Discussion: Our data showed that mini-invasive trans vaginal technique for the correction of anterior and apical compartment prolapse, using utero-vaginal suspension to the sacrospinosus ligaments, is a technique characterized by safety and efficacy. However, further long term results data are needed.

SC34 Transvaginal mesh surgery for pelvic organ prolapse does not affect sexual function at long term follow up

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Aim of the study: Pelvic Organ Prolapse (POP) may impair sexual health. Though sexual dysfunction in women with POP is associated with reduced sexual arousal and dyspareunia, sexual outcomes have not been fully investigated. Transvaginal mesh repair (TVMR) is a POP therapeutic option, but is debated as a possible cause of worsening in sexual function. Aim of this study is to evaluate pre- and post-operative sexual outcomes in women undergone to TVMR.
Materials and methods: Data coming from sexually active women submitted to TVMR for POP with commercial mesh kits (device whose production has been suspended) were prospectively collected from 2012 to 2016 in a tertiary referral center. POP was measured according to the POP-Q classification. Patients' characteristics, operative and post-operative data were collected. Follow-up was carried out at month 1, 6, 12 and then yearly. Sexual function was measured through FSFI (Female Sexual Function Index) questionnaire. Minimum follow up was 12 months. FSFI score was assessed in these women before and after TVMR. A sub-analysis according to mesh kit used was made.
Results: A total of 52 sexually active women underwent TVMR for stage III or higher POP and had adequate follow-up. Median age was 62 (IQR 56–66), median BMI was 24,7 (IQR 22,3–28,9) and median parity was 2 (IQR 1–2). All patients presented anterior compartment POP and 14 (26,9%) had previous POP surgery. Urodynamic SUI was present in 13 (25,0%) patients. Commercial mesh kits used were Prolift© in 19 patients (36.5%) and Elevate© in 33 (63.5%). Median follow up was 42 months (IQR 22–59). Globally, FSFI was unaltered from TVMR at 12 months and at last follow up ($p = 0.856$). In detail, even if dyspareunia was reported in 1 patient, pain sub score was stable at long term follow up after TVMR ($p = 0.124$). Preoperative characteristics, surgical complications and outcomes were similar between mesh kits ($p > 0.05$).
Discussion: In our experience, global sexual function doesn't seem to be affected by TVMR when performed by expert surgeons. Ageing might be a confounding factor during follow up to establish real mesh impact on sexual function. Dyspareunia was a rare complication in patients during follow-up and pain was not a major complaint.

SC35 Effects of intravesical hyaluronic acid instillations on iatrogenic cystitis

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Aim of the study: Impairment of bladder urothelial glycosaminoglycan layer and consequent damage to permeability barrier determine penetration of urinary toxins and pathogens through the bladder wall and contribute to the development of bladder pain syndrome/interstitial cystitis (BPC/IC). It is demonstrated that intravesical hyaluronic acid instillations reduce pain and improve quality of life in patients with chronic pelvic pain. In other inflammatory bladder conditions, such as iatrogenic cystitis secondary to radiotherapy for pelvic cancer (actinic cystitis) and intravesical chemo-immunotherapy for non-muscle invasive bladder cancer (chemical cystitis), a urothelial damage is demonstrated. Aim of our study is to compare the impact of instillation therapy with hyaluronic acid on lower urinary tract symptoms (LUTS) and quality of life, in patients with BPS/IC and in patients undergone to pelvic radiotherapy or to intravesical chemo-immunotherapy with Bacillus Calmette-Guérine or Mytomicin C.
Materials and methods: We have evaluated fifty-two patients undergone to bladder instillation therapy with hyaluronic acid in our centre in the period 2017–2018. Twenty-three patients (44%) had a diagnosis of BPS/IC, while twenty-nine patients (56%) had developed cystitis after intravesical chemoimmunotherapy (eighteen patients) or after radiotherapy for pelvic cancer (eleven patients). Mean number of instillations was 26.6 in BPS/ICS group and 22.4 in iatrogenic cystitis group. Mean age of patients was 63 years in the first group and 71.7 years in the second group. We have investigated the reduction of urinary discomfort with a Visual Analogue Scale (VAS) and the improvement of quality of life with I-PSS quality of life scale, at baseline and after intravesical instillation. The statistical significance of the two parameters has been calculated with T-test for 2 independent means.
Results: The observed mean VAS improvement was 4.1 points (from 8.2 to 4.1) in the group of BPS/IC patients, and 3.7 (from 6.6 to 2.9) in the group of patients with a diagnosis of iatrogenic cystitis ($p = 0.36$). Also quality of life improved in both groups: 2.8 points in BPS/IC group and 2.3 in iatrogenic cystitis group ($p = 0.31$). No side effects due to hyaluronic acid have been witnessed.
Discussion: Pelvic radiotherapy and intravesical chemo-immunotherapy are often responsible for bothering lower urinary tract symptoms and quality of life worsening, similarly to patients with a diagnosis of BPS/IC. Acid hyaluronic instillations can be considered a reliable and safe therapy to reduce irritative symptoms and improve quality of life also in patients with iatrogenic cystitis. In our experience there are no statistically significant differences between the effect of hyaluronic acid instillations on reduction of LUTS and improvement of quality of life in patients with BPS/IC and iatrogenic cystitis.