

稿件編號：OU1	<p>於達文西子宮次全切除子宮頸薦骨固定術中做左側總髂靜脈修補 Left common iliac vein injury and repair during supracervical robotic assisted laparoscopic sacrocolpopexy</p>
臨時稿件編號： 0833	
論文發表方式： 口頭報告	<p>王孝棻¹ 莊乙真¹ 劉馨鎂¹ 邱冠明¹ 亞東紀念醫院¹</p>
論文歸類： 婦女泌尿	<p>Minimal invasive abdominal sacrocolpopexy is a surgical technique to treat pelvic organ prolapse of female with a low recurrence rate. This kind of procedure requires to be performed by laparoscopic well-trained surgeons. Because of many problems with transvaginal mesh surgery and recurrences after native tissue repair, more and more surgeons preferred laparoscopic sacrocolpopexy in several countries. The surgery requires surgeons to have a deep understanding of anatomy to prevent potential life threatening complications, such as vascular and ureteral injury. Hemorrhage and ureteral injury are not frequent but may cause serious complications, with estimated rates of 4.4% and 1%, respectively. Despite the low rate of complications, it would be a dilemma for surgeon if encountered hemorrhage, especially left common iliac vein injury, whether to convert the laparoscopy to laparotomy or not.</p> <p>In this video we presented a case of uterine prolapse and cystocele stage III, with urodynamic stress incontinence, status post robotic assisted subtotal hysterectomy, bilateral salpingo-oophorectomy, sacrocolpopexy and modified Burch. During we sutured the mesh to the sacral promontory, left common iliac vein injury happened. We compressed the injured vein by robot grasp immediately until CVS doctor came. The CVS doctor repaired left common iliac vein injury with 5.0 Prolene suture smoothly. The total blood loss was only 150ml. The patient also recovered very well after the operation.</p> <p>Therefore, it is important to understand potential danger of this surgery. We reviewed the anatomy to determine the crucial vessels, nerves, and right ureter. Besides, robot assisted surgery also provided well 3D view and flexible arms to perform the vein injury or even ureter injury very delicately, just in case if we suddenly encountered such rare complications.</p>

稿件編號：OU2	陰道旁修復術與陰道前壁修補術手術結果的比較：一項回顧性病例對照研究
臨時稿件編號： 0944	Comparison of the surgical outcome between paravaginal repair and anterior colporrhaphy: a retrospective case-control study 徐詠琳 ¹ 陳佩辰 ¹ 丁大清 ¹ 花蓮慈濟醫院婦產部 ¹
論文發表方式： 口頭報告	Comparison of the surgical outcome between paravaginal repair and anterior colporrhaphy: a retrospective case-control study Wing Lam Tsui ¹ , Pei-Chen Chen ¹ , Dah-Ching Ding ^{1,2*}
論文歸類： 婦女泌尿	1Department of Obstetrics and Gynecology, Hualien Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, and Tzu Chi University, Hualien, Taiwan 2Institute of Medical Sciences, Tzu Chi University, Hualien, Taiwan Abstract Objective: To compare the surgical outcome between anterior colporrhaphy (A repair) and paravaginal repair (PVR) in laparoscopic pelvic organ prolapse (POP) surgeries. Materials and methods: A retrospective case-control study was conducted. The health insurance surgical code payment system (laparoscopic colpopexy/ hysteropexy/ cervicopexy: 80025B) in Taiwan was used to recruit patients who underwent laparoscopic POP surgeries in our hospital from May 1, 2013, to May 31, 2022. The patients were divided into A repair (group 1) and PVR (group 2). The exclusion criteria include the age < 20 years old, the lack of postoperative outcome, and baseline characteristics. The baseline characteristics collected included age, menopausal status, parity, diabetes mellitus, and hypertension. The outcome was the comparison of POP-Q scores (Aa, Ba, TvL) between preoperation and the 1-2 months, 3-6 months, and one year after the operation of the two groups. Results: There were 82 patients identified first. After exclusion, 23 and 10 patients in group 1 and group 2, respectively, were recruited. The mean age was 62.48±10.36 and 66.90±8.12 years in groups 1 and 2, respectively. There was no significant difference in baseline characteristics (parity, preoperative POP-Q stage, menopause status, diabetes mellitus, and hypertension) between the two groups. The estimated blood loss and surgical time were no differences between the two groups. Points Aa and Ba of POP-Q were significantly improved in group 1 and group 2 at 1-2 months (p<0.001 in all groups) and 3-6 months (Ba: p<0.001, p=0.021 in groups 1 and 2, respectively), except in group 2 one year after the operation due to a low number of patients (n = 2). No significant difference of POP-Q scores between group 1 and group 2 in post-operative 1-2 months, 3-6 months, and one year was noted. Conclusion: The outcome of the anterior compartment was comparable between the two groups within one year postoperative. Further large-scale trials are needed to confirm our results. Keywords: pelvic organ prolapse; paravaginal repair; anterior colporrhaphy; case-control; anterior compartment

稿件編號：OU3	陰道網膜骨盆重建手術後使用充氣子宮托與紗布對止血效果之比較
臨時稿件編號： 0993	Compare the effects of vaginal stanching pessary and gauze packing on the postoperative hemostasis of transvaginal mesh surgery 龍震宇 ¹ 盧紫曦 ² 葉建麟 ¹ 林冠伶 ¹ 高雄醫學大學附設中和醫院紀念醫院婦產部 ¹ 高雄市立大同醫院婦產科 ²
論文發表方式： 口頭報告	Background: We aim to compare the effects of vaginal stanching pessary and gauze packing on the postoperative hemostasis of transvaginal mesh surgery.
論文歸類： 婦女泌尿	Methods: This study used gauze packing (GP) and vaginal stanching pessary (VS) to observe continuously for 24 hours, 2 weeks, and 1 month after surgery. The observed factors include red blood cells (RBCs), white blood cells (WBCs), hemoglobin (Hb), amount of vaginal discharge, and related pain scores for evaluation. Results: The experimental results showed no significant difference in WBCs, and Hb between before and after surgery. However, postoperative decrease of RBCs was significant lower in the VS group (P<0.05) compared with the GP group. There was no significant difference in the amount of vaginal discharge at 24 hours, 2 weeks, and 1 month after surgery. As for the VAS score, it was slightly higher in the GP group at 24 hours after surgery (P<0.05), but there was almost no difference about pain sensation during other follow-up visits. Conclusions: Vaginal stanching pessary is a useful option for the treatment of postoperative hemostasis in vaginal surgery.

稿件編號：OU4	<p style="text-align: center;">女性盆腔疼痛的體外衝擊波治療：一項回顧性世代研究 Extracorporeal shockwave therapy for women's pelvic pain: a retrospective cohort study</p>
臨時稿件編號：0876	
論文發表方式：口頭報告	<p>Abstract</p> <p>Background: Chronic pelvic pain (CPP), affecting estimated 6% to 27% of women worldwide, is a common problem that affects quality of life. The effect of extracorporeal shock wave therapy (ESWT) for women's CPP was unknown. We aimed to explore the therapeutic effect of ESWT on CPP and pelvic floor dysfunction scores.</p>
論文歸類：婦女泌尿	<p>Methods: In this study, ten patients with chronic pelvic pain from July 2022 to January 2023 were enrolled and underwent ESWT (DUOLITH SD1 T-TOP, STORZ MEDICAL, Tägerwilen, Switzerland) once a week for four weeks. Four regions of labia major set ESWT 500 pulses (probe: F-SW, energy: 0.3-0.35 mJ/mm² with frequency 4Hz) in each area (total 2000 pulses). Visual Analogue Scale (VAS) for pain and Pelvic Floor Disability Inventory-20 (PFDI-20) were used to observe the therapeutic effect before and after ESWT (4 weeks).</p> <p>Results: Total ten patients with CPP who received ESWT during the study period was recruited. The median age was 57.5 years (IQR: 48.75-63.5). Compared with the baseline parameters, the median VAS was 7.5 to 2.0 after four weeks (p=0.005). The median PFDI-20 was 33.5 to 27.5 after four weeks (p=0.033). POPD-6 was 12 to 8.5 after four weeks (p=0.017).</p> <p>Conclusions: This study showed ESWT therapy might be a safe and effectively minimal invasive option for managing the patients with CPP. The prospective large scale trials should be conducted to prove our results.</p>

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稿件編號：OU5	<p style="text-align: center;">Altis 可調整迷你吊帶治療婦女尿失禁之療效評估</p> <p style="text-align: center;">The therapeutic effect of Altis adjustable single incision sling in women with stress urinary incontinence</p> <p style="text-align: center;">盧紫曦¹ 林冠伶² 葉建麟² 張介禹² 龍震宇²</p> <p style="text-align: center;">高雄市立大同醫院婦產科¹ 高雄醫學大學附設中和醫院紀念醫院婦產部²</p>
臨時稿件編號：0991	
論文發表方式：口頭報告	<p>Objectives: To evaluate the subjective and objective outcomes of the Altis for the treatment of stress urinary incontinence (SUI), with a 6-month follow-up. The secondary end-point was to evaluate the safety of this surgical procedure.</p>
論文歸類：婦女泌尿	<p>Study design: A total of 43 consecutive patients with SUI were scheduled for an Altis implantation. Cure rate was evaluated objectively, using a standardized cough stress test and urodynamics, and subjectively using the Patient Global response assessment. Complications were assessed intra- and post-operatively. Six months of follow-ups were analyzed for the study.</p> <p>Results: The 6-month objective cure rate was 95.3%, and the subjective cure rate was 93.0%. We observed no intraoperative complications. 4 (4/43; 9.3%) urine retention were found, but all relieved after tape release using long loop. 6 women reported postoperative complications, most of them were Clavien-Dindo grade I and self-limited.</p> <p>Conclusions: Altis sling appears to be an effective and safe alternative option to traditional mid-urethral slings for women with SUI.</p>

稿件編號：OU6	<p>合不合併陰道式子宮切除的薦骨棘韌帶固定術之成功率比較</p> <p>Comparison of the Effect of Sacrospinous Ligament Fixation on Genital Prolapse with and without vaginal hysterectomy</p>
臨時稿件編號：0992	<p>葉建麟¹ 盧紫曦² 林冠伶¹ 張介禹¹ 龍震宇¹</p> <p>高雄醫學大學附設中和醫院紀念醫院婦產部¹ 高雄市立大同醫院婦產科²</p>
論文發表方式：口頭報告	<p>Objective: To compare the therapeutic effects and complications of sacrospinous ligament fixation with Anchorsure® Suture Anchoring System (Neomedic) on pelvic organ prolapsed (POP) with and without vaginal hysterectomy.</p>
論文歸類：婦女泌尿	<p>Materials and methods: This study recruited a total of 71 women who suffered from POP and received sacrospinous ligament fixation with Anchorsure® device. All subjects were divided into 2 groups: (1) VTH group (n=26) and (2) Anchorsure group (n=45). Urodynamic study and per vagina examination were performed 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 residual urine had significantly decreased after the operation in both groups (P<0.05). Among POP-Q parameters, nearly all items improved significantly except for the point Ap (Wilcoxon signed-rank test). Moreover, successful rate was significantly higher in Anchorsure only groups (p=0.046) compared with VTH groups.</p> <p>Conclusions: The short term results showed that sacrospinous ligament fixation with Anchorsure® Suture Anchoring System is an effective and relatively safe treatment for women with apical POP. However, vaginal mesh surgery may be needed in women with significant anterior vaginal prolapse (over stage 2).</p>

稿件編號：OU7	評估膀胱過動症患者使用逼尿肌肉毒桿菌注射與藥物合併療法之效果與尿動力結果
臨時稿件編號：0882	<p>Evaluation of the efficacy and urodynamic outcomes between intradetrusor onabotulinumtoxinA injection and combination pharmacotherapy in patients with detrusor overactivity</p> <p>黃俊淇¹ 黃文助¹ 蘇聰賢¹ 劉蕙瑄¹ 馬偕紀念醫院¹</p>
論文發表方式：口頭報告	Objectives: To investigate the effects of botulinum toxin type A bladder injection compared to combined pharmacotherapy with Mirabegron and Solifenacin.
論文歸類：婦女泌尿	<p>Methods: Patients with detrusor overactivity who were refractory to monotherapy with either anti-muscarinics or β3-adrenoceptor agonists from November, 2021 to March, 2023 were enrolled for prospective study. Patients were divided into two groups, intradetrusor onabotulinumtoxinA injection (n=22) and combined pharmacotherapy with Mirabegron and Solifenacin (n=25). Incontinence-related symptoms, distress and impact on quality of life were evaluated by short form of Urinary Distress Inventory (UDI-6), Incontinence Impact Questionnaire (IIQ-7) and Overactive Bladder Symptom Score (OABSS). Objective outcomes include changes from baseline in daily urgency episodes, urinary incontinence episodes, maximum cystometric capacity, maximum detrusor pressure (Pdetmax) at first involuntary detrusor contraction and volume at first involuntary detrusor contraction were measured.</p> <p>Results: For both groups, the UDI-6, IIQ-7 and OABSS significantly improved after surgery (all $p < 0.001$). The changes from baseline show no significant differences in UDI-6, IIQ-7 and OABSS between two groups. At 3 months follow up, OnabotulinumtoxinA significantly increased maximum cystometric capacity (+133.6 ml vs. +80.9 ml, $P < 0.001$). In patients with an involuntary detrusor contraction at 3 months, volume at first involuntary detrusor contraction improved (+13.4 ml vs. +17.5 ml, $p = 0.212$), and Pdetmax at first involuntary detrusor contraction decreased (-32.4 cmH₂O vs. -20.5 cmH₂O, $p = 0.837$). Postvoid residual urine significantly increased in patients who underwent OnabotulinumtoxinA injection (+98.3 ml vs +20.1 ml, $p < 0.001$) but there are no patients who require clean intermittent catheterization.</p> <p>Conclusions: OnabotulinumtoxinA intradetrusor injection and combined pharmacotherapy with Mirabegron and Solifenacin had similar clinical outcomes in patients with detrusor overactivity. However, OnabotulinumtoxinA intradetrusor injection has a higher rate of urinary retention.</p>

稿件編號：OU8	<p>經陰道調整吊帶長度改善尿道中段懸吊術產生排尿功能障礙以維持術後正常解尿</p>
臨時稿件編號：0879	<p>Maintenance of surgical continence after sling revision with transvaginal tape elongation for post-midurethral sling voiding dysfunction: A retrospective cohort study</p> <p>楊昀臻¹ 蔡青倍² 劉芝谷² 應宗和¹ 陳進典¹ 洪滿榮¹ 中山醫學大學附設醫院婦產部¹ 臺中榮民總醫院婦女醫學部²</p>
論文發表方式：口頭報告	<p>Purpose: We aim to evaluate surgical outcomes after two mid-urethral sling (MUS) procedures and subsequent sling revision for post-midurethral sling voiding dysfunction (PSVD).</p>
論文歸類：婦女泌尿	<p>Materials and Methods: Patients who underwent either a single-incision (AJUST) or a trans-obturator (TVT-O) MUS for urodynamic stress urinary incontinence (SUI), between August 2013 and July 2015, were included in this retrospective cohort study. Sling revision with transvaginal tape elongation (i.e., sling midline incision and mesh interposition) was performed on patients with PSVD. Predisposing factors that may affect the recurrence of SUI were investigated.</p> <p>Results: Of 119 patients, 90 (75.6%) (45 AJUST and 45 TVT-O) were available for a long-term (median 8 years; range 7-9 years) follow-up. Continence rates after AJUST and TVT-O declined similarly from postoperative year one (91.4 vs. 91.8%) to year eight (60.0 vs. 66.7%) without statistically significant difference ($P > 0.05$). Patient characteristics and surgical results were also similar except for a significantly higher rate (17.2 % vs. 3.3 %, $P = 0.014$) of PSVD after AJUST (N=10) than after TVT-O (N=2). Resumption of normal voiding was noted in all 12 (100%) patients after sling revision; while one (8.3%) and three (25%) patients, respectively, reported immediate and delayed recurrence of SUI. After statistical analyses, no significant predisposing factors (e.g., patient characteristics, MUS procedures or having had sling revision or not, etc.) that may affect the recurrence of SUI were found.</p> <p>Conclusions: Continence rates after the two MUS procedures declined similarly with follow-up and seemed not affected by having had sling revision with transvaginal tape elongation for PSVD.</p>

稿件編號：OU9	比較兩種由外向內經閉孔尿道中段吊帶手術對女性應力性尿失禁的治療
臨時稿件編號： 0701	Comparison of two outside-in transobturator midurethral slings in the treatment of female urodynamic stress incontinence 蘇品勻 ¹ 國泰醫院總院婦產科 ¹
論文發表方式： 口頭報告	Transobturator midurethral sling (TOT) is among the most popular and effective procedures for stress urinary incontinence (SUI). Outside-in TOT and inside-out TOT have equivalent clinical results, while outside-in TOT has the advantage of less postoperative voiding dysfunction. The TOT achieves stress continence by dynamic urethral compression with decreased midurethral mobility while without affecting the bladder neck. Despite being classified as the same type of midurethral slings, different clinical outcomes among different brands of midurethral slings are possible. This study aimed to explore the difference between two brands of outside-in TOT for USI.
論文歸類： 婦女泌尿	<p>In this study, women who underwent an outside-in TOT procedure by either Monarc or Obtryx were retrospectively reviewed. Data of women with available information at baseline and postoperative 12-month follow-up were analyzed. The analyzed data included standardized interview, pelvic examination, as well as sling location and sling tension explored by introital four-dimensional ultrasound. Sling position were explored through the distances between the sling center and the caudal margin of the pubic symphysis (SPd) as well as sling percentile (SP) along the urethral length as a percentage in the midsagittal plane. SPd was also used to explore sling tension. Clinical outcomes were compared between two groups. Sling location and sling tension were compared in success cases between two groups.</p> <p>There were 138 women in Monarc group and 140 women in Obtryx group. Rates of stress urinary continence and adverse events were not statistically different after two TOT. SPd was similar between both procedures. Obtryx located more ventrally than Monarc, indicated by a smaller SP during resting (41.6% vs 58.5%, $P < 0.001$), straining (38.0% vs 54.4%, $P < 0.001$), and coughing (39.8% vs 48.8%, $P < 0.001$).</p> <p>In conclusion, at 12-month assessment, both outside-in TOT procedures were not significantly different in terms of clinical results and sling tension, while Obtryx sling located more ventrally than Monarc.</p>

稿件編號：OU10	嚴重骨盆腔器官脫垂的婦女接受 Uphold Lite™ 系統進行單一切口陰道前端頂端懸吊術後在中長期(53 個月)追蹤上呈現好的臨床預後
臨時稿件編號：0776	<p>Polypropylene Anterior-apical single-incision UPHOLD-LITE mesh surgery associated with good clinical outcome at 53 months median period follow-up in women with severe pelvic organ prolapse</p> <p><u>Eyal Rom</u>¹ 盧佳序^{1,2} 沈玉華³ 簡誌緯¹ 謝武橋¹ 林益豪^{1,2} 梁景忠^{1,2} 林口長庚紀念醫院婦產部¹ 長庚大學² 基隆長庚紀念醫院婦產部³</p>
論文發表方式：口頭報告	<p>Objective: This study aims to assess the medium-term outcomes of UPHOLD-LITE system for treatment of advanced pelvic organ prolapse (POP).</p> <p>Methods: This is a retrospective case series of 53 months follow-up of 123 consecutive patients who underwent UPHOLD-LITE system. Objective outcome measure was the anatomical correction of prolapse with POP-Q< Stage 1. Subjective outcome was patient's feedback to questions 2 and 3 of POPDI-6. Secondary outcome measures the quality of life, presence of lower urinary tract symptoms and complications. Quality of life is assessed by validated questionnaires on UDI-6, IIQ-7, POPDI-6, and PISQ-12 at 1 and 3 years post-operatively.</p> <p>Results: Objective outcome at 1 and 3 years was at 96.7% and 95.4% respectively. The subjective cure was 95.1% and 91.6%. Five-year cumulative cure rate maintained at 87.2%. Secondary outcomes observed improvement on UDI-6, IIQ-7, POPDI-6 and PISQ-12 postoperatively. Bladder outlet obstruction (BOO) improved while De novo urodynamic stress incontinence (USI) increased slightly post surgically. Mesh erosion rate was 0.8%.</p> <p>Conclusion: The UPHOLD-LITE system demonstrated good medium term anatomical correction of apical and anterior prolapse, with good subjective cure and improved quality of life. Whilst complication rate was low, a slight increased in De novo USI was observed.</p>
論文歸類：婦女泌尿	

稿件編號：OU11	<p>FIGO 建議：使用尿道中段吊帶治療應力性尿失禁</p>
<p>臨時稿件編號： 0917</p>	<p>FIGO recommendations: Use of midurethral slings for the treatment of stress urinary incontinence</p> <p>劉蕙瑄^{1,2} G.Willy Davila^{3,4,5} 陳盈佑⁶ Marair G.F. Sartori^{7,8,9} Zsuzsanna I.K. Jármay-Di Bella^{7,8,9} 王曼寧¹ 蘇聰賢^{1,2}</p> <p>台北馬偕紀念醫院婦產部婦女泌尿科¹ 馬偕醫學院醫學系² Center for Urogynecology and Pelvic Health³ Holy Cross Medical Group⁴ USA⁵ 秉坤婦幼醫院⁶ Department of Gynecology⁷ Universidade Federalde São Paulo⁸ Brazil⁹</p>
<p>論文發表方式： 口頭報告</p>	<p>Background: Stress urinary incontinence (SUI) is a global problem. It can significantly adversely impact a woman's quality of life. The use of synthetic mesh in vaginal surgery is controversial, especially when used for pelvic organ prolapse surgery. Although negative effects have been reported, the synthetic mesh midurethral sling (MUS) is considered to be safe and effective in the surgical treatment of SUI.</p>
<p>論文歸類： 婦女泌尿</p>	<p>Objectives: To provide evidence-based data and recommendations for the obstetrician/gynecologist who treats women with SUI and performs or plans to perform MUS procedures.</p> <p>Methods: Academic searches of MEDLINE, the Cochrane Library, Embase, and Google Scholar articles published between 1987 and March 2020 were performed by a subgroup of the Urogynecology and Pelvic Floor Committee, International Federation of Gynecology and Obstetrics (FIGO).</p> <p>Selection criteria: The obtained scientific data were associated with a level of evidence according to the Oxford University Centre for Evidence-Based Medicine and GRADE Working Group system. In the absence of concrete scientific evidence, the recommendations were made via professional consensus.</p> <p>Results: The FIGO Urogynecology and Pelvic Floor Committee reviewed the literature and prepared this evidence-based recommendations document for the use of MUS for women with SUI.</p> <p>Conclusions: Despite the extensive literature, there is a lack of consensus in the optimal surgical treatment of SUI. These recommendations provide a direction for surgeons to make appropriate decisions regarding management of SUI. The MUS is considered safe and effective in the treatment of SUI, based on many high-quality scientific publications and professional society recommendations. Comprehensive long-term data and systemic reviews are still needed, and these data will become increasingly important as women live longer. These recommendations will be continuously updated through future literature reviews.</p>

稿件編號：OU12	在嚴重骨盆腔脫垂併有膀胱出口阻塞的病人進行骨盆重建手術後其解尿功能的改善
臨時稿件編號： 0778	<p>Voiding function after extensive pelvic reconstructive surgery on advanced pelvic organ prolapse with bladder outlet obstruction patient</p> <p><u>Aisha Alzabedi</u>¹ 盧佳序^{1,2} 蔣奐巧¹ 黃亭瑄¹ 謝武橋¹ 林益豪^{1,2} 梁景忠^{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>Aim: To determine the impact of vaginal pelvic reconstructive surgery (PRS) on voiding function for patients having advanced pelvic organ prolapse (POP) with bladder outlet obstruction (BOO).</p>
論文歸類： 婦女泌尿	<p>Methods: A retrospective study of patients who underwent PRS for advanced POP (POP-Q ≥ 3) with BOO. Data regarding preoperative evaluation, surgical procedure, and post-operative management were collated. Pre- and postoperative voiding dysfunction was documented through multi-channel urodynamic study (UDS). BOO was diagnosed using a peak flow rate (Qmax) of ≤ 15 ml/s and a PdetQmax \geq of 20 cm H₂O or higher, along with a strong clinical suspicion of obstruction. Voiding dysfunction was defined as a postvoid residual volume (PVR) greater than 50 ml or 20% of postvoid, which is indicative of all types of voiding dysfunction. PVR was measured using a sterile catheterization technique. Follow up done as post- PRS protocol with UDS performed 1 year after surgery.</p> <p>Results: A total of 431 women were included in this study diagnosed with high stage POP with BOO. The surgical procedures performed included with VH, sacrospinous ligament fixation (SS), transvaginal mesh (TVM), and posterior colporrhaphy, trans obturator table (TOT) when as indicated. The study results indicate that 91% of patients (n=392) experienced normal voiding function post-surgery, while 9% (n=39) experienced post-operative voiding dysfunction with a PVR greater than 50 ml or 20% of postvoid. Various clinical features have mentioned that showed no significant effect on post-operative voiding function, but a significant association was found between MCC and PVR and an increased risk of post-operative voiding dysfunction after pelvic reconstructive surgery. Univariate and multivariate logistic regression analysis showed a 3.1 to 3.4-fold increase in odds of dysfunction with a MCC of 500 mL or more and a 2.1 to 2.3-fold increase with a PVR of 200 mL or more. The UDI-6, IIQ-7, and PISQ-12 scores all showed statistically significant improvements, indicating an improvement in voiding dysfunction post-surgery.</p> <p>Conclusion: PRS is an effective treatment for advanced POP with BOO, restoring bladder function and enhancing QoL. High values of MCC (≥ 500 mL) and PVR (≥ 200 mL) are predictors of post-operative voiding dysfunction in patients with advanced POP with BOO. emphasizing the importance of counseling before vaginal procedures.</p>

稿件編號：OU13	<p>有效性及安全性 I stop mini adjustable sling system 及 Obtryx sling system 針對內括約肌缺損應力性漏尿之比較：回溯性研究</p>
<p>臨時稿件編號： 0704</p>	<p>Efficacy of the new adjustable I-stop- mini sling system in women with stress urinary incontinence and intrinsic sphincter deficiency: A retrospective cohort study</p> <p>趙偉廷¹ 陳冠宇¹ 劉家豪¹ 張嘉珮¹ 王鵬惠¹ 洪煥程¹ 臺北榮民總醫院婦女醫學部¹</p>
<p>論文發表方式： 口頭報告</p>	<p>Objective: We aimed to evaluate the efficacy, surgical outcomes, and adverse events of the adjustable midurethral sling I-stop-mini in women with intrinsic sphincter deficiency (ISD)-type stress urinary incontinence. We compared this new sling system with the Obtryx transobturator midurethral sling system.</p>
<p>論文歸類： 婦女泌尿</p>	<p>Methods: This retrospective cohort study was conducted at a single center from June 2017 to December 2020. A total of 141 women who underwent placement of an I-stop-mini or Obtryx and were followed up for at least 1 year were enrolled. ISD was defined as a Valsalva leak point pressure of ≤ 60 cmH₂O or a maximal urethral closure pressure of ≤ 20 cmH₂O. Student t test was used to compare continuous variables, and chi-square test was used to compare the distribution of categorical data.</p> <p>Results: In terms of objective success, I-stop-mini and Obtryx showed no significant differences in the postoperative 1-month, 6-month, and 12-month. The two devices showed similar effectiveness regardless of the ISD definition. The I-stop-mini group had a significantly shorter operative time, whereas the adverse event rates were similar.</p> <p>Conclusion: The subjective cure rate, objective success, and adverse event rate did not differ in the two devices. I-stop-mini had a significantly shorter operative time.</p>

稿件編號：OU14	骨盆腔器官脫垂患者接受達文西機器手臂輔助陰道薦骨固定術及經陰道人工網膜術後膀胱功能之比較
臨時稿件編號： 0787	The change of bladder function and symptoms after robot-assisted sacrocolpopexy and transvaginal mesh surgery for pelvic organ prolapse 張家華 ¹ 劉蕙瑄 ¹ 蘇聰賢 ¹ 台北馬偕紀念醫院 ¹
論文發表方式： 口頭報告	Study Objective: To compare the impact on bladder function and symptoms between robotic sacrocolpopexy and transvaginal mesh surgery. Design: A prospective controlled study
論文歸類： 婦女泌尿	Patients: A total of 60 patients, with 30 patients receiving robotic sacrocolpopexy and another 30 patients receiving transvaginal mesh surgery, between March 2020 and June 2022. Interventions: We compared bladder function outcomes in subjective and objective way between robotic sacrocolpopexy and transvaginal mesh surgery. Measurements and Main Results: Patients receiving transvaginal mesh surgery (TVM) was older than those receiving robotic sacrocolpopexy (RSC) (66.7 ± 6.6 vs. 62.6 ± 8.6 years, $p=0.04$). Besides, TVM group had more advanced prolapse staging distribution than RSC group ($p=0.02$). In lower urinary tract symptoms (LUTs) analysis, RSC group had higher risk of de novo stress urinary incontinence than TVM group (33.3% vs. 3.3%, $p=0.007$). By urodynamic study, both groups had deteriorated maximal urethral closure pressure postoperatively (RSC: 56.9 ± 17.1 vs. 44.2 ± 15.5 cmH ₂ O and TVM: 61.2 ± 29.4 vs. 47.6 ± 19.7 cmH ₂ O, $p < 0.01$ and $p = 0.03$, respectively). However, the incidence of urodynamic stress incontinence (USI) was also significantly increased after RSC (33.3% vs. 76.7%, $p=0.01$). De novo USI rate was 46.7% after RSC, which showed no significant difference to TVM group (26.7%, $p=0.16$). In TVM group, the incidence of voiding difficulty decreased after the surgery (43.3% vs. 10.0%, < 0.01) and the urodynamic measurements revealed the prevalence of urine retention decreased (43.3% vs. 16.7%, $p < 0.01$). In the RSC group, the incidence of incomplete emptying sensation decreased (36.7% vs. 13.3%, $p=0.04$) and the urodynamic measurement showed no patients had bladder outlet obstruction, underactive detrusor, and urine retention after the surgery. Conclusion: RSC and TVM are both beneficial to improve voiding function for women with POP. However, deteriorated urethral function were observed and de novo SUI rate was higher in RSC than TVM.

稿件編號：OU15	<p>台灣地區婦女尿失禁再手術率在不同手術數量醫師之比較研究 Reoperation rate for stress urinary incontinence surgeries among different surgical volume surgeons; does surgical volume matters?</p>
臨時稿件編號：0690	
論文發表方式：口頭報告	<p>吳銘斌^{1,2} 謝宛玲¹ 黃俊哲³ 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 義大大學醫醫院健康管理學系³</p>
論文歸類：婦女泌尿	<p>Introduction With the booming of stress urinary incontinence (SUI) surgeries over the past few decades, midurethral sling (MUS) has become the most popular and widely accepted procedure worldwide. Our previous and other studies have shown the significant increase and surgical trend shift of MUS in Taiwan, as in other countries. It is believed surgical volume may have an impact on surgical outcome, complications, costs, etc. However the reoperation rates among different surgical volume in real world were not well studied.</p> <p>Objective: We evaluated the surgical volume shifts for primary female stress urinary incontinence (SUI) among different time-frame over a 20-year period (1999–2018) in Taiwan. We also assessed reoperation rates among surgeons with different surgical volumes.</p> <p>Methods This was a retrospective cohort study based on National Health Insurance Research Database (NHIRD) in Taiwan. We divided into four time-frames: 1st period (1999–2003), 2nd period (2004–2008), 3rd period (2009–2013), and 4th period (2014–2018). We evaluate surgical volume shifts (high ≥ 30, median 5-29, low</p> <p>Results A total of 51,018 patients were identified. The total numbers of SUI surgeries increased from 8,292, 12,696, to 15,156 during first three periods, and then slightly decreased to 14,874 in the 4th period. The proportion of surgical volume shifted from high- to medium- and low-volume, but it reversed in the 4th period. Unexpectedly, one-year reoperation rates were higher in high-volume surgeons. The reoperation rates were 1.1%, 2.3%, 3.1% and 1.4% for the high-volume surgeons, which were higher than average, 0.8%, 1.4%, 1.4%, 1.1%, among 4 periods, respectively. Similar phenomena happened in MUS.</p> <p>Conclusions The surgical trend of SUI surgeries shifted from high- to medium- and low-volume surgeons, during 4 time-frames. This implied surgical skills and performance spreading. High-volume surgeons do not have better surgical outcome, may be due to 1) high volume surgeons may manage more complicated situations; 2) our cut-off value less than proposed 30 cases per year; 3) middle and/or low-volume surgeons may choose more conservative treatment when failed; 4) shorter one-year follow-up period for reoperation rate cannot represent the whole panorama of surgical outcome.</p>

稿件編號：OU16	追蹤使用 Surelift 人工網膜進行陰道前壁頂端懸吊手術治療嚴重骨盆腔脫垂患者 三年後手術療效、功能及超音波的預後
臨時稿件編號： 0777	Surelift® Anterior-Apical Transvaginal Mesh for Advanced Urogenital Prolapse: Surgical, Functional and Sonographic Outcomes at 3 Years <u>Fazlin Harun</u> ¹ 盧佳序 ^{1,2} 黃亭瑄 ¹ 張藍心 ¹ 謝武橋 ¹ 林益豪 ^{1,2} 梁景忠 ^{1,2} 林口長庚紀念醫院婦產部 ¹ 長庚大學 ²
論文發表方式： 口頭報告	Introduction and Hypothesis The objective of this study was to evaluate the surgical, functional, and sonographic outcomes of modified transvaginal mesh (TVM) Surelift for the management of advanced pelvic organ prolapse (POP) in a 3-years follow-up.
論文歸類： 婦女泌尿	Methods Records of 99 women underwent prolapse surgery using Surelift System for advanced POP Stage III and IV from July 2018 to January 2020 were reviewed. Objective evaluation is assessed using Pelvic Organ Prolapse Quantification (POP-Q), multichannel urodynamic (UDS), and introital 2D ultrasonographic measurement. Subjective evaluation is performed through multiple validated questionnaires. Outcomes were evaluated at preoperative, including ultrasound at 3 months, yearly and at 3 years postoperative. Secondary outcome is to determine the presence of de novo or persistent urodynamic stress incontinence (USI) and surgical complications. Results: Total of 85 women were evaluated. At 3 years postoperative, the objective cure rate was 94.1% and subjective cure rate of 91.8%. Ultrasonographic comparison shows elongation of mesh length, thickening of the mesh at first year with resolution at third year. There are no changes in the distance of bladder neck and mesh. Significant improvement in POP-Q components, UDS and multiple validated Quality of Life (QoL) questionnaires were seen. De Novo USI and persistent USI occurred in 31.5%. Four patients had vaginal mesh exposure that requires excision, and 1 intraoperative bladder injury corrected immediately. Conclusion: Surelift System TVM is safe and effective treatment option for anterior-apical advanced POP, showing high objective and subjective cure rates, with secured mesh placement, at 3 years postoperative, with low complications

稿件編號：OU17	<p>Ophira® 用於治療壓力性尿失禁：手術結果和術前失敗預測因子</p>
臨時稿件編號：0840	<p>Single Incision Mini Sling (SIMS, Ophira) for the treatment of Urodynamic Stress Incontinence: Surgical Outcomes and Preoperative Predictors of Failure</p> <p>林芳秀¹ 盧佳序² 林芝卉¹ 謝武橋¹ 林益豪² 梁景忠² 基隆長庚¹ 林口長庚²</p>
論文發表方式：口頭報告	<p>Introduction and Hypothesis The objective of this study was to evaluate the surgical outcomes and predictors of failure of Ophira® Single incision Mini Sling (SIMS) in women with urodynamic stress incontinence (USI).</p>
論文歸類：婦女泌尿	<p>Methods Records of 115 women underwent anti-incontinence procedure using Ophira from June 2019 to September 2020 reviewed. Subjective evaluation is assessed using 72-h voiding diary, IIQ-7, UDI-6, POPDI-6 and PISQ-12 questionnaires. Multichannel urodynamics and 1-hour pad test was performed as objective evaluation. Primary outcome is the objective cure rate of negative urine leak on provocative filling cystometry and 1-hour pad test weight</p> <p>Results: Total of 108 women were evaluated. The objective cure rate was 91.7% with subjective cure rate of 86.1%. There was no significant difference in urodynamic parameters. Comparison of clinical outcome shows significant improvement of USI post-operatively (p66 years, presence of asthma, pre-operative intrinsic sphincter deficiency (ISD), and maximum urethral closure pressure (MUCP) value</p> <p>Conclusion: Ophira SIMS is safe and effective treatment option for USI, showing high objective and subjective cure rates with low incidence of complications. Age > 66 years, asthma status, pre-operative ISD and low MUCP were the risk factor of failure for Ophira.</p>

稿件編號：OU18	<p>腹腔鏡陰道骶骨固定術後，下泌尿道症狀與性行為滿意度的改變</p> <p>Lower urinary symptoms and sexual function after Laparoscopic sacrocolpopexy</p>
臨時稿件編號： 0953	<p>謝武橋¹ 梁景忠¹ 盧佳序¹ 林益豪¹ 周怡君¹ 林口長庚婦產部¹</p>
論文發表方式： 口頭報告	<p>Purpose. The aim of our study is to assess the outcome of laparoscopic sacrocolpopexy(LSCP) for female pelvic organ prolapse(POP).</p>
論文歸類： 婦女泌尿	<p>Materials and Methods. Thirty-three woman complained about POP were included in the study and scheduled for LSCP. The procedure was performed by one surgeon. All subjects had a baseline and 6 months' posttreatment assessment that included urodynamic study and lower urinary tract symptoms and sexual function.</p> <p>Results. Significant improvements in urinary frequency and sexual function were found 6 months after LSCP treatment when compared to the baseline results (p<0.001). The questionnaires administered to patients, including the UDI-6, IIQ-7, OABSS, and POPDI-6, all showed significant improvement posttreatment (P < 0.001). However, 6.1%(2/33) patients complained about recurrent POP and accepted anterior-posterior colporrhaphy. Patient with occult stress urinary incontinence(SUI) and reaccepted MUS is 3.0%(1/33). There was no de novo SUI rate after LSCP. One adverse events(Mesh erosion), 3.0%(1/33), was noted.</p> <p>Conclusions. The LSCP seems to be a safe and efficacious treatment for women with POP. The improvement of frequency and sexual function is significant.</p>

論文摘要

稿件編號：V19	<p>藉由經陰道固定來縮短腹腔鏡薦骨陰道固定術手術時間 Shortening operative time in laparoscopic sacrocolpopexy by transvaginal fixation</p>
臨時稿件編號： 0831	
論文發表方式： 影片展示	<p>Lane, F.E. (1962) first reported on the use of an intervening graft to anchor the vaginal apex or uterus to the sacral promontory. Nygaard et al. showed strong evidence that abdominal sacrocolpopexy is an effective and reliable procedure for the correction of apical vaginal prolapse in 2004. As of 2010, abdominal sacrocolpopexy is considered the “gold standard” for the repair of high-grade pelvic organ prolapse.</p>
論文歸類： 婦女泌尿	<p>Laparoscopy offers great exposure and surgical detail, reduces blood loss in performing pelvic floor surgery. laparoscopic sacrocolpopexy may be challenging due to the need for extensive dissection and advanced suturing skills. However, it offers the efficacy of abdominal sacrocolpopexy, such as lower recurrence rates and less dyspareuria than sacrospinous fixation. More and more issues start to focus on how to shorten operative time in laparoscopic sacrocolpopexy. Today, we will demonstrate an alternative surgical method to shorten the operative time.</p>