reasonable to wait one month before to choose a surgical management. In both groups the same number of patients decided for early POUR surgical treatment after accurate counseling2. Urodynamics are useful to detect these patients allowing a tailored proper counseling. DU did not affect the re-operation rate for POUR. At 1-year f-up, results were similar in both groups showing that DU was not a negative predictive factor in terms of outcomes.

SC27 The vaginal wall sling in the FDA's era: Could it still have a role?

E. Costantini, A. Marchesi, S. Maccherani, E. Illiano (*Terni*)

Aim of the study: The vaginal wall sling involves construction of a sling from the anterior vaginal wall to provide compression and support for the mid-urethra and bladder neck. It for years, untill the introduction of synthetic slings on the market, it has been considered an excellent surgical approach to stress urinary incontinence(SUI). After the warnings issued by the FDA in 2008 and 2011 in some countries it has returned to use the vaginal wall sling.The primary aim of this study was to evaluate the long term functional outocomes of vaginal wall sling.The secondary aim was to evaluate the patient's satisfaction.
Materials and methods: This was a prospective single centre study, on patients with SUI underwent in situ vaginal sling surgery.Pre opeative evaluation included:history,clinical examination,urodynamic test, UDI-6 questionnaire. All patients underwent check-ups at 1, 3, 6 and 12 months post-operatively and then annually, with the preoperative protocol except for urodynamic test. They performed uroflowmentry and at last visit thery completed the PGI-I questionnaire. The sling was fashioned by making two horizontal and two vertical incisions, placed to form a rectangle, on the anterior vaginal wall. The proximal horizontal incision was at the level of the bladder neck and the distal was about 1 cm posterior to the urethral meatus. The vertical incisions completed the rectangular vaginal segment (15–20·25 mm). After preparing the sling, the proximal anterior vaginal wall edge was undermined beneath the bladder neck and the posterior bladder wall to prepare it to cover the vaginal island. After this first step, dissection was continued along the lateral edges of the sling toward the inferior pubic ramus and the endopelvic fascia was opened. Helicoidal sutures in 0-non-reabsorbable monofilament and roll of Marlex mesh were positioned on each side of the sling to ensure reinforcement. The two suprapubic sutures were tied above the rectus fascia. Statistical analysis: McNemar chi-square test.
Results: rom May 1996 to May 2002, 40 consecutive women underwent to vaginal sling surgery for SUI. Six patients were lost to follow-up and 12 had passed away: the remaining 20 patients (mean age 56 ± 8.6) were re-evaluated between January 2019 and February 2019, and are included in this report. Median follow-up was 243.4 months (range 203.4–275.1 months). Table 1 showed an postoperative increase of storage and voiding symptoms. After an inital improvment (1 year after surgery) at last visit there were the worsening of urinary symtoms. In particular after 1 postoperative year, the objective success rate was 55% and at last visit was 40%. Of the 12 failed patients 10 underwent further SUI surgery with synthetic sling, and 2 underwent pelvic rehabilitation. De novo urgency and voiding symptoms occurred in 40%and 4% of cases respectively. These results were confirmed also low PGI-I score

Table 1 Preoparative and psotoperative functional outcomes after the vaginal wall sling

	Preoperative n (1%)	1 year postoperative n(%)	At last visit n(%)	P value
Stress urinary incontinence	20(100)	9(45)	12(60)	0.05
Mixed urinary incontinence	7(35)	6(30)	15 (75)	0.77
Storage symptoms	8(40)	7(35)	15 (75)	0.54
Voiding symptoms	2(10)	4(20)	10 (50)	0.33

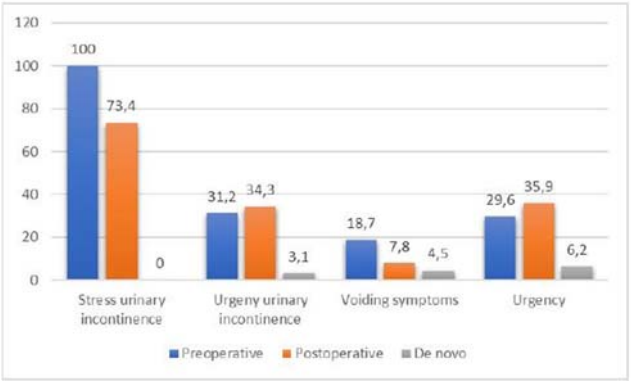
Discussion: These results should justify the use of synthetic slings which in expert hands can give better long-term functional outcomes.

SC28 TVT: Are the functional results lasting after 10 years?

E. Costantini, F. Natale, A. Marchesi, E. Illiano (*Terni*)

Aim of the study: The aim of this study is to assess the outcomes in incontinent patients who underwent tension free vaginal tape (TVT) with a 10-year minimum follow-up.
Materials and methods: This is a single-center prospective study on women who underwent TVT for stress urinary incontinence (SUI) or stress predominant mixed urinary incontinence. The pre-operative evaluation included: history; urogynaecological examination; urodynamic test; Urogenital distress inventory short form (UDI-6) and Incontinence Impact Questionnaire (IIQ) questionnaires for symptoms; the Kings Health Questionnaire (KHQ) for quality of life (QoL). SUI was defined according to ICS standardisation and classified according to the Ingelmann-Sundberg scale. Follow-up visits were scheduled for 1,3,6,12 months after surgery and then annually with a final visit in September-October 2018. Each visit included a medical history, physical examination, and evaluation of subjective satisfaction. They completed the same pre-op questionnaires and the Patient Global Impression of Improvement (PGI-I). Objective cure for SUI was defined as the absence of urine leakage during the stress test. Subjective cure was defined by a 'no-answer' to question 3 of the UDI-6 questionnaire. We considered voiding dysfunctions to be present when a patient answered affirmatively at least two structured questionnaire questions and also answered 'moderately' or 'greatly' to question 5 of UDI-6. The primary outcome was the SUI cure rate. Secondary outcomes included improvement in QoL, effect on urinary symptoms and late adverse events. Local Committe approved this study; participants gave informed consent. Statistical analysis: McNemar chi-square test; Fisher's exact test.
Results: From January 2004 to December 2008, 80 consecutive patients underwent TVT. Sixteen patients were lost to follow-up, so we report data on 64 patients (mean age was 62.3 ± 10.18). The figure 1 showed the functional outcomes. At a mean follow-up of 139 months, 47 patients (73.4%) were subjectively cured for SUI. The objective cure rate was 78.9%. Of the 16 failed patients none underwent further SUI surgery. The urgency urinary incontinence appeared de novo in 3.1% of the entire sample. Urgency increased statistically significantly (from 29.6 % to 35.9%), as did urgency urinary incontinence (from 31.2 % to 34.3%). De novo urgency occurred in 6.2% of cases. Voiding symptoms decreased from 18.7% to 7.8%. De novo voiding symptoms appeared in 4.5% of patients. In no patients did we observe a PVR > 50 ml. Postoperatively, no urodynamic obstruction was observed using the Blaivas and Groutz nomogram. All domains of the KHQ except general health and sleep saw statistically significant improvements. We had none cases of mesh exposure.

Figure 1:Functional outcomes after TVT .Preoperative versus at last visit data



Discussion: Our study demonstrates that in the period of ten or more years after TVT surgery, cure rates may still be considered satisfactory, with a good impact on quality of life and a low rate of complications.

SC29 Colposacropexy with or without uterus preservation? this is the dilemma

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Aim of the study: The choice between hysterectomy or uterus preservation in patients with pelvic organ prolapse (POP) > stage II is still a controversial matter. Aim of this study is to compare objective and subjective outcomes in women who underwent sacrocolpopexy with or without hysterectomy.
Materials and methods: This is a single center prospective study. We included women with II-IV stage POP according to the POP-Q who performed sacrocolpopexy with total hysterectomy (HYSP) or with uterus preservation (HSP) by abdominal or laparoscopic route. The choice between HYSP or HSP included a detailed counseling. The exclusion criteria were: post-menopausal bleeding, previous CIN, abnormal cervical smears, uterine disease including uterine enlargement or cervical ulceration, and a family history of adnexal or uterine cancer. The preoperative evaluation included: history, clinical examination, urodynamic test. All women completed the IIQ-7, UDI-6 and the FSFI questionnaires. The follow up was performed at 1, 3, 6 and 12 months postoperatively and then annually. At last visit they completed PGI-I questionnaire. Perioperative and late complications were recorded according to the Clavien–Dindo classification. Statistical analysis: The Mann-Whitney and Wilcoxon tests,the McNemar, chi-square or Fisher exact test with $p < 0.05$.
Results: Between December 2013 to December 2018 139 patients, with symptomatic stage >II POP underwent SC (85 HYSP and 55 HSP). Three patients (2 in the HYSP group and 1 in the HSP group) were lost at the last follow-up so 136 patients were included in the study. At a median follow-up of 49.2 months (range 12 to 61 months) clinical evaluation showed a good anatomical correction in both groups with no differences between the HYSP and HSP group (Table I). In both groups no woman had recurrent of anterior, posterior or apical prolapse. In anterior compartment there were 4 and 3 cases of asymptomatic stage II persistence in HSP and HYSP group respectively. In HSP and HYSP there were 3 and 2 peristent cases (stage II) in posterior compartment. None of these patients underwent reoperation. Table II showed functional results that demonstrated a significant improvement in all the symptom without any difference between the two groups. Furthermore IIQ-7, UDI-6 and FSFI scores were significantly improved, as well as the PGI-I scores were high in both group (1 in 95% and in 96% in HYSP and HSP group respectively). According to the Clavien Dindo in both groups there were 2 cases of complications of grade I, 6 cases of grade II in HYSP group, and 3 in HSP group. In HYSP and in HSP groups there were 9 and 4 complications grade III respectively. Six cases of mesh exposures were recorded in HYSP group and 2 in HSP group. They were treated by vaginal revision. There were no diffrences between abdominal and laparoscopic approach.

Table II: Functional outcomes in HYSP and HSP group

Table II	HYSP PRE	HYSP POST	P value	HSP PRE	HSP POST	P value	P Hy vs hsp post
Voiding symptoms N (%)	69 (84.1%)	2 (2.5%)	<0.0001	49 (90.7%)	1 (1.9%)	<0.0001	0.82
Storage symptoms N (%)	60 (75%)	7 (8.6%)	<0.0001	37 (68.5%)	6 (11.1%)	<0.0001	0.61
Stress urinary incontinence N (%)	39 (47.6%)	21 (25.6%)	<0.0001	23 (42.6%)	11 (20.4%)	0.001	0.48
Urgency urinary incontinence N (%)	11 (13.4%)	3 (27.2%)	0.001	15 (27.7)	2 (13.2)	<0.0001	0.99
Sexually active N (%)	41 (50%)	53 (64.6%)	<0.0001	36 (66.7%)	42 (77.8%)	<0.0001	0.10
Sexual disturbances N (%)	31 (37.8%)	3 (3.7%)	<0.0001	19 (35.2%)	1 (1.9%)	<0.0001	0.54
Constipation N (%)	32 (39%)	10 (12.2%)	<0.0001	23 (42.6%)	8 (14.8%)	<0.0001	0.7

Discussion: This study showed that there were no differences, in anatomic and functional outcomes, to perform a colposacropexy with hysterectomy or with uterus preservation.

SC30 Prospective randomized controlled trial comparing the effect of total vs subtotal hysterectomy associated with laparoscopic colposacropexy

E. Natale, E. Illiano, A. Marchesi, E. Costantini (*Rome*)

Aim of the study: The primary objective of this study is to compare the anatomical efficacy of laparoscopic colposacropexy (L-CSP) associated with total or subtotal hysterectomy. The secondary objective is to evaluate the effects of these two procedures on urinary symptoms and to define their impact on Quality of Life (QoL).
Materials and methods: This is a prospective randomised study on women who underwent L-CSP for symptomatic stage >2 POP. Pre operative evaluation included: history, pelvic examination, urodynamic study, questionnaires (IIQ-7 and UDI-6, P-QoL). Patients were randomised to undergo L-CSP with total hysterectomy (Group 1) or with subtotal hysterectomy (Group 2). Patients were followed up at 3, 6 and 12 months and thereafter annually, using the preoperative protocol. Patients also completed the PGI-I scale, and the VAS. The complications were evaluated according to the Clavien–Dindo classification. All participants gave informed consent. Patients with a minimum 24 months follow-up were included in this report.Statistical analysis: McNemar Chi-square test, T-test, Mann–Whitney test, $p < 0.05$.
Results: From September 2010 to September 2016, a total of 119 patients with symptomatic POP> stage 2 were enrolled. Of those, 100 patients were found to be eligible for our study: 50 were randomized in Group 1 and 50 were randomized in Group 2. No significant

Table I: Anatomical outcomes in HYSP and HSP group

	Aa pre	Ap pre	Ba pre	Bp pre	c/d pre	Aa post	Ap post	Ba post	Bp post	c/d post
HYSP	-3.5±2.3	-3.4±2.06	0.9±1.61	1.1±1.88	-2.1±2.75	-2.3±0.9	-2.3±0.87	-1.5±1.16	-2.5±0.63	-7.8±1.3
HSP	-3.7±1.6	-3.6±1.77	1.4±1.46	0.9±2.0	-3.1±1.4	-2.4±0.76	-2.1±0.84	-1.4±1.14	-2.5±0.9	-7.2±1.06
P value	P=0.54	P=0.53	P=0.12	P=0.57	P=0.09	P=0.97	P=0.05	P=0.45	P=0.95	P=0.06

Table: (abstract: SC29).