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## Best Practice & Research Clinical Obstetrics and Gynaecology

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### Controversies in urogynaecology – Multiple choice questions

1. The following statement(s) is/are true about vesico-vaginal fistula (VVF):

- a) It is a condition that is more commonly seen in low resourced countries as compared to high resourced countries
- b) The most common aetiology in low resourced countries is surgically related
- c) The commonest surgical procedure that contributes to VVF in low resourced countries is hysterectomy
- d) VVF is more common than ureteric injuries with gynaecological surgery
- e) With each successive surgical attempt for repair of the fistula, failure rates decrease

2. With regard to surgical intervention for the correction of VVF, which of the following statement(s) is/are true?

- a) The best opportunity for successful closure of the fistula is the first surgical attempt
- b) The transvaginal approach is associated with the least morbidity
- c) The laparoscopic approach is superior to other approaches
- d) The transabdominal approach has better outcome than the vaginal approach
- e) The robotic approach is indicated for both primary and recurrent fistula repair

3. The following statement(s) is/are true with regard to laparoscopic fistula repair:

- a) Laparoscopic intraperitoneal access is best with the open technique
- b) The trans-vesical approach is associated with better outcomes compared to the extra-vesical approach
- c) Bladder repair in 2 layers is associated with significantly better cure rates than single layer closure
- d) Interpositional grafts have better outcomes
- e) Assessing for a watertight seal is associated with a higher success rate

4. The following statement(s) is/are true with regard to laparoscopic repair of recurrent VVF

- a) There are case series with adequate numbers which have reported good surgical outcome
- b) Success rates are better with laparoscopy as compared to open transabdominal surgery
- c) Interpositional grafts are associated with better surgical outcome

- d) Robot-assisted laparoscopic repair has a longer learning curve than conventional laparoscopic repair
- e) The trans-vesical approach has a better surgical outcome than the extra-vesical approach

5. What is the prevalence of urinary incontinence in adult women?

- a) 5–10%
- b) 10–15%
- c) 30–60%
- d) 70–80%
- e) 85–95%

6. What proportion of adult women will undergo surgery for urinary incontinence and/or pelvic organ prolapse?

- a) 5%
- b) 10%
- c) 20%
- d) 70%
- e) 80%

7. Which is the most important risk factor for future pelvic floor dysfunction?

- a) Hysterectomy
- b) Irritable bowel syndrome
- c) Ethnicity
- d) Vaginal birth
- e) Pregnancy

8. Which of the following factors is not included in the UR-CHOICE score:

- a) Race/ethnicity
- b) Age at childbearing
- c) Family history
- d) Estimated fetal weight
- e) Hysterectomy

9. What is the commonest surgical procedure for stress incontinence performed worldwide?

- a) Burch colposuspension
- b) Mid-urethral sling
- c) Pubo-vaginal sling
- d) Stamey needle suspension
- e) Urethral bulking

10. What is the risk of vaginal mesh exposure with mid-urethral sling

- a) 2–3%
- b) 5–10%
- c) 15–20%

- d) 25–30
- e) 40–50%

11. Intrinsic Sphincter deficiency (ISD) is defined as which of the following?

- a) Valsalva leak point pressure (VLPP) of less than 100 cmH<sub>2</sub>O and/or maximum urethral closure pressure (MUCP) of less than 20 cmH<sub>2</sub>O
- b) Valsalva leak point pressure (VLPP) of less than 80 cmH<sub>2</sub>O and/or maximum urethral closure pressure (MUCP) of less than 20 cmH<sub>2</sub>O
- c) Valsalva leak point pressure (VLPP) of less than 60 cmH<sub>2</sub>O and/or maximum urethral closure pressure (MUCP) of less than 20 cmH<sub>2</sub>O
- d) Valsalva leak point pressure (VLPP) of less than 40 cmH<sub>2</sub>O and/or maximum urethral closure pressure (MUCP) of less than 20 cmH<sub>2</sub>O
- e) Valsalva leak point pressure (VLPP) of less than 20 cmH<sub>2</sub>O and/or maximum urethral closure pressure (MUCP) of less than 20 cmH<sub>2</sub>O

12. Comparing the (retropubic) RP and tarsus-obturator (TO) approaches, the TO approach comes with which of the following?

- a) Higher odds of bladder perforations, pelvic haematoma, and symptoms of voiding, vaginal perforations and groin ache
- b) Lower odds of bladder perforations, pelvic haematoma, and symptoms of voiding, vaginal perforations and groin ache
- c) Lower odds of bladder perforations, pelvic haematoma, and symptoms of voiding and similar odds of vaginal perforations and groin ache
- d) Lower odds of bladder perforations, pelvic haematoma, and symptoms of voiding and higher odds of vaginal perforations and groin ache
- e) No difference in any measured parameter

13. The following make catheter treatment/conservative management of a fistula more likely to succeed:

- a) If the fistula is under 1 cm in size
- b) If the fistula is present for less than 3 weeks
- c) If the urine stops leaking within 3 days of insertion of the catheter
- d) If the fistula is due to surgery
- e) Insertion of fibrin glue into the fistula tract

14. In relation to surgical repair of a vesico-vaginal fistula which of the following is/are true?

- a) It is best undertaken once the diagnosis is made
- b) A fascial sling to prevent stress incontinence should not be placed at the time of repair
- c) Vault fistulas post-hysterectomy are best repaired abdominally
- d) Single layer closure is as good as two layer closure
- e) The success rate for vaginal repair is higher than abdominal

15. In the post-operative care after a fistula repair which of the following is/are true?

- a) Seven days of catheter drainage is as safe as 14 days
- b) If the dye test is positive before the catheter is due for removal, the catheter should be left in for an extra 14 days
- c) The residual volume should be routinely measured within 24 hours after the catheter is removed

- d) Sepsis is the commonest cause of mortality after repair
- e) Ureteric obstruction following a fistula repair is best managed by re-implantation of the ureter

16. The following principles should be followed during ureteric repair/uretero-ureterostomy

- a) Spatulate the ureteric edges
- b) Perform tension free anastomosis
- c) Use non-absorbable sutures
- d) Use internal stents
- e) Use an external drain

17. The usual path of the ureter includes which of the following?

- a) Crosses the iliac artery bifurcation to reach the pelvis
- b) Pelvic sidewall in the bed of the ovary
- c) Traverses over the uterine artery
- d) At the level of the ischial spine traverses medially
- e) In the base of the broad ligament towards the bladder

18. The following is/are true of ureteric stents in urogynaecology

- a) Stents prevent ureteric injuries
- b) Stents increase identification of injuries
- c) Stents should be used routinely
- d) Stents may be left in-situ indefinitely
- e) Stents prevent ureteric strictures

19. Clinically identified posterior compartment prolapse (Ba = 0) can be due to which of the following?

- a) Isolated enterocele
- b) Anal incontinence
- c) Rectal intussusception
- d) A true rectocele
- e) Isolated utero-vaginal prolapse

20. Rectocele on imaging is:

- a) Associated with obstructed defecation
- b) Due to a defect/deficiency in the rectovaginal septum
- c) Usually filled with stool and bowel gas
- d) A sacculum of the sigmoid colon
- e) More obvious with dynamic input from the patient

21. Levator avulsion:

- a) Can be observed after emergency caesarean due to obstructed labour
- b) Is most likely after Forceps delivery
- c) Is associated with maternal age at first birth
- d) Is a risk factor for prolapse of the bladder
- e) Is a risk factor for prolapse of the uterus

22. Ballooning:

- a) Is defined as over-distensibility of the levator hiatus
- b) Is associated with urinary incontinence.
- c) Can be determined on clinical examination
- d) Is a risk factor for primary prolapse
- e) Is a risk factor for prolapse recurrence

23. The biggest risk factor for pelvic organ prolapse is which of the following?

- a) Vaginal parity
- b) Age
- c) Obesity
- d) Prior pelvic surgery
- e) Chronic cough

24. Predictors of unsuccessful pessary fitting include which of the following?

- a) Shortened vagina
- b) Age over 65
- c) Widened genital hiatus
- d) Coexisting stress incontinence
- e) Morbid obesity

25. Which of the following is/are true regarding pelvic floor disorders?

- a) In Sweden the annual cost of urinary incontinence accounts for approximately 2% of the total healthcare budget
- b) The highest life time risk for POP surgery has been reported from Western Australia
- c) Route of delivery and family history of each pelvic floor disorder was a strong predictor in most models
- d) Family history of each pelvic floor disorder was a strong predictor in most models
- e) Urinary incontinence before the index pregnancy was a strong predictor for developing all pelvic floor disorders in most models

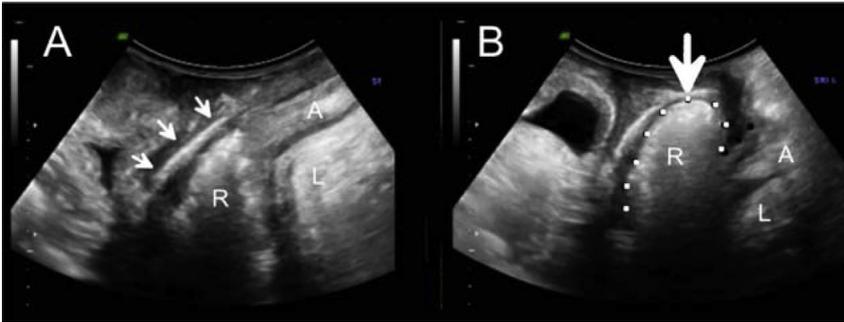
26. Risk factors for mesh exposure include which of the following?

- a) Smoking
- b) Poorly controlled diabetes
- c) Caucasian race
- d) Urogenital atrophy
- e) Surgical infection

27. Mesh based prolapse repairs demonstrate which of the following?

- a) Equivalent rates of dyspareunia to native tissue repairs
- b) Higher rates of dyspareunia to native tissue repairs
- c) Lower quality of life indices than those of native tissue repairs
- d) Cost-effectiveness over native tissue repairs
- e) Easy repair in the case of mesh erosion

28. What is the structure indicated by the arrows in images A and B below?



- a) Rectovaginal septum
- b) Utero-vesical fold
- c) Mesh repair
- d) Previous surgical scarring from prolapse repair
- e) Levator ani

29. The following is/are true of vaginal laser treatments for USI:

- a) The studies performed to date are using CO<sub>2</sub> or erbium YAG lasers
- b) The studies performed to date are from multiple centres
- c) Improvement rates of around 60–80% have been reported
- d) Long term urge incontinence is a recognised side effect
- e) No major side effect have yet been reported

30. The following is/are true of urethral bulking agents for USI:

- a) Repeated reinjections have been necessary to maintain continence
- b) Macroplastique has less morbidity than pubovaginal sling
- c) Patient satisfaction is higher in the Macroplastique group than pubovaginal sling
- d) Pubovaginal sling is more expensive than Macroplastique
- e) Longer term data shows better continence rates with the pubovaginal sling