Nearly the scores of Patient Perception of Bladder Condition, Indevus Urgency Severity Scale and Overactive Bladder Symptom Score decreased gradually from the overactive bladder (OAB) wet-BD, OAB dry-BD, hypersensitive bladder (HSB) -BD, nocturia-BD to normal-BD groups (all $p < 0.001$). In addition, there is a trend that the rates of bladder oversensitivity decreased gradually from the OAB wet-BD, OAB dry-BD, HSB-BD, nocturia-BD to normal-BD groups (chi-square test, $p < 0.001$). Moreover, almost the volumes of first desire to void, normal desire to void, strong desire to void, and urgency increased gradually from the OAB wet-BD, OAB dry-BD, HSB-BD, nocturia-BD to normal-BD groups (all $p < 0.001$). Thus, this BD classification is correlated significantly with symptom severity, the rate of bladder oversensitivity, and bladder capacity. Nonetheless, a combination of urodynamics, clinical history, and BD is still needed for a thorough diagnosis, but that BD provides an efficient diagnosis in a proportion of patients.</p>
論文歸類： 婦女泌尿	

稿件編號：OU4	Pixel CO2 陰道雷射治療更年期泌尿生殖症候群 (GSM) 女性的成果
臨時稿件編號： 1247	Evaluation of the Pixel CO2 Vaginal Laser Therapy for Women with Genitourinary Syndrome of Menopause (GSM) 林冠伶 ¹ 劉奕吟 ² 盧紫曦 ¹ 葉建麟 ¹ 張介禹 ¹ 楊曜瑜 ¹ 龍震宇 ¹ 高雄醫學大學附設中和紀念醫院婦產部 ¹ 天主教聖功醫療財團法人醫院婦產科 ²
論文發表方式： 口頭報告	Introduction: The aim of our study was to investigate the effects of Pixel CO2 Laser on genitourinary syndrome of menopause (GSM) and sexual function of postmenopausal women.
論文歸類： 婦女泌尿	Objectives: Women with genitourinary syndrome of menopause were included in the study and scheduled for Pixel CO2 Vaginal Laser treatment. At baseline and post-treatment, vaginal status using PH, and subjective vulvo-vaginal atrophy (VVA) symptoms with dryness, dyspareunia, itching, and burning using a visual analog scale – VAS(Visual analogue scale) were evaluated. The urinary response to treatment was assessed using UDI-6, IIQ-7, ICI-Q and POPDI-6, and sexual function was evaluated with the Female Sexual Function Index (FSFI) before and after vaginal laser therapy. Follow ups were scheduled after ,6 months,12 months and 24 months for patients. Methods: Post-menopausal patients presenting GSM underwent three vaginal CO2 laser treatment sessions, performed at 1-month intervals. Results: One hundred and eight patients were enrolled .We observed a significant improvement in the score of with symptoms (dryness /dyspareunia /itching/burning) (p < 0.05) and in evaluation with UDI-6, IIQ-7, ICI-Q and POPDI-6. The PH level of vaginal secretion significantly decreased. The overall satisfaction with sexual life significantly improved especially in the domain of lubrication and pain (p<0.05). No permanent effect was found during period of treatment. Conclusion: Pixel CO2 vaginal laser procedure is associated with a significant improvement of GSM and sexual function in postmenopausal women. It seems to be a safe and efficacious treatment for patients with GSM. Long-term effect of vaginal laser for GSM should be needed to investigated.

稿件編號：OU5	膀胱灌注與高濃度血小板血漿注射治療間質性膀胱炎的臨床療效比較
臨時稿件編號： 1263	<p>Comparison of Clinical Effects between Intravesical Instillations and Injections of Platelet-Rich Plasma for the Treatment of Interstitial Cystitis</p> <p>龍震宇¹ 林冠伶¹ 盧紫曦¹ 葉建麟¹ 楊曜瑜¹ 張介禹¹ 劉奕吟² 高雄醫學大學附設醫院¹ 高雄市立小港醫院²</p>
論文發表方式： 口頭報告	<p>Background: Intravesical therapy of platelet-rich plasma (PRP) have been reported to alleviate bladder pain and decrease nocturia in patients with refractory interstitial cystitis/bladder pain syndrome (IC/BPS). This study compared the therapeutic effects between IC/BPS patients receiving injection and instillation of PRP.</p>
論文歸類： 婦女泌尿	<p>Materials and methods: This study retrospectively analyzed female patients with IC/BPS who received instillation (n = 26) or injection of PRP (n = 25). Patients were arbitrarily treated with 3 monthly sessions of PRP. All injections were followed by cystoscopic hydrodistention. The primary endpoint was the global response assessment (GRA), and secondary endpoints were changes in the O'Leary-Sant IC symptom score, visual analog score (VAS) of bladder pain, voiding diary, and urodynamic studies from baseline to 6 months after the last injection day.</p> <p>Results: The baseline demographics revealed no significant difference between groups. A significant improvement in rate of women with GRA scores ≥ 2 was noted in instillation group than injection group (20/25;80% vs. 14/26;53.8%). Although VAS scores were significantly improved in both groups, no significant difference was found between them at 6 months. An increase in the maximum cystometric capacity was noted 6 months in both groups, but there was no difference between groups at 1 and 6 months.</p> <p>Conclusion: Both intra-vesical injections and instillations of PRP provide alternative treatments for the treatment of IC symptoms. However, Women receiving injection of PRP seems to be more effective in rate of GRA scores ≥ 2 was than instillation group.</p> <p>Keywords: botox; interstitial cystitis; intravesical injection; platelet-rich plasma.</p>

稿件編號：OU6	以生理心理社會模式解讀影響婦女應力性尿失禁手術因素的典範轉移
臨時稿件編號： 1015	A bio-psycho-social model to elucidate the affecting variable paradigm shifts of female stress urinary incontinence surgery 吳銘斌 ^{1,2} 奇美醫學中心婦女泌尿科 ¹ 國立中山大學醫學院後醫學系 ²
論文發表方式： 口頭報告	Introduction: We tried to elucidate the affecting variables about female stress urinary incontinence (SUI) surgery over a 20-year period (1999–2018) in Taiwan. We used a bio-psycho-social model to depict different domains of SUI surgery paradigm shift.
論文歸類： 婦女泌尿	Methods: This was a retrospective cohort study based on Taiwan's National Health Insurance Research Database (NHIRD). We divided female SUI surgeries into four time-frames: 1st period (1999–2003), 2nd period (2004–2008), 3rd period (2009–2013), and 4th period (2014–2018). The affecting variables included: 1. chronological time-frame shift of major surgical types for SUI (retropubic urethropexy, RPU, pubovaginal sling PVS, midurethral sling, MUS); 2. primary versus repeat SUI surgery; 3. hospital level; medical center, regional and local hospital; 4. surgeon surgical volume (high ≥ 30 , median 5-29, low < 5); and 5. surgeon gender. Results: A total of 51,018 patients who received SUI surgeries were identified. Our results showed: 1. The chronological time-frame shift: SUI increased significantly during first three periods and slightly decreased in the 4th period. Among them, MUS significantly increased, which is associated with the decrease of PVS, RPU; 2. primary versus repeat SUI surgery: although MUS had higher reoperation rate, as compared with PVS, it is still the most frequently used type for repeat surgery. This means the phenomena of generalization, rather than, centralization. 3. hospital level: the proportion of SUI surgeries decreased in medical centers, is associated with the increases of regional and local hospitals. 4. surgical volume: the proportion of surgical volume shifted from high- to medium- and low-volume, but it reversed in the 4th period, which means the bandwagon effect does not exist. 5. surgeon gender: the proportion of SUI surgeries by female surgeons increased, which means more female doctors enter urogynecology field, and also the patient-surgeon similarity effect. Similar phenomena happened in MUS. Conclusion: There is significant surgical trend change of SUI surgeries among different hospital levels, surgical volume surgeons, and surgeon gender during study time-frames. This implied the spreading of surgical skills and performance, as well as the characters of health providers. A bio-psycho-social model of SUI surgery paradigm shift draws our attention to many variables about thee surgical types, in addition to traditional bladder compliance, and urethral competency. This may have a great influence on patient and healthcare provider for the choice of SUI surgery.

稿件編號：OU7	使用合併藥物 Solifenacin 與 Mirabegron 治療逼尿肌過動女性失敗之風險因子
臨時稿件編號： 1204	Risk factors for the failure of combined pharmacotherapy with Solifenacin and Mirabegron in women with detrusor overactivity 黃俊淇 ¹ 王曼寧 ¹ 蘇聰賢 ¹ 劉蕙瑄 ¹ 馬偕紀念醫院 ¹
論文發表方式： 口頭報告	Objective: To evaluate the outcomes of women with detrusor overactivity treated with combined pharmacotherapy to identify the risk factors associated with treatment failure.
論文歸類： 婦女泌尿	Methods: This is an observational prospective cohort study performed in a tertiary medical center in north of Taiwan. Women with detrusor overactivity diagnosed by urodynamic study who were refractory to monotherapy were recruited for this study. Eligible women received a 12- week combined pharmacotherapy with Solifenacin 5mg and mirabegron 50mg once daily. At the follow up examination, objective outcomes included changes from baseline in daily frequency, urgency and nocturia episodes. Subjective outcomes was evaluated by short form of Urinary Distress Inventory, (UDI-6), Incontinence Impact Questionnaire (IIQ-7) and Overactive Bladder Symptom Score (OABSS). Results: A total of 50 women met the inclusion criteria and begin combined pharmacotherapy with Solifenacin and mirabegron. After 12- week treatment, 40 (80%) patients were assessed for evaluation, and 8 (20%) were considered as nonresponders. Combined pharmacotherapy were effective both in reduction daily frequency, urgency, nocturia episodes and improvement of questionnaires scores (P < .001). In multivariate analysis, the number of daily urgency episodes and baseline OBASS score were independent predictors of combined pharmacotherapy failure. Conclusion: Women with higher number of daily urgency episodes and OABSS score were associated with a lower therapeutic efficacy when receiving combined pharmacotherapy with Solifenacin and Mirabegron.

稿件編號：OU8	<p>單一切口和經閉孔吊帶治療應力性尿失禁的十年以上療效</p> <p>More than 10-year outcomes of single-incision sling and trans-obturator sling for stress urinary incontinence</p>
臨時稿件編號： 1139	
論文發表方式： 口頭報告	<p>王曼寧¹ 蘇聰賢¹ 黃俊淇¹ 劉蕙瑄¹</p> <p>台北馬偕紀念醫院婦產部婦女泌尿科¹</p>
論文歸類： 婦女泌尿	<p>Objective: The long-term outcomes between single-incision slings (SIS) versus standard slings remain unclear. The aim of this study is to evaluate the effectiveness and quality of life in women underwent either trans-obturator sling (TOS) or SIS at more than 10-year follow up.</p> <p>Method: Women who had urodynamic-proven SUI and underwent anti-incontinence surgeries more than 10 years were retrospectively reviewed. A telephone interview was performed in June 2023. The main outcome was subjective cure rate. Secondary outcomes included response to the short forms of the incontinence impact questionnaire (IIQ-7) and the urogenital distress inventory (UDI-6), de novo overactive bladder (OAB) symptoms and adverse events.</p> <p>Results: Among 107 women underwent sling surgeries more than 10 years, 66 (61.6%) were available for evaluation. Thirty-four patients were evaluated in the SIS group and 32 in the TOS group. There was no significant difference in subjective cure and improving rate (77% vs 88% and 24% vs 9%, p=0.193) between the two groups. Long-term de novo overactive bladder symptom was similar (24% vs 25%, p=0.897). The scores of UDI-6 (2.1±2.7 vs. 2.0±2.1, p=0.804) and IIQ-7 (1.7±3.1 vs. 1.3±3.2, p=0.646) were also comparable.</p> <p>Conclusion: Similar to TOS, SIS was safe and effective in a long-term follow-up.</p>

稿件編號：OU9	<p>使用中段尿道懸帶在骨盆重建手術後出現之應力性尿失禁追蹤結果</p> <p>Outcomes on mid-urethral sling for Urodynamic stress incontinence following extensive pelvic reconstructive surgery</p>
臨時稿件編號： 1173	<p>盧佳序¹ 羅艾琳¹ 林芝卉¹ 謝武橋¹ 林益豪¹ 周怡君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>Objective: To assess the outcomes of mid-urethral sling (MUS) procedures for urodynamic stress incontinence (USI) following extensive pelvic reconstructive surgery (PRS) and identify risk factors for persistent USI (P-USI).</p>
論文歸類： 婦女泌尿	<p>Methods: A retrospective study was conducted, with a record of 974 women (April 2004 to November 2022). Eighty-four women who underwent staged approach of MUS for USI after PRS for advanced pelvic organ prolapse (POPQ III and IV) were included. Objective evaluation included a pad test, multichannel urodynamic study (UDS), and subjective evaluation through validated urinary symptoms questionnaires. The primary outcome was the objective cure rate of negative urine leakage on provocative filling cystometry and a 1-hour pad test weight of</p> <p>Results: The overall objective cure rate was 81.0%, with 68 out of 84 patients experiencing improvement. The highest cure rate was observed in de novo USI (MUS-D) (89.7%) compared to women with persistence USD (MUS-P). Patients with overt stress urinary incontinence exhibited lower cure rates than those with occult stress urinary incontinence. Predictive factors for persistent USI included lower preoperative maximum urethral closure pressure (MUCP) in the MUS-P group ($p = 0.031$) and higher BMI in the MUS-P group compared to the MUS-D group ($p = 0.008$). The 1-hour pad test revealed a significant reduction in urinary leakage after surgery ($p < 0.001$), especially in the MUS-D group. Subjective improvements were noted, with a subjective cure rate of 78.6%. Those with MUS-D reported a higher impact on patient well-being post-surgery.</p> <p>Conclusion: Overt USI, low MUCP and high BMI are predictors for P-USI and indicate a higher risk of developing P-USI in staged approach of MUS after PRS.</p>

稿件編號：OU10	<p>單一切口中段尿道懸吊帶術後一年的超音波及臨床預後</p>
臨時稿件編號： 1156	<p>Ultrasonography and clinical outcomes following Single-incision mid-urethral tape procedure (I-stop-mini™) for Urodynamic stress incontinence at 1 Year</p> <p>張藍心¹ 盧佳序^{2,3} Maherah Binti Kamarudin² 周怡君² 謝武橋² 林益豪^{2,3} 土城長庚醫院婦產科¹ 林口長庚紀念醫院婦產部² 長庚大學³</p>
論文發表方式： 口頭報告	<p>Introduction & Hypothesis: To study objective & subjective outcomes following I Stop Mini™ surgery in patients with urodynamic stress incontinence (USI) and ultrasonography features of the device at 1 year follow up.</p>
論文歸類： 婦女泌尿	<p>Methods: Retrospective review were performed on 101 women diagnosed with USI who underwent surgery with I Stop Mini from March 2019 to February 2024. Objective cure was defined as no demonstrable involuntary urinary leakage on urodynamic study(UDS) during increased intraabdominal pressure with the absence of detrusor contraction and pad test >2g. Negative response to urogenital distress inventory six (UDI-6) question 3 ‘no urinary leakage on coughing, laughing or sneezing’ is considered as subjective cure. Ultrasonogram was performed to evaluate the mobility of the sling (T) bladder neck (BN) and percentile of the sling in relation to the urethra and the presence of dynamic urethral kinking.</p> <p>Results: Objective cure was 92.4% (85/92) and subjective cure 90.2% (83/92) at 1-year. Significant improvement in UDS diagnosis of USI seen pre- vs postoperatively 100% (92/92) vs 7.8% (7/92) p<0.001 and pad weight from 22.4±29.1g to 1.5±3.8g respectively, p<0.001. As for secondary outcome, there was no change in tape position, at rest at 6 months and 1 year (18.2±2.8,17.3±2.6), vs (18.8±2.2, 17.8±2.8) with (p 0.208,p 0.237) respectively, as for Valsalva (22.4±3.3, 7.0±2.9) vs (22.8±3.7, 7.5±2.4) p 0.251 for xt, p 0.135 for xy at 6 months and 1 year. Mobility was 11.3±2.5mm vs 11.4±3.0mm, p 0.693. Dynamic kinking of tape was maintained at 60% vs 59%,p 0.877. No major complication encountered.</p> <p>Conclusion: I stop Mini™ is proven to be effective with good objective & subjective cure. Its mechanism is stable and showing secure anchorage mechanism at 6 months and 1 year. BN position at rest and Valsalva, mobility between 6 months and 1 year were maintained.</p>

稿件編號：OU11	<p>台灣女性族群接受尿失禁手術的預後和預測因子</p>
臨時稿件編號： 1157	<p>Predictors and outcomes of continent surgeries for stress urinary incontinence among Taiwanese women: What works best?</p> <p>盧佳序^{1,2} <u>Maherah Binti Kamarudin</u>¹ 謝武橋¹ 林益豪^{1,2} 梁景忠^{1,2} 王誠^{1,2} 林口長庚紀念醫院婦產部¹ 長庚大學²</p>
論文發表方式： 口頭報告	<p>Introduction: Mid urethral sling (MUS) surgery is a widely accepted and safe procedure performed for stress urinary incontinence (SUI) with excellent cure rate and minimal complications. There are various types of MUS which can be offered to women. In this review we collated published data on MUS surgery performed among Taiwanese women with SUI in search for the best techniques there is and predictors for its outcome.</p>
論文歸類： 婦女泌尿	<p>Methods: We reviewed 47 articles, searched using PubMed platform related to MUS in USI among Taiwanese women from 2010-2023. 9 papers with 9640 participants with at least 12 months follow up after MUS.</p> <p>Results: Objective cure rate for TOT, TVT, SIS (Solyx) and SIS (MiniArc) are 80%-92%, 88%-99%, 87%-90% and 87%-91% respectively, while subjective cure are 60%-90% in TOT, 86% in SIS (Solys) and almost 90% in SIS (MiniArc). Predictors for failure after surgery were analyzed in 5 papers of 1006 women. Identifiable risk includes low maximal urethral closure pressure, intrinsic sphincter deficiency, previous anti SUI or prolapse surgery, presence of neurogenic disease, constipation, decreased bladder sensation, age >65years, high pad test, Diabetes, detrusor overactivity, post- menopausal, reduced postoperative urethral mobility and tape percentile. Subsequently we dwell into complications of each types of MUS.</p> <p>Conclusion: This review showed similar therapeutic efficacy across all types of MUS and various associated complication rates and predictors for failure. This will be helpful in preoperative counselling and helping patient in making informed choice. Future research is needed regarding long term effectiveness and risk of future recurrence.</p>

稿件編號：OU12	<p>使用經陰道人工網膜 MIPS 於骨盆底重建手術的手術失敗危險因子</p> <p>Risk Factors of Surgical Failure following Transvaginal Mesh Repair using MIPS device</p>
臨時稿件編號： 1142	<p>盧紫曦¹ 林冠伶¹ 劉奕吟² 葉建麟¹ 張介禹¹ 楊曜瑜¹ 龍震宇¹</p> <p>高雄醫學大學附設中和紀念醫院婦產部¹ 天主教聖功醫療財團法人聖功醫院婦產部²</p>
論文發表方式： 口頭報告	<p>Objective: To identify the factors associated with pelvic organ prolapse (POP) recurrence after transvaginal mesh (TVM) repair using MIPS device.</p>
論文歸類： 婦女泌尿	<p>Study design: Two hundred and eighteen women with symptomatic POP stage II to IV were scheduled for TVM. All subjects underwent urinalyses and pelvic examination using the POP quantification (POP-Q) staging system before and after surgery.</p> <p>Results: Seven (3.2%) of 218 women reported POP recurrence after follow-up time of 12-46 months. We performed a univariate analysis of patients' characteristics to identify the predictors of surgical failure after TVM. There was no difference between two groups as to body mass index, POP stage, mesh type, and preoperative urinary symptoms ($P>0.05$). However, we found the functional urethral length < 20 mm ($P=0.011$), ICI-Q scores ≥ 7 ($P=0.012$), and the surgical experience less than 60 cases ($P=0.018$) were 3 significant predictors of surgical failure. Multivariate logistic regression showed the similar results.</p> <p>Conclusions: Functional urethral length < 20 mm, ICI-Q scores ≥ 7, and lack of surgical experience were 3 significant predictors of failure following TVM using MIPS kit. POP recurrence after mesh repair appears to be unlikely beyond the learning curve.</p>

稿件編號：OU13	<p>經陰道前壁及頂端人工網膜 (Calistar-S) 在嚴重骨盆底脫垂術後一年之追蹤結果</p> <p>Anterior-Apical Transvaginal Mesh (Calistar-S) for Treatment of Advanced</p>
<p>臨時稿件編號： 1172</p>	<p>Urogenital Prolapse: Surgical and Functional Outcomes at One Year</p> <p>盧佳序¹ <u>Eyal Rom</u>¹ 張藍心¹ 洪敏文¹ 高川琪¹ 黃惠鈺¹ 林口長庚紀念醫院婦產部¹</p>
<p>論文發表方式： 口頭報告</p>	<p>Introduction and Hypothesis: Calistar-S is a single-incision synthetic-mesh kit that addresses apical and anterior compartment prolapse. The aims of this study were to evaluate the short-term objective and subjective outcomes at the one-year follow-up. The secondary objectives were to evaluate quality of life (QOL) and lower urinary tract symptoms (LUTS) outcomes, as well as surgical complications.</p>
<p>論文歸類： 婦女泌尿</p>	<p>The secondary objectives were to evaluate quality of life (QOL) and lower urinary tract symptoms (LUTS) outcomes, as well as surgical complications.</p> <p>Methods: Records of 108 with symptomatic advanced pelvic organ prolapse (Stage III and IV), who underwent prolapse surgery using Calistar-S system from June 2018 to August 2022 reviewed. Primary outcome was the objective cure of anterior and apical prolapse < stage 1, and subjective cure was negative response to question 2 and 3 of POPDI-6. Secondary outcomes measured quality of life, presence of lower urinary tract symptoms and complications.</p> <p>Results: Total of 101 patients were evaluated. Overall objective cure rate is 97% and subjective cure rate of 92.1%. Good outcomes were seen in all 3 compartments. Secondary outcomes show significant improvement in all validated questionnaires. Persistence and de novo urinary incontinence were 15.2% and 18.2% post-operatively. There is one case of bladder injury and one vaginal mesh exposure.</p> <p>Conclusion: Calistar-S system is a safe and efficient method for treating advanced-stage POP. We observed good anatomical results and subjective relief with minimal complication rate. LUTS have also been positively affected showing high success rate. Additional studies are needed to establish the long-term efficacy of this system.</p> <p>Brief Summary: Calistar-S transvaginal mesh is an effective treatment option in advanced pelvic organ prolapse with low incidence of complications.</p>

稿件編號：OU14	<p>使用 Anchosure 之薦棘韌帶固定術手術失敗的預測因子 Predictors of Surgical Failure following Sacrospinous Ligament Fixation using Anchorsure device</p>
臨時稿件編號： 1104	
論文發表方式： 口頭報告	<p>葉建麟¹ 張介禹¹ 楊曜瑜¹ 盧紫曦¹ 林冠伶¹ 龍震宇¹ 高雄醫學大學附設醫院婦產部¹</p>
論文歸類： 婦女泌尿	<p>Objective: To identify the factors associated with pelvic organ prolapse (POP) recurrence after sacrospinous ligament fixation using Anchorsure device Study design: Ninety-two women with symptomatic POP stage II to IV were scheduled for Sacrospinous Ligament Fixation. All subjects underwent urinalyses and pelvic examination using the POP quantification (POP-Q) staging system before and after surgery. Results: Seven (7.6%) of 92 women reported POP recurrence after follow-up time of 12-34 months. We performed a univariate analysis of patients' characteristics to identify the predictors of surgical failure after TVM. There was no difference between two groups as to body mass index, POP stage, hysterectomy, and preoperative urinary symptoms ($P>0.05$). However, we found the functional advanced cystocele ($P=0.01$), rectocele ($P=0.007$), and POP-Q point Bp of >1 ($P=0.019$) were 3 significant predictors of surgical failure. Multivariate logistic regression showed the similar results. Conclusions: Advanced cystocele, rectocele, and POP-Q point Bp of >1 were 3 significant predictors of failure following sacrospinous ligament fixation using Anchorsure device. POP recurrence may occur in untreated compartment after apical suspension even beyond the learning curve. Key words: Pelvic organ prolapse, recurrence, surgical failure, sacrospinous ligament fixation, apical prolapse</p>

<p>稿件編號：OU15</p> <p>臨時稿件編號： 1158</p>	<p>結合經閉孔置放前測網膜(Surelift-A)及薦棘韌帶固定術式治療嚴重骨盆腔器官脫垂術後一年的構造和功能性預後</p> <p>Combined anterior trans-obturator mesh (Surelift-A) and sacrospinous ligament fixation for advanced urogenital prolapse: surgical and functional outcomes at 1 Year</p> <p>盧佳序^{1,2} Aisha Alzabedi¹ 張藍心³ 楊佳璇¹ 洪敏文⁴ 林芷嫻¹ 林口長庚紀念醫院婦產部¹ 長庚大學² 土城長庚醫院婦產科³ 台北長庚醫院婦產科⁴</p>
<p>論文發表方式： 口頭報告</p>	<p>Objective: To determine the objective and subjective outcomes of a Combined anterior trans-obturator mesh (Surelift-A) and sacrospinous ligament fixation (SSLF) for advanced pelvic organ prolapse (POP), along with the evaluation of surgical complications, postoperative impact on quality of life (QOL), and lower urinary tract symptoms.</p>
<p>論文歸類： 婦女泌尿</p>	<p>Methods: Retrospective cohort study in a Tertiary center from May 2021- December 2022 included 160 patients with symptomatic anterior or apical POP stage III and above. underwent pelvic reconstructive surgery with a Combined Surelift-A and SSLF. All completed a 72-hour voiding diary, urodynamic study (UDS), and multiple validated QOL questionnaires at baseline and at between 6 and 12 months postoperatively. Descriptive statistics, paired-samples t test, and McNemar test were used. primary outcomes were the objective cure of POP, defined as anterior and apical prolapse Pelvic Organ Prolapse Quantification System \leqstage I, and subjective cure based on negative answers to Pelvic Organ Prolapse Distress Inventory 6., evaluate QoL and complications. while secondary outcomes focused on the development of post operative de novo stress urinary incontinence (SUI), objectively via cough stress test and UDS, and subjectively by evaluation of UDI-6, question 3 score >1 and IIQ-7.</p> <p>Result: At 1-year follow-up, cure rates were 96.7% (objective) and 93.3% (subjective), with favorable anatomical outcomes. Significant QOL improvements were observed. Among those without MUS, a (60.0%) improvement in SUI occurred. De novo SUI emerged in 10.5% objectively and 12% subjectively. Mesh exposure rate was 1.3%.</p> <p>Conclusion: The Combined Surelift-A and SSLF approach shows effective cure rates with minimal complications, and a slight risk of de novo SUI.</p>

稿件編號：OU16	比較陰道前壁與頂端網膜和陰道前壁網膜於經陰道骨盆底器官脫垂手術在手術一年之追蹤結果
臨時稿件編號： 1175	<p>Comparison between anterior-apical mesh (Surelift) and anterior mesh (Surelift-A) in transvaginal pelvic organ prolapse surgery: Surgical and Functional Outcomes at 1 Year</p> <p>盧佳序¹ <u>Louiza Erika Rellora</u>¹ 洪敏文¹ 楊佳璇¹ 張藍心¹ 黃詩穎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: The goal of this study is to evaluate the incidence of de novo/persistent USI of implanted mesh in women treated with anterior-apical mesh (Surelift-A) and the anterior mesh with sacrospinous ligament fixation (SSF, Surelift+SS) in extensive pelvic organ reconstruction surgery.</p>
論文歸類： 婦女泌尿	<p>Material and Methods: The retrospective study conducted between April 2018 and February 2019 at Chang Gung Memorial Hospital. Patients had symptomatic anterior or apical prolapse with stage III or more and received Surelift+SS with modifications and Surelift-A were enrolled. 3-day voiding diary, validated quality-of-life questionnaires, undergone urodynamic study, real-time ultrasonography prior to the intervention as well as 12-month follow-up was completed. Primary outcome was the aspect of postoperative de novo SUI. Secondary outcomes were POP recurrence, QoL sexual function and major and minor complications. We defined cure of POP both subjectively and objectively. The POP-Q staging ≤ 1 indicated the subjective cure. Negative feedback to POPDI-6 questions 2 and 3 represented objective cure.</p> <p>Result: 137 patients undergoing Surelift-A placement and 128 patients with Surelift+SS were enrolled. Demographics and clinical characteristics were compatible between groups. Overall prolapse correction were 97.1% and 97.7% for Surelift-A and Surelift+SS, respectively. Anterior and Apex compartment cure were 98.5%, 99.3% versus 98.4%, 99.2%. The subjective success were 92% in Surelift-A and 93.8% in Surelift+SS group. There was a significant difference at de novo USI/SUI with 28.8% for Surelift-A and 9.1% for Surelift+SS at one 1 year follow up. A lower MUCP in Surelift-A (50.4 cmH2O) than Surelift+SSF (55.2 cmH2O) were observed. Concurrent MUS showed good outcomes for USI in both groups. Both BOO and DU were significantly improved postoperatively among the two groups. Mesh exposure is less in Surelift+SS (0.8%) than Surelift-A (4.4%).</p> <p>Conclusion: The efficacy and safety both the pelvic reconstructive surgery using Surelift-A and Surelift+SS method for POP at one year were comparatively effective and safe. However, Surelift-A has higher incidence of de novo USI (28.8%) than using Surelift with SSF. In addition, mesh exposure is lower in Surelift+SS.</p>

稿件編號：OU17	比較兩者骨盆脫垂修補手術後的性功能：經陰道人工網膜子宮膀胱懸吊術以及腹腔鏡龍式懸吊術
臨時稿件編號： 1101	<p>A comparison of sexual function following transvaginal mesh (TVM) repair and laparoscopic long mesh surgery (LLMS) for the treatment of pelvic organ prolapse (POP)</p> <p>龍震宇¹ 林冠伶¹ 盧紫曦¹ 葉建麟¹ 張介禹¹ 楊曜瑜¹ 涂育綾¹ 高雄醫學大學附設醫院¹</p>
論文發表方式： 口頭報告	<p>Abstract</p> <p>Aim. To compare the sexual function following transvaginal mesh (TVM) repair and laparoscopic long mesh surgery (LLMS) for the treatment of pelvic organ prolapse (POP).</p>
論文歸類： 婦女泌尿	<p>Methods. Fifty-six consecutive women with symptomatic POP stages II to IV defined by the POP quantification (POP-Q) staging system were referred for TVM or LLMS procedures at our hospitals. All subjects were divided into the TVM group (n=30) and LLMS group (n=26). Preoperative and postoperative assessments included pelvic examination using the POP-Q system, urodynamic study, and a personal interview to evaluate urinary and sexual symptoms with the short forms of Urogenital Distress Inventory (UDI-6) and Incontinence Impact Questionnaire (IIQ-7), and the Female Sexual Function Index (FSFI).</p> <p>Results. There was no difference between the 2 groups as for age, parity, diabetes, hypertension, concomitant procedures (P>0.05). Regarding the POP-Q analysis, there was a significant improvement at points Aa, Ba, C, and Bp (P<0.05) in both groups except for point Ap and total vaginal length (P>0.05). After LLMS surgery, the total scores and orgasm domain improved significantly (P<0.05). However, other domains did not show significant difference in both groups.</p> <p>Conclusions. Both TVM and laparoscopic mesh procedures create an effective anatomical restoration of POP. Compared with the TVM group, women undergoing laparoscopic mesh suspension experienced a greater sexual improvement on total scores and orgasm following surgery.</p>

稿件編號：OU18	排尿功能障礙合併有嚴重骨盆腔器官脫垂的病人在接受骨盆重建手術後的預後及可預測風險因子
臨時稿件編號： 1159	<p style="text-align: center;">Voiding Dysfunction in Patients with Advanced Pelvic Organ Prolapse and Bladder Outlet Obstruction Following Pelvic Reconstructive Surgery (PRS): Urodynamic Profile and Predictive Risk Factors</p> <p>蔣奐巧¹ 盧佳序^{1,2} 張藍心³ 簡誌緯³ 謝武橋¹ 林口長庚紀念醫院婦產部¹ 長庚大學² 土城長庚醫院婦產科³</p>
論文發表方式： 口頭報告	Study Objective: To determine the outcome of voiding function 1 year following Pelvic Reconstructive Surgery (PRS) in women with Bladder Outlet Obstruction (BOO).
論文歸類： 婦女泌尿	<p>Design: Retrospective cohort study</p> <p>Setting: Tertiary Referral Hospital</p> <p>Patients: One thousand eight hundred and ninety-four (1894) women underwent PRS for advanced Pelvic Organ Prolapse (POP) stage III-IV with urodynamic findings of BOO.</p> <p>Measurements: The primary outcome measured was the resumption of normal voiding function, defined clinically and with multichannel urodynamic (UDS) testing at one year post-operatively. The secondary outcomes are to identify the different risk factors for persistence voiding dysfunction 1 year after PRS.</p> <p>Main Results: Total of 431 women with POP-Q Stage III and IV, UDS of Qmax <15 ml/s and PdetQmax >20cmH20 were included. Resumption of normal voiding function were found in 91% (n=392/431), while 9% (n=39/431) remains to have voiding dysfunction (VD) 1 year post operatively. Those with persistent VD, 20.5%(n=8/39) remains having urodynamic diagnosis of BOO. Univariate and multivariate logistic regression reveals factors associated with post-operative VD are pre-operative maximal cystometric capacity (MCC) >500 ml and PVR >200ml.</p> <p>Conclusion: Voiding Dysfunction may persist in women with BOO following PRS, particularly in those with pre-operative MCC >500ml and post- void residual volume >200ml.</p>

稿件編號：OU19	比較應力性尿失禁在骨盆重建手術中同時進行中段尿道吊帶置放和骨盆重建手術後置放中段尿道吊帶之追蹤結果
臨時稿件編號： 1174	Comparison between MUS concurrent with PRS and MUS after PRS in treating stress urinary incontinence 盧佳序 ¹ 楊佳璇 ¹ Eyal Rom ¹ 張藍心 ¹ 陳敏煜 ¹ 林口長庚紀念醫院婦產部 ¹
論文發表方式： 口頭報告	Introduction The goal of this study was to assess the outcomes of patients with symptomatic POP and SUI who underwent either a combined surgery or POP repair first, followed by SUI repair as a second stage. As far as we know, no large-scale study has been performed so far to answer this question.
論文歸類： 婦女泌尿	<p>Material and Methods: This was a comparative retrospective study, performed in a tertiary referral center. The medical records of 2,876 patients with symptomatic advanced POP (POP-Q stage III and IV) were reviewed. The cohort included two groups: first, patients with who were treated with PRS and MUS at the same time. Second, patient who underwent extensive PRS surgery only. According to their post-operative clinical and subjective findings, they underwent secondary MUS. Patients with previous pelvic surgeries or prior mesh installment, or those who were medically unfit for surgery, were excluded. The TVM types include Perigee, Avaulta, PROLIFT, Elevate A, Uphold, Surelift and Calistar-S. The MUS procedures included Gynecare TVT, Monarc , Obtryx ,KIM Miniarc , Ophira, Ajust or Solyx. The primary outcome was objective and subjective cure rates after one year follow-up. Secondary outcome included quality of life, presence of lower urinary tract symptoms (LUTS) and surgical complications.</p> <p>Results: A total of 478 patients included in the combined-surgery group and 82 were included in the 2-staged group. The objective cure rate in the combined group was 90%, whereas the subjective cure rate was 89.1%. The objective and subjective cure rates in the staged group were lower: 81.7% and 79.3%, respectively. The pre-operative occult SUI sub-group outperformed the overt sub-group in terms of objective cure rate (92.1% vs. 85.8%, respectively, $p = 0.03$) and subjective cure rate (91.8% vs. 84.0%, respectively, $p = 0.012$). Patients in the Staged group were younger and had a higher BMI. Patients in that group had a higher degree of SUI, as evidenced by lower MUCP and FL values, a higher rate of ISD, higher Pad test (27.6 grams vs. 11.8 grams, $p < 0.001$) and worse findings in the urodynamic study (UDS). Patients in the staged group scored lower on the UDI-6, IIQ-7, and POPDI-6 questionnaires, indicating a substantial difference in pre-operative subjective appraisal. However, it was not visible after surgery.</p> <p>Conclusions This study shows that combined surgery for treatment of POP and SUI is more efficient than staged one, in 12-months follow-up period. Furthermore, patients with occult SUI had better outcome than those with overt SUI.</p>