

difference was found between groups in demographic and clinical data. We had a statistically significant anatomical correction in all vaginal segments in both groups. In particular in Group 1 we had a correction of anterior vaginal prolapse in 91.3% of patients, of central descensus in 93.5% and of posterior vaginal prolapse in 95.7%; in Group 2 we had a correction of anterior vaginal prolapse in 90.9% of patients, of central descensus in 93.2% and of posterior vaginal prolapse in 93.2%. No intra-operative complications occurred in both groups. Vaginal mesh extrusion was observed in 5 patients in group 1 (2 underwent surgical partial removal of the mesh). No complications were observed in group 2. Pre and post-operative symptoms of both groups are reported in Table 1. In group 1 we had de novo UUI in 3 patients and de novo constipation in 2 patients. In group 2 we had de novo UUI in 4 patients, de novo dry OAB in 3 patients and de novo constipation in 2 patients. Quality of life was significantly improved in all domains in both groups, according to the King's Health Questionnaire. We observed a statistically significant differences between the two groups in the VAS score (mean value 8.84 in group 1 vs 9.45 in group 2 – p = .0263) and in PGI-I score (mean value 1.56 in group 1 vs 1.20 in group 2 – p = 0046).

**Table 1- Pre and post-operative symptoms in both groups**

	Group 1 N° 46			Group 2 N° 44		
	Pre-op	Post-op	p*	Pre-op	Post-op	p*
IUS, n° (%)	18 (39.1)	14 (30.4)	.3865	16 (36.4)	21 (47.7)	.2636
UUI, n° (%)	13 (28.3)	7 (15.2)	.1489	13 (29.5)	6 (13.6)	.1815
Dry OAB	32 (69.6)	4 (8.7)	.0000	22 (50)	6 (13.6)	.0014
Voiding symptoms	39 (84.8)	2 (4.3)	.0000	34 (77.3)	3 (6.8)	.0000
Constipation	18 (39.1)	8 (17.4)	.0162	18 (40.9)	12 (27.3)	.0439

\* McNemar Chi-square test

**Table 2- Comparison of post-op results between the two groups**

	Group 1 n. 46	Group 2 n. 44	p*
	Post-op	Post-op	
IUS, n° (%)	14 (30.4)	21 (47.7)	.1904
UUI, n° (%)	7 (15.2)	6 (13.6)	1.0000
Dry OAB, n° (%)	4 (8.7)	6 (13.6)	.7518
Voiding symptoms, n° (%)	2 (4.3)	3 (6.8)	1.0000
Constipation, n° (%)	8 (17.4)	12 (27.3)	.4533
Pont Ba >stage 2, n° (%)	4 (8.7)	4 (9.1)	.5465
Pont C>stage 2, n° (%)	3 (6.5)	3 (6.8)	.9123
Point Bp>stage 2, n° (%)	2 (4.3)	3 (6.8)	.2207

**Discussion:** This study demonstrates that both techniques are equivalent regarding anatomy, function and QoL. L-CSP associated with total hysterectomy has a higher incidence of post-operative complications than the association with a subtotal hysterectomy which, in our opinion, is a factor to consider when selecting the appropriate surgical procedure.

**SC31** Influence of laparoscopic lateral suspension for pelvic organ prolapse on overactive bladder symptoms

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**Aim of the study:** To assess the anatomical results and the effect on OAB symptoms in women underwent laparoscopic lateral suspension (LLS) for pelvic organ prolapse (POP).

**Materials and methods:** This prospective study included women with apical POP underwent surgical repair with LLS from 01.2016 to 12.2017. The baseline and the 1-year f-up included: post-void residual (PVR) urine, urinalysis, vaginal examination, OAB symptoms, questionnaires (Pelvic Floor Distress Inventory 20 - PFDI20; Urinary Distress Inventory 6 - UDI 6; Colorectal-anal Distress Inventory 6 - CRADI6; Pelvic Organ Prolapse Distress Inventory 6 - POPDI6. Exclusion criteria were: PVR >150 ml, posterior vaginal wall defects, previous prolapse or incontinence surgery or hysterectomy, neurological conditions, diabetes,

bladder pain syndrome. To correlate the different stages of POP and OAB, we divided the population in 3 groups: Group 1 anterior vaginal wall and Cervix defect both Stage II; Group 2 anterior vaginal wall defect Stage III and Cervix defect Stage II; Group 3 anterior vaginal wall and Cervix defect both Stage III. Statistical evaluation was done by Pearson's correlation and Student t-test (p value < 0.001).

**Results:** 64 women underwent LLS for uterine prolapse, 78.1% had concomitant anterior vaginal wall defect. Mean age was 59.4 y.o. At 1-year f-up anatomic success rates was 84.4% for apical and 76.2% for anterior compartment (table 1). Total recurrences rate was 12.5%: anterior vaginal wall 3.1%; apical 4.7%; enterocele 1.6%; posterior vaginal wall 3.1%. Need for reoperation was 10.9%. No patient had vaginal mesh exposure. Comparison between OAB symptoms before and after LLS showed a significant resolution of OAB in 76% of the women, while 2.6% had de-novo. Both stress and urgency urinary incontinence positively changed (p < 0.001). Female sexual functions didn't change. Table 2 reports symptoms before surgery and at the 1-year f-up. In all the 3 groups we documented a trend in ameliorating of OAB after surgery, regardless of the POP-Q stage. However, significant correlation was achieved only in Group 2. Group 1 was composed by 11 women: preoperative OAB in 2 and postoperative OAB in 1 (p < 0.34). Group 2 was composed by 31 women: preoperative OAB in 13 and postoperative OAB in 2 (p < 0.0003). Group 3 was composed by 22 women: preoperative OAB in 10 and postoperative OAB in 4 (p < 0.03). Patient satisfied after POP repair were 95.3%.

**Figure 1: Symptoms and objective assessment before surgery and at 12 months follow-up**

Objective assessment: preoperative and the follow-up (*T test)				
POP-Q parameters	Preoperative Mean (SD)	Follow-up at 12 months Mean (SD)		P*
Aa	0.80 (±0.95)	-1.69 (±0.89)		<0.001
Ba	1.67 (±1.13)	-1.63 (±1.11)		<0.001
C	-0.06(1.63)	-5.55(±2.53)		<0.001
GH	4.00 (±0.59)	2.77 (±0.75)		<0.001
PG	2.33 (±0.94)	2.66 (±0.62)		<0.006
TVL	10 (±0)	-		-
Ap	-0.44 (±1.08)	-1.54(±1.04)		<0.001
Bp	-0.47 (±1.01)	-2.19 (±2.29)		<0.001

  

Symptoms before surgery, and at the 12 months follow-up					
	Preoperative n (%)	Follow-up n (%)	Valuable positive change, n (%)	Valuable negative change, n (%)	P
Bulging	62/64 (96.9)	10/64 (15.6)	52/62 (83.9)	0/2 (0.0)	<0.001
UUI	26/64 (40.6)	10/64 (15.6)	18/26 (69.2)	2/38 (5.3)	<0.001
SUI	14/64 (21.9)	7/64 (10.9)	9/14 (64.3)	2/50 (4.0)	<0.042
Urinary frequency >8/day	39/64 (60.9)	13/64 (20.3)	27/39 (69.2)	1/25 (4.0)	<0.001
Nycturia (≥ 1)	28/64 (43.7)	1/64 (1.6)	27/28 (96.4)	-	<0.001
Overactive Bladder	25/64 (39.1)	7/64 (10.9)	19/25 (76.0)	1/39 (2.6)	<0.001
Constipation	39/64 (60.9)	22/64 (34.4)	18/39 (46.1)	1/25 (4.0)	<0.001
Sexual activity	37/64 (57.8)	38/64 (59.4)	3/27 (11.1)	2/37 (5.4)	<0.658

**Discussion:** LLS was an effective procedure for apical and anterior vaginal wall defects with a high objective and subjective success rate. A great cure rate of OAB symptoms was evidenced specially in women with anterior vaginal wall defect stage III and Cervix stage II POP. The low sample size and the lower POP stage of patients in Group 1 may have affected the results in other groups. Higher POP stage could not gain advantages from the surgery due to its severity and prolonged condition. Anyway, women may benefit from a resolution of OAB and POP symptoms with the improvement of patient's quality of life.

**SC32** Urodynamic findings and functional outcomes after laparoscopic sacrocolpopexy and Trocarless Transvaginal Mesh System for symptomatic pelvic organ prolapse: Two surgical techniques compared

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**Aim of the study:** In literature few studies have objectified the functional outcomes of pelvic organ prolapse (POP) surgery by urodynamic parameters, comparing the vaginal and laparoscopic