36th ANNUAL MEETING

IUGA

28 June - 2 July, 2011
Centro de Congressos de Lisboa
Lisbon, Portugal

Final Program

INTERNATIONAL UROGYNECOLOGICAL ASSOCIATION
Dear Colleagues and Friends,

I am very pleased to welcome you to the 36th Annual Meeting of the International Urogynecological Association, which will be held for the first time in Lisbon-Portugal, from the 28th June till the 2nd July 2011.

The IUGA Annual Meeting begins with two days of workshops/courses and society meetings. The multidisciplinary and high-level scientific programme achieved, starts on day three and includes abstract podium and poster presentations, state of the art lectures presented by outstanding international experts, interactive roundtable discussions, and many other scientific and technical courses and symposia.

The Local Organizing Committee worked hard to maintain the traditional standards of excellence of both the scientific program, providing a full review of the latest advances in Urogynecology, as well as quality and diversity of the social events. The Welcome Reception, Gala Dinner and Closing Ceremony, promise to offer you magical and unforgettable moments, recreating the popular saints’ festivities celebrated by the Portuguese people during the month of June, traditional folk, music, food and wine brotherwoods, and also the fifteenth century discoveries.

The Local Organizing Committee has the pleasure to announce, the First IUGA Continence Run, created to draw attention to the problem of incontinence and to promote a healthy relationship among the entire IUGA population. We expect to see you run or walk, in healthy enthusiasm for this cause.

The meeting will be held at the Lisbon Congress Centre, overlooking the Tagus River and near the fifteenth century historic buildings of the discoveries area. There, we’ll host for the first time an Exhibition of the “Medical Historical Museum” related to Urogynecology and an Exhibition of Tourism of Portugal, representing our traditional regional costumes and culture, as well as typical craftworks and products.

On behalf of IUGA, I warmly welcome you to Lisbon and look forward to seeing you with your families and friends in Lisbon, this June 2011.

Teresa Mascarenhas

Teresa Mascarenhas
President, IUGA 2011
Dear Colleagues and Friends

It is a great pleasure to welcome you to the 36th Annual Meeting of our International Urogynecological Society.

An impressive scientific program is in this brochure. It consists not only of State-of-the-Art Lectures, roundtable conferences, and workshops, but most importantly, the inspiring contribution of many members. It is so encouraging to see that numerous members participate in urogynecological science, but equally impressive is the high scientific content.

However, there is no science without the social interaction among IUGA members. Hence, much attention has been paid to an impressive social program. Such a program is not only intended to stimulate friendship among members, but also to learn and enjoy the special aspects of the country where the meeting takes place.

It must be said that Professor Teresa Mascarenhas and her organizing committee did a superb job in organizing this meeting. I would like to congratulate them with the high scientific content, but also with the attractive and exciting social program. We know that centuries ago Lisbon was the origin of Vasco da Gama from where he discovered the world. Now, Portugal will be the foundation for new and inspiring discoveries in Urogynecology.

Once more, I would like to welcome IUGA members to Lisbon: urogynecologists, gynecologists, urologists, residents, and a special welcome to physiotherapists, who now form a special interest group within IUGA, as well as biomedical engineers who now have the opportunity to show other professionals in urogynecology their important contribution to pelvic floor medicine.

Harry Vervest
President, IUGA
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### Hours of Registration Desk

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<tr>
<td>Monday, June 27</td>
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<td>Tuesday, June 28-Thursday, June 30</td>
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<td>Friday, July 1</td>
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<td>Saturday, July 2</td>
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The International Urogynecological Association (IUGA) is a non-profit international organization dedicated to the advancement of urogynecological knowledge around the world through education and the promotion of basic and clinical research on disorders of the female pelvic floor.

IUGA was founded in 1975 and has organized scientific meetings every year in nearly every corner of the world to promote the exchange of urogynecological information to thousands of physicians and healthcare providers.

### MISSION

To promote an environment conducive for learning, please silence your cellphone during all sessions, courses and meetings.

### TARGET AUDIENCE

This educational program is designed for specialists in urogynecology, gynecology, urology and practitioners of female pelvic floor health, including physiotherapists, fellows, residents, nurses, and basic science and clinical researchers.

### DISCLOSURES

It is the policy of the IUGA to ensure balance, independence, objective and scientific integrity in all sponsored educational programs. All Congress Faculty and Organizers, IUGA Chairpersons, Committee members, and IUGA officers are required to complete conflict of interest disclosure forms. This information will be published and available online through the IUGA website. All presenters at an IUGA educational program are required to disclose to the audience any real or apparent conflict of interest related to the content of their presentations and must also disclose any discussion of unlabeled/unapproved uses of drugs or devices.

### BLOCK PROGRAM

<table>
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<tr>
<th>Pre-Congress</th>
<th>Exhibit Set up</th>
<th>Exhibit Open</th>
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<tr>
<td>Monday 06-27</td>
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| 7:00 | Symposium | Symposium | Symposium |
| 8:00 | EUGA Surgical Course (9:00-1:00) | WORKSHOPS | WORKSHOPS |
| 9:00 | Scientific Session | Scientific Session | Scientific Session |
| 10:00 | Ulf Ulmsten | State of the Art (9:45-10:30) | Stump the Professor (9:45-10:30) |
| 11:00 | Break | Break | Break |
| 12:00 | IUGA Annual Business Meeting (ABM)* | Lunch | Lunch |
| 1:00 | IUGA Committee Meetings | Roundtable | Roundtable |
| 2:00 | Ibero-American Urogynecology Session (1:00-6:00) | Scientific Session | Scientific Session |
| 3:00 | Scientific Session | Scientific Session | Scientific Session |
| 4:00 | Symposia | Lunch | Lunch |
| 5:00 | Welcome Reception | President’s Gala Dinner (by invitation) | Gala Dinner |

*All IUGA Members in good standing are welcome and encouraged to attend the Annual Business Meeting. Nominations for elected positions will be announced, as well as the Annual Business and Financial Report from IUGA Secretary-Treasurer, Soren Brostrom.

IUGA Disclosures now available online at [www.IUGA2011.com](http://www.IUGA2011.com) or for reference/review at Congress Information Desk.
**Wednesday, June 29**

**Lecture Program**
8:00am-11:45pm
Pavilion 5
A morning of lectures from world-renowned surgeons and scientists on Prolapse repair, Meshes, Laparoscopy, Surgery for SUI and OAB, and Complications.

**Working Lunch & Panel Discussion**
11:45pm-1:00pm

**Pelvic Model Demonstrations**
1:00pm-3:00pm
Pavilion 5

**Fellows Paper Session**
4:30pm-6:30pm
Room 1.09
(open to all meeting delegates)
Fellows present their Non-Discussed Posters in a Podium format with feedback from an expert panel (Sylvia Botros, Doug Tincello, Steven Swift, Dudley Robinson) on study design and presentation.

**Fellows Dinner**
Alcantara Cafe
8:30pm-11:00pm
8:30pm Shuttles from the Welcome Reception

**RSVP required on registration or to kristin@iuga.org**

**FELLOWS ACTIVITIES FOR REGISTERED FELLOWS ONLY**

**Wednesday, June 29**

**Fellows Committee Meeting**
5:00-6:30pm
Room 0.07

**AGENDA**
- Expert lectures
- Pelvic model demonstrations
- Fellows Paper Session
- Fellows Dinner (drop required)

**Details below**
*You must be a registered fellow to attend*

**Friday, July 1**

**STATE-OF-THE-ART LECTURE**

### Thursday

**9:45-10:30am**
**AUD 1**

#### Urogynecology Through Time: A Modern Perspective on Surgical History

Amélia Ricon-Ferraz
Professor of History of Medicine and Gynecologist. Faculty of Medicine University of Porto

**THURSDAY**

**2:30-3:30pm**
**AUD 1**

#### ROUNDTABLE

**Biomechanical Behavior of the Pelvic Floor**

Jan Deprest (Moderator)

**FRIDAY**

**9:45-10:30AM**
**AUD 1**

#### ULF ULMSTEN MEMORIAL LECTURE

The Pelvic Floor: Fallacies, Fascias and Facts

John DeLancey
Norman F. Miller Professor of Gynecology Department of Obstetrics and Gynecology & Professor of Urology Director of Pelvic Floor Research University of Michigan Medical School

**FRIDAY**

**2:30-3:30pm**
**AUD 1**

#### INTERACTIVE DEBATE

**Prolapse Surgery: Debating Your Approach**

G. Willy Davila (Moderator)

**Vaginal Meshes**
Brigitte Fatton

**Laparoscopic/Robotic Approaches**
Marie Fidelia R. Paraslo

**Vaginal Approach**
Karl Tamussino

**Saturday, July 2**

**INTERACTIVE SESSION**

**Stamp the Professor**
A fun, interactive session, as IUGA Fellows challenge your favorite Past Presidents with interesting and difficult clinical cases.

**Peter K. Sand** (Moderator)
**Sylvia Botros** (Moderator)

**Panel of Past Presidents**
Oscar Contreras-Ortiz
Paul Riss
Eckhard Petri
Hans VanGeelen
Linda Cardozo
Peter Dwyer
Monday, June 27
9:00-6:00

Ibero-American Urogynecology Session

Evidence-based medicine: Stress Urinary Incontinence and Pelvic Organ Prolapse

Session Chairs:
- Aparecida Pacetta (Nucleo Brasileiro de Uroginecologia)
- Rodrigo Castro (Nucleo Brasileiro de Uroginecologia)
- Moniserrat Espuna (Seccion Espanola de Uroginecologia)
- Teresa Mascarenhas / Liana Negrao (Seccao Portuguesa de Uroginecologia)
- Hélio Retto (Sociedade Portuguesa de Cistostomia e Uvecologia)

Abertura 1:00–1:10pm

Session I: Stress Urinary Incontinence
Moderator: Rodrigo Castro, Aparecida Pacetta

1:10–1:20pm TVT v/s TOT Recurrence Management
Enrique Ubertazzi (Argentina)

1:20–1:30pm Mini Sling: What is the evidence?
Pablo Gutierres (Mexico)

1:30–1:40pm How to treat Occult Stress Incontinence
Jorge Haddad (Brazil)

1:40–1:50pm Urodynamics or Virtual Surgery?
Paulo Palma (Brazil)

1:50–2:05pm Discussion

Session II: POP
Moderator: Helio Retto

2:05-2:15pm Apical Prolapse: Vaginal vs. Abdominal approach
Cesar Descouvieres (Chile)

2:15-2:25pm What is the best treatment in a cystocele stage III?
Carlos Sarsotti (Argentina)

2:25-2:35pm Mesh: What is the evidence?
Irene Diez-Itza (Spain)

2:35-2:45pm Mesh: Complication x Recurrence Prevention
Marina Sartori (Brazil)

2:45-3:00pm Discussion

3:00-3:15pm Coffee Break

Session III: Overactive Bladder
Moderator: Paulo Diniz, David Manuel Castro Diaz

3:15-3:25pm Pharmacological treatment of OAB
Rosa Reategui (Peru)

3:25-3:35pm Intravesical management: Options
Duliana Isabel Pelin Rodriguez (Venezuela)

3:35-3:45pm Neuromodulation: What is the evidence?
Vivian Aguilar (US)

3:45-3:55pm "Non-drug therapies for Overactive Bladder (Physiotherapy: behavioral techniques, pelvic floor exercises, electrical stimulation and Acupuncture)"
Patricia Velazquez (Mexico)

3:55–4:10pm Discussion

Session IV: Miscellaneous
Moderator: Moniserrat Espuna, Teresa Mascarenhas

4:10 - 4:25pm Genetic and POP
Liana Negrao (Portugal)

4:25-4:40pm Women Sexual Dysfunction: The Urodynamics Contribution - Mario Joao Gomes (Portugal)

4:40-4:55pm Discussion

5:15 - 5:30pm Final deliberations and points to be discussed at the Ibero-American / IUGA 2012

5:30 - 5:45pm IUGA Regional Symposia 2011 (São Paulo)

5:45 - 6:00pm Final remarks and closing - G. Willy Davila (US)
Exhibition of the Tourism of Portugal

We’ll have the pleasure to Welcome at the Congress Venue, an Exhibition of the Tourism of Portugal representative of the Portuguese regions.

During the entire Conference, there will be a display of the Traditional Portuguese costumes, such as the North rich “Minhotas” with their traditional shawls and Gold, and others. Typical products we’ll be available for the attendees, as well as craftwork from several different regions. It will be a wonderful display of the Best Portugal has to offer.

VISIT THE BOOTH EXHIBIT IN PAVILION 1

Exhibition of the Museum of Medicine

“Medical and Surgical Instruments in the past of Urogynaecology”: an Exhibition by the “Medical Historical Museum of Porto Medical Faculty” and “Centro Hospitalar de S. João” Museum’s Director and Exhibition’s Curator - Amélia Ricon Ferraz, MD, PhD

The visitors are invited to see an exhibition of medical and surgical instruments, educational artifacts, equipments and furniture related to the history of Urogynaecology. They belong to the 18th, 19th and 20th centuries. Some are not specific of this subspeciality, but the value of the materials involved and the way they were manufactured made them a piece of art that interests the general public and specialists in particular.

VISIT THE MUSEUM EXHIBITION OUTSIDE AUD 6/7 FOYER
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WORKSHOPS

TUESDAY JUNE 28

BAM TO 12PM

SESSION 1

1 - Basic Science Workshop Into the Etiology of the Pelvic Floor
Rm. 1.02

CHAIR(s): Harold Droz

SPKERS: Margaret Damaier (US), Bertha Chen (US), Mary Alaher (US), Ann Ward (US)

OVERVIEW:
This workshop aims to provide an update and overview of the current and future research into the etiology of pelvic organ prolapse and urinary incontinence in women. Specifically, the three objectives are to understand the role of animal models in increasing the understanding of the pathophysiology of pelvic floor dysfunction.

2 - Neurourology for the Urogynecologist
Rm. 1.06

CHAIR(s): Sohier Elniel

SPKERS: Alex Dingesu (UK and Italy), Daniel Engeler (Suisse), Xavier Gomez (France), Rizwan Hamid (UK) and Paola Dinis Oliveira (Portugal)

OVERVIEW:
All urogynaecologists are referred patients with neurological disease (e.g. Parkinson’s Disease, Multiple Sclerosis) and need to know what may be the presenting urogenital symptoms of a neurological disease and the minimal neurological examination necessary for recognising an underlying neurological disease. The aims of this workshop are to determine the rationale of this new concept, to learn from anatomical and technical considerations, and to have discussions about clinical experience from well known surgeons in this field, using different marketed kits.

3 - Vaginal Surgery, the Rational Use of Anterior Mesh Kit with Concomitant Anterior Sacrospinous Suspensions
Rm. 1.08

CHAIR(s): Raula de Tuyere

SPKERS: James Ashton-Miller (US), Brigitte Fatron (France), Michele Fyne (UK), Jan Paul Roovers (Netherlands), Dennis Miller (US)

OVERVIEW:
After the worldwide use of transobturator mesh kits for pelvic reconstructive surgery for anterior vaginal wall defect, new mesh kits are currently available for anterior repair with concomitant apical support by anterior sacrospinous fixation. The main objectives of this workshop are to determine the rationale of this new concept, to learn from anatomical and technical considerations, and to have discussions about clinical experience from well known surgeons in this field, using different marketed kits.

4 - Successful, Established and Innovative Concepts of Pelvic Floor Rehabilitation
Rm. 1.04

CHAIR(s): Barry Berghmans

SPKERS: Bernd Juea Tinger (Germany), Kiren Baecker (Germany), Maura Seleme (Brazil), Loic Dabbade (France)

OVERVIEW:
The results of a new pelvic floor rehabilitation programme with focus on motor control and preconception will be presented. Discussions about common physical activities in gymnastics and sports on the bladder neck position will be shown using perineal ultrasound imaging. Pelvic floor rehabilitation can be costly and expensive, up to 3 mg over a certain period of time. By using a combination of new techniques, however, it is possible to increase the efficiency of this treatment modality. Evidence for its use in prolapse surgery has been shown, resulting in significant improvement of continence rates, leaving sacrocolpopexy as the “gold-standard” surgical procedure. The workshop aims to provide an update and overview of the current and future research into the etiology of pelvic organ prolapse and urinary incontinence in women.

5 - Retropubic, Trans Obturator or Mini: Which Sling to Use
Rm. 1.06

CHAIR(s): Søren Bechstrom

SPKERS: Ervin Kocjanic (Italy), Stephen Jeffery (UK)

OVERVIEW:
Mid-urethral slings have become the gold standard in surgery for stress urinary incontinence. However, the merits of either the classic retropubic approach or the newer trans-obturator placement continue to be debated, as does the emergence of single-insertion mini-slings suitable for ambulatory procedures. The workshop will examine the evidence in an interactive discussion on the choice of sling procedures.

6 - Complications of Incontinence and Prolapse Surgery: Evaluation, Intervention, and Resolution: a Review from Both Specialties

CHAIR(s): Sohier Elniel

SPKERS: Mickey Karram (US), Sandip P Vaavuda (US)

OVERVIEW:
This workshop will provide a detailed paradigm for avoiding, evaluating and managing complications of incontinence and prolapse surgery. Evidence continues to accrue in this area but it runs the spectrum from Level 1 to 5 with much being expert opinion. Unfortunately, very little cross comparison exists to support these differing interventions. The intent of this course will be to summarize and use this evidence along with the expert opinion of the panel and their peers to develop a paradigm for approach of these complications. The presentations will provide detailed instruction and, in particular, case discussions recognized by experts in this field.

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WORKSHOPS

OVERVIEW and ROOM ASSIGNMENT

5 - Using POPQ and Understanding Pelvic Anatomy
Rm. 1.07

CHAIR(s): Thomas Aisigmuller

SPKERS: Paul Ries (Austria), Engelbert Hazaut (Austria), Lynne Hayward (New Zealand), Viaa Bulic-Kaloric (Austria), Susanne Hinterhozler (Austria), Andrea Dang (Austria)

OVERVIEW:
POPQ is internationally required as the standard description of pelvic organ prolapse. However, especially young practitioners find it hard to understand and apply. This workshop uses a simple but realistic model to teach the understanding and application of the POPQ system in clinical practice. The second part of the workshop focuses on anatomical landmarks in the small pelvis and how they relate to prolapse- and pelvic reconstructive surgery. By building anatomical structures into a pelvic model and by placing their fingers on different structures deliberaters will develop a realistic understanding of pelvic anatomy and spatial relationships.

9 - Pelvic Floor Ultrasound - Practical and HANDS-ON AUD 3

CHAIR(s): Hans Peter Dietz

SPKERS: Aneke Steensma (The Netherlands), Kamil Svabik (Czech Republic), Vrede Eisenberg (Israel), W. Wong (New Zealand)

OVERVIEW:
This workshop will familiarize attendees with the basic methodology and clinical uses of pelvic floor imaging, both using 2D ultrasound and 3D/4D technology, including the detection and assessment of pelvic floor trauma. There will be 4 lectures covering the entire field of ultrasonic imaging:
ing in the diagnosis of female urinary incontinence and pelvic organ prolapse. Particular emphasis will be placed on the diagnostic imaging of slings and meshes, as well as pelvic floor trauma. This is followed by live ultrasound demonstrations in 3-5 patients. We will provide a DVD with offline analysis software and 15 volume cine datasets, allowing trainees to perform a ‘virtual examination’ of patients with a wide range of pathology after completion of the course.

10 - HANDS-ON Workshop on Repair of 3rd and 4th Degree Obstetric Tears
AUD 4
CHAIR(s): Abdul Sultan; Ranee Thakkar
OVERVIEW:
• Applied Anatomy & Physiology
• Endoanal ultrasound
• Diagnosis of 3rd and 4th degree tears
• Repair Techniques
• Repair on models and live demonstration- Video
• Hands-on-repair – fresh pig sphincters
• Prevention, management of subsequent pregnancies, Perineal Clinic
Key learning points
• Understanding perineal and anal sphincter anatomy is essential
• A considerable number of anal sphincter injuries are unrecognised
• Understanding perineal and anal sphincter anatomy is essential
• Hands-on-repair – fresh pig sphincters
• Prevention, management of subsequent pregnancies,

TUESDAY JUNE 28
1PM TO 5PM
SESSION 2
11 - Urethral Function Throughout a Woman’s Lifetime
Rm. 1.02
CHAIR(s): Peter K. Sand
SPEAKERS: Hans van Grooten (Netherlands), Harry Verveen (Netherlands), Sigurd Kuelgen Hansen (Norway)
OVERVIEW:
Excellent work on urinary anatomy, function and physiology over 20 years ago has been lost to a whole generation of urogynecologists and urologists. Seminal work on the anatomy of the urethra, the components of urethral pressure and the effect of hormonal changes during the menstrual cycle and pregnancy will be presented by experts in the field. The etiology of urethral pressure variations and urethral instability will be reviewed. The clinical implications of these changes in urethral pressure throughout a woman’s life will be discussed.

12 - Approach to the Posterior Compartment for Urogynecologists
Rm. 1.07
CHAIR(s): Giulio A. Santoro
SPEAKERS: Anders Mellgren (US), Klaus Matzel (Germany), Abdul Sultan (UK)
OVERVIEW:
Surgical management of anorectal disorders depends on a comprehensive understanding of the structural integrity and function of the anorectal complex and the pelvic organs. The artificial division of the pelvic organs into an anterior, middle, and posterior compartment has led to fragmentation of evaluation and consequently to a failure to recognize the close anatomical relationship of these compartments. The purpose of this course is to present the posterior compartment disorders, including how these dysfunctions may influence the structure and function of other compartments.

13 - Quality of Life and Symptom Assessment in Routine Urogynecology Practice
Rm. 1.03
CHAIR(s): Fiona Reid
SPEAKERS: Stephen Radley (UK), Philip Tooe-Hobson (UK), Dudley Robinson (UK), Swati Jha (UK)
OVERVIEW:
During this workshop, delegates will learn the principles of questionnaire design & validation. The science of psychometric testing will be detailed, in particular the scientific methods used to establish validity, reliability and responsiveness. The ICI, King’s Lower Urinary Tract Symptoms, and the ICS, IGF1 and IGF2 questionnaires will be reviewed as well as generic quality of life measures commonly used in research (such as the SF-36 and SF-12). The terminology used in this field will be explained, providing appropriate definitions and examples. The other important aspects of questionnaire use in practice will be discussed, including respondent burden, clinical utility, feasibility, data protection and assessing the impact of questionnaires on patient care.

14 - Reconstructive Surgery of Female Pelvic Floor Prolapse: Sacrocolpopexy
Rm. 1.06
CHAIR(s): Salma Kayani/ Bruno Deval
SPEAKERS: Jean Noel Buy (France), Mauro Cervigni (Italy), Elisabetta Costantini (Italy), Philippe Sebe (France)
OVERVIEW:
The seminar will give an overview of the laparoscopic and laparotomic techniques for POP with particular emphasis on Sacrocolpopexy. The discussions will be evidence based and will allow the participants to debate, ask questions and learn tips & techniques from the experts. The interactive sessions will be supported with videos and detailed explanations of various techniques- both laparoscopic and laparotomic. The use of mesh in laparoscopic, laparotomic and robotic surgery will be demonstrated. At the same time various anuring techniques will also be discussed. The three approaches (abdominal, laparoscopic and robotic) for Sacrocolpopexy will be presented by experienced surgeons and surgeons.

15 - Complications of Alloplastic Materials in Pelvic Floor Surgery: Possible Reasons, Management, and Prevention Techniques
Pav. 5A
CHAIR(s): Eckhard Peri
SPEAKERS: Gabriel Schaud (Switzerland), Karl Tammusso (Austria), C. G. Nilsson (Netherlands), Kamil Svabik (Czech Republic), Michele Meruza (Italy), Kiran Ashok (India)
OVERVIEW: The workshop aims to address the various possible complications of synthetic slings and meshes in pelvic floor surgery. We address all possible synthetic mesh sling-related complications of prolapse and stress urinary incontinence surgeries and discuss how these complications are managed. Special emphasis is given to correct indications and proper surgical technique using slings/meshes and to the use of injectable/perineal ultrasound in the assessment of complications. Management of individual complications is discussed on the basis of evidence as well as individual experience and possible preventative strategies are advised. Finally, the participants are taught to use the recent IUGA-ICS Joint Terminology and Classification [Category, Time, and Site (CTS)] of the complications of prolapse and gynaecological prolapse in pelvic floor surgery.

16 - Pelvic Floor Symptoms Related to Treatment for Gynecological Malignancies
Rm. 1.05
CHAIR(s): Menke Haerwinkel
SPEAKERS: Laura Vidal, Jan Paul Roovers (Netherlands), Huub van der Vaart (Netherlands), Montserrat Esquena (Spain)
OVERVIEW:
Currently, cervical cancer treatment is associated with high survival rates. Unfortunately, pelvic floor symptoms, such as urinary incontinence and overactive bladder, as well as sexual dysfunction, are common early and late effects of gynecological cancer treatment. Recently, there has been increasingly more attention given to these side effects and how they might affect quality of life. The aim of this workshop is to provide urogynecologists and other health care providers of gynecological cancer insight into prevalence and prevention of pelvic floor symptoms of gynecological cancer. Urogynecologists are increasingly confronted by cervical cancer survivors, as survival rates are high as more treatment options are available. International experts give a broad overview of recent insights into prevalence and prevention of pelvic floor symptoms in gynecological cancer patients.
17 - Surgical Techniques and Biomaterials Use in the Repair of Recurrent Prolapse

Pav. SC

CHAIR(s): Richard Reid

SPRINGER: Carl W. Zimmerman (US), J. Lewis Lander (Australia), Meganova Goveda (US)

OVERVIEW:
Pelvic floor disorders arise mainly through structural damage or neuromuscular disruption to the pelvic floor, rather than from any malfunctions of the specific organs themselves. Given the mechanical nature of prolapse, it is disappointing that therapies should have remained so unreliable for so long. Of 16,600 Kaiser Permanente North West women who had pelvic floor surgery in 1995, 29% needed at least one repeat operation. Applying the epidemiologic “rule of thumb” that another 40% of failures would not have returned, overall failure rate likely approached 41% in primary and 67% in recurrent repair cases. Given that failed previous repair is such an adverse prognostic factor, repeat surgeries must overcome the myriad of factors that can lead to operative failure.

18 - Chronic Pain and Hypertonic Pelvic Floor: Multifactorial Disorders of a Common Feature

Rm. 1.08

CHAIR(s): Mauro Cervigni

SPRINGERS: Peter Dwyer (Australia), Francesco Pesce (Italy), Pav. C.

OVERVIEW:
Chronic pelvic pain is one of the most confounding areas of Female Pelvic Medicine and Reconstructive Pelvic Surgery, involving several aspects of the pelvic viscera including the pelvic floor muscles. Voids dysfunction, urinary retention, vulvodynia and/or dyspareunia, interstitial cystitis, levator ani syndrome and pelvic floor dysfunction are common features of this troublesome syndrome. Pudendal neuropathy, largely not addressed in the past, is another important aspect of this intriguing problem that will be focused on. This workshop will provide an exhaustive overview of this syndrome including anatomy, pathophysiology, clinical evaluation and management in an interactive discussion on case presentations.

20 - Hands-On Evidence Based Female Pelvic Floor Medicine and Reconstructive Pelvic Surgery

Rm. 1.04

CHAIR(s): Engbert Hankel

SPRINGERS: Koenis Elmaleia (Australia), Rose C. Kung (Canada), Paul (Rus) Austria, Kar Tamussino (Austria)

OVERVIEW:
Evidence-based practice (EBP) is increasingly recognized as important in all fields of healthcare. For incontinence and pelvic floor problems an evidence-based approach has been adopted since the International Consultation on Incontinence convened in 1998, culminating in the publication of evidence-based guidelines in the book “Incontinence.” While EBP guidelines are a certain improvement compared to conventional textbooks, up-to-dateness will often lag behind, especially when revisions become long. With many patients and their families becoming age in accessing health-related content over the internet, skills in accessing health-related content over the internet, skills in using EBP appear to be of increasing importance. Small-group workshops are an ideal place to assess the importance of EBP and to practice the different ultrasound applications amongst each participant. Ultrasound is the ideal tool to assess muscle recruitment and teach muscle contraction with visual biofeedback. The results of recent studies employing ultrasound will be reviewed. Influences of different muscle contractions on the abdominal wall and their influence on bladder neck mobility will be shown using suprapubic and perineal ultrasound imaging. Pelvic floor activity during coughing or straining can easily be assessed and evaluated and integrated into exercises and daily life. Videos and cases will be presented and discussed in an interactive part.

21 - Dynamic Rehabilitation US for Pelvic Floor Disorders: Introduction to Technique and Hands-on Workshop

AUD 3

CHAIR(s): Vladimir Kalisi

SPRINGERS: Jan Wiśniewski (Netherlands), Katarina Laine (Norway), Khaleel M Ismail (UK), Douglas G Tincello (UK)

OVERVIEW:
The new concept of evaluating episiotomy is based on an exact description of the execution of episiotomy, its type, and, in the case of midline episiotomy, on a carefully chosen incision angle. Current knowledge of how to suture episiotomy in order to reduce the possibility of incontinence will be presented. High-standard tools for the valuation regarding evaluation of postpartum continence status, dynamic ultrasound, thermography, cosmetics and overall satisfaction will also be discussed.

The speakers will be all clinicians and University lecturers whose research is focused on obstetric pain relief. They have between them a total of more than 20 recent articles published in international journals regarding episiotomy (Cochrane Database Syst Rev, Lancet, BJOG, Obstetrics and Gynecology, IJGO, Eur J Obst Gynecol Reprod Biol, Acta Obst Gynecol Scand, Clin Evol...).

22 - US in Urogynecology: 2D and 3D Imaging in Diagnosis of Pelvic Floor Disorders

Rm. 1.07

CHAIR(s): Heinz Kolet

SPRINGERS: Stefan Bernt Albrich (Germany), Rainer Lange (Germany), Rosa Maria Laterza (Germany), Georg Naumann (Germany)

OVERVIEW:
To learn about the equipment and the examination technique.
To study the indications for pelvic floor ultrasound in urogynecology.
To obtain a correct understanding of screen of 3-dimensional pelvic floor ultrasound.
To recognize normal and abnormal anatomy in the context of the urogynecological diseases (pelvic organ prolapse, urinary and fecal incontinence, defecation disorders).

• To understand the functional anatomy.
• To predict which patient will visualize such implants and to recognize them in success and failure.

23 - Vesicovaginal Fistula: Early Management issue, Prolapso, Inconvenience, and New Data

Rm. 1.06

CHAIR(s): Edward Stanford

SPRINGERS: Laura Romani (US), Tracy Capes (US)

OVERVIEW:
HUGA has committed to educating its members on the world’s largest continence issues – obstetrical fistula. This program will be in one in a continuing series of PG courses offered at the annual meetings on this topic

24 - Neurotrophin and Bladder Dysfunction: From Bench to Bedside

Rm. 1.04

CHAIR(s): Ricardo Saban

SPRINGERS: Francisco Cruz (Portugal), Firna Dianesghi (US), Celia D. Cruz (Portugal), Ruiz Pinto (Portugal)

OVERVIEW:
Leading experts in the field of bladder nerves and transitional Lower Urinary Tract Dysfunction (LUTD) are presenting this workshop targeting graduate students, residents, fellows, clinicians, and research investigators. As current treatment modalities for LUTD only relieve the storage or voiding ladder symptoms, a serious strategy for the study of LUTD has led to development of new translational animal models, a desirable first step to jump start translational research. The following breakthroughs with a strong potential for ablution LUTD therapy will be discussed: 1) an interdisciplinary approach among investigators in immunology, urology and neuroscience, to create mouse models of LUTD; 2) LUTD-induced disruption of serotonergic nerve communication, 3) TRPV1 receptors are essential for NGF-induced bladder overactivity and pain; 4) the effect of sympathetic system on chronic bladder pain; 5) urinary neurothrophins are new biomarkers of bladder overactivity and pain; 6) a role for peripherinal/vesical and VGEF receptors as nerve guidance molecules in LUTD.

WEDNESDAY JUNE 29

8AM TO 12PM

SESSION 3

22 - US in Urogynecology: 2D and 3D Imaging in Diagnosis of Pelvic Floor Disorders

Rm. 1.07

CHAIR(s): Heinze Kolet

SPRINGERS: Stefan Bernt Albrich (Germany), Rainer Lange (Germany), Rosa Maria Laterza (Germany), Georg Naumann (Germany)

OVERVIEW:
• To learn about the equipment and the examination technique.
• To study the indications for pelvic floor ultrasound in urogynecology.
• To obtain basic measurement of 2D and 3D pelvic floor assessment.
• To obtain a correct understanding of screen of 3-dimensional pelvic floor ultrasound.
• To recognize normal and abnormal anatomy in the context of the urogynecological diseases (pelvic organ prolapse, urinary and fecal incontinence, defecation disorders).

• To understand the functional anatomy.
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useful guidelines for her daily consultations.

The different topics developed in this workshop will bring to them some technical means to prevent during delivery such injuries. We hope that gynaecologists, obstetricians and midwives are frequently reluctant to mention these problems during delivery" after such a PF birth trauma. Gynaecologists, obstetricians are presented in this workshop, as well as the problem of the "next education, sexual problems evaluation and treatment, eventual surgery episiotomy, post-natal clinical examination, post-natal pelvic floor (PF) functions as 7 % of primiparae will experience functional modifications of her intimate functions after delivery. How to prevent and treat them? The roles of elective caesarean section, for- mal implications of alterations of the anatomy. In addition, emerging techniques of “dynamic” pelvic floor ultrasound and threedimensional scans of the relevant anatomy.

The education value of this subject lies on the fact that it is still poor-

26 - Pregnancy, Delivery, and Pelvic Floor Function

27 - Multidisciplinary Approach to Female Sexuality Based on Practical Concepts

29 - Pelvic Pain in Patients with Lower Urinary Tract Symptoms - Challenges in Diagnosis and Treatment

29 - Multidisciplinary Approach to Female Sexuality Based on Practical Concepts

30 - Fellows Involvement in Experimental Surgery: which Animal Model for which Research?

31 - Cadaveric Demonstration of Pelvic Anatomy for Reconstructive Surgery

OVERVIEW:

VENUE:

Pascal Mourtalion (France), Renaud de Tayrac (France)

SPEAKERS: Sylvain Meyer (Switzerland), Anette Kuhn (Switzerland), Brigitte Schuessler (Switzerland); Jacqueline DeJong (Switzerland)

CHAIR(s): Kaven Baessler

SPEAKERS: Mickey Karram (US), Elisabetta Costantini (Italy), Hans-Peter Dietz (Australia), Brigitte Schuessler (Switzerland), Michel Cosson (France), Lior Lowenstein (Israel), Amália Martins (Portugal)

CHAIR(s): Menachem Alcalay

OVERVIEW:

The aim of this workshop is to familiarize the attendees with the clinical aspects of pelvic pain, especially in the patient with lower urinary tract symptoms (LUTS). Definitions, diagnostic tools, and pitfalls during the assessment of pelvic pain will be discussed. Avail-

32 - Endovaginal and Endoanal Ultrasonography of Pelvic Floor - Practical + HANDS-ON AUD 3

33 - Cadaveric Demonstration of Pelvic Anatomy for Reconstructive Surgery

OFF-SITE

Shuttle will be provided from Congress Centre, at 7:30am

Venue address:

Fieldkliniken Center Munich, Campus de Mârtes e Pârâ, 130

Auditorium 3

NEW! IUGA Basic Science Interest Group

OPEN TO ALL IUGA MEMBERS

1:00-2:00pm

Room 1.09

AGENDA

1. Setting priorities in Urogynecological Basic Science Research

2. Development of guidelines for Basic Science Research in Urogynecology

3. Establishment of an international urogynecological tissue and cell bank which could be accessed by the members of IUGA

DON’T FORGET TO HANG YOUR POSTERS

Pavilion 1

Open Wednesday, 12:00:5:00pm
**OM Pharma will be delighted to invite you to its Lunch Symposium**

**THE GUIDELINES OFFER MORE THAN ANTIBIOTICS TO MANAGE RECURRENT URINARY TRACT INFECTIONS**
Chairman: Prof. K. Naber

**Pitfalls in the management of recurrent Urinary Tract Infections**

**Clinical evidence of a newly recommended approach**

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### IUGA COMMITTEES & MEETINGS

<table>
<thead>
<tr>
<th>Committee Meetings</th>
<th>Day</th>
<th>Time</th>
<th>Room</th>
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<tbody>
<tr>
<td>Scientific</td>
<td>Tuesday</td>
<td>12:00-1:00</td>
<td>1.10</td>
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<tr>
<td>Education</td>
<td>Wednesday</td>
<td>2:00-4:30</td>
<td>1.03</td>
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<tr>
<td>R&amp;D</td>
<td>Wednesday</td>
<td>2:00-4:00</td>
<td>1.04</td>
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<tr>
<td>Standardization &amp; Terminology</td>
<td>Wednesday</td>
<td>2:00-4:30</td>
<td>1.05</td>
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<tr>
<td>Publications</td>
<td>Wednesday</td>
<td>2:00-4:30</td>
<td>1.02</td>
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<tr>
<td>Public Relations</td>
<td>Wednesday</td>
<td>2:00-4:30</td>
<td>1.07</td>
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<tr>
<td>Fellows</td>
<td>Thursday</td>
<td>5:00-6:30</td>
<td>0.07</td>
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<tr>
<td>Committee Chair Executive Mtgs</td>
<td>Wed/Thurs</td>
<td>4:30/10:30</td>
<td>1.10</td>
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<tr>
<td><strong>SubCommittee and Other Meetings</strong></td>
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<tr>
<td>eXchange Steering Committee</td>
<td>Wednesday</td>
<td>12:00-2:00</td>
<td>1.05</td>
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<tr>
<td>Fistula Group</td>
<td>Wednesday</td>
<td>1:30-2:00</td>
<td>1.08</td>
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<tr>
<td>PISQ-R (English) Validation Group</td>
<td>Wednesday</td>
<td>1:30-2:00</td>
<td>1.04</td>
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<tr>
<td>PISQ-R Translation Info Mtg</td>
<td>Wednesday</td>
<td>4:30-5:30</td>
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<tr>
<td>Workshops SubCommittee</td>
<td>Wednesday</td>
<td>4:30-5:30</td>
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<tr>
<td>Physiotherapy Ambassadors</td>
<td>Wednesday</td>
<td>12:00-1:00</td>
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<tr>
<td>Basic Science Interest Group</td>
<td>Wednesday</td>
<td>1:00-2:00</td>
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<tr>
<td>PROTECT Group</td>
<td>Thursday</td>
<td>3:30-4:00</td>
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<tr>
<td>2012 Planning Committee</td>
<td>Friday</td>
<td>12:30-1:30</td>
<td>1.10</td>
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**International Urogynecology Journal**

<table>
<thead>
<tr>
<th>Event</th>
<th>Day</th>
<th>Time</th>
<th>Room</th>
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<tbody>
<tr>
<td>Editors’ Meeting (Bfast)</td>
<td>Thursday</td>
<td>7:00-8:00</td>
<td>0.07</td>
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<tr>
<td>IUJ Annual Review</td>
<td>Friday</td>
<td>10:30-11:00</td>
<td>1.10</td>
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<tr>
<td>Editorial Board</td>
<td>Friday</td>
<td>5:00-6:00</td>
<td>0.07</td>
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**Board Meetings**

| Board of Directors      | Monday | 11:30-1:30 | 1.10 |
| Advisory Board Lunch    | Wednesday | 12:00-1:30 | Congress Restaurant VIP |

**Executive Meetings**

<table>
<thead>
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<th>Event</th>
<th>Day</th>
<th>Time</th>
<th>Room</th>
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<tr>
<td>Affiliate Societies</td>
<td>Tuesday</td>
<td>5:30-6:00</td>
<td>1.10</td>
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<tr>
<td>2015 Joint Meeting Committee</td>
<td>Thursday</td>
<td>12:30-1:30</td>
<td>1.10</td>
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<tr>
<td>Annual Meeting Update (2012)</td>
<td>Friday</td>
<td>7:30-8:00</td>
<td>1.10</td>
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<tr>
<td>Annual Meeting Wrap-up/Update (Toronto 2010/ Dublin 2013)</td>
<td>Saturday</td>
<td>10:30-11:00</td>
<td>1.10</td>
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<tr>
<td>Industry Wrap-up</td>
<td>Saturday</td>
<td>7:00-8:00</td>
<td>0.07</td>
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SOCIAL PROGRAM OVERVIEW

WEDNESDAY

Welcome Reception
Shuttles from Congress Centre
Depending on the departure time, guests will join the group according to the program schedule on the left.

Fellows’ Dinner
(RSVP required)
Alcântara Café
8:30pm - shuttle from the Welcome Reception at the São Jorge Castle

THURSDAY

President’s Dinner
(by invitation)
Queluz Palace
Generously and exclusively sponsored by Laborie
7:00pm - Shuttles from Opera or Pestana Hotel

FRIDAY

Gala Dinner
($125pp, on site)
Casino Estoril
7:00pm - Shuttles from Vila Gale Opera, Pestana, and Congress hotels on Av. da Liberdade

Please email the IUGA Office at office@iuga.org or inquire at the Congress Information Desk for details on participation.
THURSDAY 5:15pm-6:15pm
AUD 6/7
ASTELLAS
The OAB Patient: Using Experience to Reinforce Trust
Introduction and Welcome
Chair: Linda Cardozo
The OAB Patient: Challenges Behind the Scenes
Philip Toozs-Hobson
Managing OAB: Which Tools do we Trust?
Marc Toglia
Future OAB diagnosis: The Birth of Surrogates
Annette Hill
Faculty Discussion

FRIDAY 7:00am-8:00am
AUD 6/7
AMERICAN MEDICAL SYSTEMS
Controversies and Dilemmas in the Surgical Management of Stress Incontinence and Prolapse
Moderator: Heinz Koelbl
Surgery for SUI; Which Sling for Which Patient; An Objective Appraisal
Jan-Paul W.R. Roovers
Surgery for POP; When is Mesh Augmentation Indicated
Mickey Karram

SATURDAY 7:00am-8:00am
AUD 6/7
ETHICON WOMEN’S HEALTH & UROLOGY
Discover the Benefits with Less Mesh
Moderator: Alfredo Milani
Rationale for Partially Absorbable Mesh for Pelvic Floor Repair
Jan Deprest
Anatomical Evidence Behind a 12 cm Mid-urethral Tape
Piet Hinoul

Did you know that the ‘Rooster of Barcelos’ is one of the symbols of Portugal?

The Legend of the Galo de Barcelos (The Rooster of Barcelos) is connected with an ancient stone monument in Barcelos, North of Portugal. According to the legend, the people from Barcelos were terrified with a crime for which they were unable to find the person. One day, a pilgrim on his way to Compostela passed by and immediately became a suspect. He claimed his innocence, but was sentenced to death by hanging. He then asked to be taken to the judge who had convicted him, and who was just about to start a luxurious banquet.
He was about to carve a big roasted rooster when the pilgrim stated that if he were truly innocent, the dead rooster would sing at the time of his hanging. All the guests laughed at this but, quite superstitiously, none dared to touch the bird. At night, they were surprised to see the rooster rise up with new feathers and sing loudly. The pilgrim was immediately released. It is said that as a token of gratitude for St. James’ help, the pilgrim ordered the construction of the monument which one can see in Barcelos today.
It was in early 20th century, that the Galo de Barcelos achieved fame and became an icon of Portuguese culture.
You Are Invited

AJUST® – The Evolution of Incontinence Surgery

Thursday 30th June, 2011

When:
Thursday 30th June
07:00 – 08:00

Location:
Centro de Congressos de Lisboa, Aud 6/7
Breakfast will be available

Programme:
Chairperson: Prof. Haab
07:00 AJUST® Product & Clinical Review - Prof. Haab
07:25 AJUST® Usage under Local Anaesthesia - Dr. Assassa
07:35 New Concepts: FIXT® & NUVIA™ - Dr. Jeffery
07:50 Discussion
INDUSTRY-SPONSORED SYMPOSIUM

BARD
Aud 6/7
7:00-8:00am

001 A SYSTEMATIC REVIEW AND META-ANALYSIS OF SINGLE-INCISION MINI-SLINGS VERSUS STANDARD MID-URETHRAL SLINGS IN SURGICAL MANAGEMENT OF FEMALE STRESS URINARY INCONTINENCE.
P. MADHUVRATA 1, J. FORD 2, C. P. LIM 3, M. ABDEL FATTAH 2; 1Sheffield Teaching Hosp., Sheffield, United Kingdom, 2Univ. of Aberdeen, Aberdeen, United Kingdom, 3Aberdeen Royal Infirmary, Aberdeen, United Kingdom.

002 A BLINDED MULTI-CENTER RANDOMIZED TRIAL COMPARING TVT-SECUR "U" TO THE TENSION-FREE VAGINAL TAPE (TVT) FOR THE SURGICAL TREATMENT OF STRESS URINARY INCONTINENCE
M. D. BARBER, Foundation For Female Health Awareness Study Group; Cleveland Clinic, Cleveland, OH.

003 RANDOMIZED PROSPECTIVE TRIAL OF A COMPARISON OF THE EFFICACY OF TVT-O AND TVT SECUR SYSTEM IN THE TREATMENT OF STRESS URINARY INCONTINENT WOMEN - LONG-TERM RESULTS

004 SHORT-TERM RESULTS OF PELVIC FLOOR MUSCLE TRAINING OR MIDURETHRAL SLING SURGERY FOR FEMALE STRESS URINARY INCONTINENCE; A RANDOMISED CLINICAL TRIAL

005 A MULTICENTRE RANDOMISED TRIAL COMPARING SINGLE-INCISION MINI-SLING (AJUST) AND TENSION-FREE VAGINAL TAPE-OBURATOR (TVT-O) IN MANAGEMENT OF FEMALE STRESS URINARY INCONTINENCE
A. MOSTAFA 1, W. AGUR 2, M. ABDEL-ALL 3, M. YOUSEF 4, M. ALLAM 1, K. GUZERERO 1, C. LIM 5, M. ABDEL-FATTAH 1; 1Univ. of Aberdeen, Aberdeen, United Kingdom, 2Ayrshire & Arran NHS, Ayrshire, United Kingdom, 3NHS Borders, Borders, United Kingdom, 4Greater Glasgow & Clyde Hlth Board, Inverclyde, United Kingdom, 5Aberdeen Royal Infirmary, Aberdeen, United Kingdom.

006 DOES BMI AFFECT THE RESULTS OF CONTINENCE SURGERY? AN ANALYSIS OF THE BRITISH SOCIETY OF UROGYNAECOLOGY (BSUG) DATABASE.
N. ASLAM 1, P. A. MORAN 2, R. ASSASSA 3; 1Worcestershire Royal Hosp., Worcester, United Kingdom, 2Worcestershire Royal Hosp., Worcester, United Kingdom, 3Mid Yorkshire NHS Trust, Mid Yorkshire, United Kingdom.

007 SYSTEMATIC REVIEW OF POLYDIIMETHYLSILOXANE INJECTION: SHORT- AND LONG-TERM DURABILITY OUTCOMES FOR FEMALE STRESS URINARY INCONTINENCE
G. M. GHONIEM; Cleveland Clinic Florida, Weston, FL.
THURSDAY, JUNE 30

1:30-2:30
Oral Poster Session 1
Prolapse
Aud 1
Chair: Peter Dwyer, Co-Chair: Kaven Baessler, Moderator: Steven Swift

022

023
TWO YEAR CLINICAL OUTCOMES OF A TROCAR-GUIDED TRANSVAGINAL MESH REPAIR UTILIZING A NEW LIGHT-WEIGHT SYNTHETIC MESH. A. L. MOLIN, V. VICENTE, C. URRUTA, P. HINOURT, M. COBOS

024
LONG-TERM RESULTS OF MESH TROCAR-GUIDED SURGERY IN RECONSTRUCTION OF PELVIC ORGAN PROLAPSE IN RECONSTRUCTION OF PELVIC ORGAN PROLAPSE. M. KERMAR, L. KROPPA, J. FEVEREIL, M. OUCINASSE. E. DIOUHA, E. KASIOVA. Inst. for the Care of Mother and Child, Prague 4, Czech Republic.

025

026
Surgical Treatment of Anterior and Apical Prolapse with ELEVATE Anterior and Apical®: Results at 6 months and 1 year and 1 year of a prospective single Center Study. C. COURTBI, A. GORON, L. PANEL. CMC Beau Soleil, Montpellier, France.

027

028
Short-Term Patient Reported Outcome Measures (PROMS) Following ELEVATE ANTERIOR INSERTION FOR ANTERIOR/APICAL COMpartment PROLAPSE N. RAUT, A. ARKULALAVANAN, M. BAPTIST, City Hosp., Birmingham, United Kingdom.

029
Permanent Suture Used in Urovesical Ligament Suspension Offers Better Anatomical Support Than Absorbable Suture. C. P. CHUNG, R. J. MISKIMINS, P. M. VANDELL, T. J. KUEHL, B. L. SHULL; White and Kent Mem. Hosp., Temple, TX.

030

031

032
Association of Levator Ani Defects and Bony Pelvis Dimensions. M. B. BERGER, S. K. DOUMOUCHTIS, J. D. DELANCEY; Univ. of Michigan, Ann Arbor, MI.

033
Thermometry of Routine Preoperative Office Cystourethrocystoscopy on the Surgical Management of Urinary Incontinence and Prolapse Reduction. R. JOZEF, A. P. WOODWARD, A. M. TRAM, E. J. GILL; VCUHS, Richmond, VA.

034

035

036

037
Association of Levator Ani Defects and Bony Pelvis Dimensions. M. B. BERGER, S. K. DOUMOUCHTIS, J. D. DELANCEY; Univ. of Michigan, Ann Arbor, MI.

038

039

040
Different Urodynamics Patterns in Female Bladder Outlet Obstruction: Can Urodynamics alone Reach the Diagnosis? M. ELMISIRI, G. ARDELFIATTALLI, Alexandria Univ., Alexandria, Egypt.

041
Can Preoperative Urodynamic Voiding Parameters Predict Postoperative Voiding Dysfunction in Patients with Intrinsic Sphincter Deficiency undergoing a Suburethral sling? C. K. GROSS, G. B. KARP, C. V. AGUILAR, G. W. DAVILA; Cleveland Clinic Florida, Weston, FL.

042

043
Atmospheric Temperature Variation is Not Associated with Bladder Diary or Urodynamic Parameters. S. SWAY, B. CARTWRIGHT, V. KHULLAR; Imperial Coll. London, London, United Kingdom.

044

045

046
The Diagnosis? B. L. TOZER, A. P. WOODWARD, A. M. TRAN, E. J. GILL; VCUHS, Richmond, VA.

047

048

049
Assessment/UDS...

THURSDAY, JUNE 30

1:30-2:30
Oral Poster Session 2
Assessment/ UDS...
Aud 8
Chair: Bernard Haylen, Co-Chair: Mark Slack, Moderator: tba
ABBREVIATED PRESCRIBING INFORMATION

Pregnancy. Assess other causes of frequent urination before (including toxic megacolon), myasthenia gravis or narrow-angle glaucoma and inpatients at risk for these conditions. Vesicare is excluded in women with uncomplicated urinary tract infections in the postpartum period.

Contraindications:

Lactation. Urinary retention, severe gastrointestinal condition

Warnings:

Anticholinergic therapy. Therapeutic effect may be reduced by concomitant administration of cholinergic receptor agonists. Vesicare may be used with caution in patients with clinically significant bladder outflow obstruction at risk of urinary retention.

Interactions:

Pharmacokinetic interactions are possible with other CYP3A4 substrates with higher affinity and CYP3A4 inducers.

Adverse Effects:

Dry mouth, blurred vision, hallucinations, confusional state. Vesicare may be used with caution in patients with clinically significant bladder outflow obstruction at risk of urinary retention.

Legal Category:
POM.

Further information available from: Astellas Pharma Ltd, Lovett House, Lovett Road, Staines TW18 3AZ. Vesicare® is a Registered Trademark. For full prescribing information please refer to the Summary of Product Characteristics.

Vesicare® is supplied in presentations as Vesicare® 5 mg blister packs of 30 tablets £27.62; Vesicare® 10 mg blister packs of 30 tablets £35.91.

Date of preparation: February 2011

Date of Revision: January 2010.

Legal Category: POM.

Adverse events should be reported to Astellas Pharma Ltd, Lovett House, Lovett Road, Staines TW18 3AZ.

www.yellowcard.gov.uk
THURSDAY, JUNE 30

4:00-5:00
Oral Poster Session 4

PREGNANCY / EPIDEMIOLOGY

Aud/1: Chair: Anand Solomon, Co-Chair: Barry Bengtson, Moderator: Don Wilson

046
DOES CHILDBIRTH ALTER THE REFLEX PELVIC FLOOR RESPONSE TO SUDEN INCREASES IN INTRA-ABDOMINAL PRESSURE?
V. BOND, S. E. LANGE, K. SHEK, H. DIETZ; Univ of Sydney, Penrith, Australia.

047
IS PREGNANCY AND CHILDBIRTH GOOD FOR PELVIC FLOOR MUSCLE STRENGTH?
K. ELSKINDA, A. H. SULTAN, B. THIARK, I. SCHEER, R. SEVISTAV; Croydon Univ Hosp., London, United Kingdom.

048
DO WOMEN NOTICE THE EFFECT OF CHILDBIRTH-RELATED PELVIC FLOOR TRAUMA?
H. DIETZ, E. R. LANGER, K. SHEK; Univ of Sydney, Penrith, Australia.

049
A MEDIALATERAL EPISIOTOMY DURING AMBULATORY INSTRUMENTAL VAGINAL DELIVERY IS ASSOCIATED WITH A FIVE FOLD INCREASE OF A THIRD OR FOURTH DEGREE PERINEAL TEAR.
J. DONOVAN, A. VAN DER LEEUW-VAN BEEK, D. GIETELINK; Amphia Hosp, Rotterdam, Netherlands.

050
OBSTETRICAL ANOSPHINERET IRRITIORS: 11-YEAR TREND ANALYSIS USING PATIENT EPIDEMIO DATABASE FOR WALES (PEP) DTA.
S. ISMAIL, B. PYCK; Singleton Hosp, Swansea, United Kingdom, NHS Wales Information Services, Cardiff, United Kingdom.

051
DIFFERENT PATTERNS OF PELVIC FLOOR DISFUNCTION IN FORCEPS AND VACUUM DELIVERIES.
M. ALCALAY, S. BRECHER, H. DIETZ, E. SCHIFF; 1UCSD, San Diego, CA, 2Cleveland Clinic Fndn., Weston, FL, 3Los Gatos, CA.

052
NEONATAL BODY TRUNK MEASUREMENTS ARE A USEFUL PREDICTOR OF BIRTH INJURIES.
M. A. BARKER, S. JHA, S. C. RADLEY, G. L. JONES; 1Singleton Hosp, Swansea, United Kingdom, 2NHS Wales Information Services, Cardiff, United Kingdom.

053
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Japanese Red Cross Nagoya First Hosp., Nagoya, Japan, Nagoya Univ., Nagoya, Japan.

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A. DUA, S. C. RAYLEIGH, G. L. JONES, S. JHA, B. BROWN

Sheffield Teaching Hosp. NHS Fndn. Trust, Sheffield, United Kingdom, Sheffield Univ., Sheffield, United Kingdom.

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1:00-2:30

IUGA ANNUAL BUSINESS MEETING (ABM)

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Prolapse Surgery. Debating Your Approach

AUS 1

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Coffee Break

IUGA Booth Information and Presentations

PAV 2

4:00-5:00

Oral Poster Session 6

Stress Urinary Incontinence/Prolapse

AUS 1

Oral Poster Session 7

Pregnancy/Epidemiology

AUS 6/7

VIDEO Session

AUS 8
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**SYMPOSIUM**

Controversies and Dilemmas in the Surgical Management of Stress Incontinence and Prolapse

Chairman: Professor Heinz Koelbl, M.D.

Speakers: Dr. Jan-Paul W.R. Roovers, Dr. Mickey Karram

Friday, July 1st, 7 - 8am, AUD 6/7

**IN-BOOTH PRESENTATION**

MiniArc Precise: Offering Your Patients Similar Efficacy and Less Pain

Dr. Gerti Naumann

Thursday, June 30th 12:30 – 1:30 pm

Booth #26

**IN-BOOTH PRESENTATION**

Clinical Evidence and Tips & Tricks: Elevate Mesh

Dr. Eduardo Botiller

Friday, July 1st, 12:30 – 1:30 pm

Booth #26

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### FRIDAY, JULY 1

#### SCIENTIFIC SESSION

**9:45-10:30**

**ULF ULMSTEN MEMORIAL LECTURE**

The Pelvic Floor: Fallacies, Fascias and Facts

**John O.L. DeLancey**

Ann Arbor, MI, USA

Aud 1

**9:45-10:30**

**ULF ULMSTEN MEMORIAL LECTURE**

The Pelvic Floor: Fallacies, Fascias and Facts

John O.L. DeLancey

Ann Arbor, MI, USA

Aud 1

**10:30-11:00**

**COFFEE BREAK**

Pav 2

**11:00-12:30**

**Podium Session 5**

**SEXUAL DYSFUNCTION/QOL**

Chair: Dorothy Kammerer-Doak, Co-Chair: Dudley Robinson, Moderator: Aimee Smith

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K. ASHOK, E. PETRI; Univ. of Greifswald, Greifswald, Germany.
**CASINO ESTORIL**

19.30 (7.30 pm) – 23.00 (11 pm)

Ticket for the Congress Gala Dinner Reception is mandatory, as well as your Congress Badge.

**Dinner**

Dark Suit / Smart Chic

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**MODERATOR:**

H. F. BRAUN

**CHAIR:**

S. M. AXELSEN, K. M. B.;

Aarhus Univ. Hosp., Skejby, Aarhus N, Denmark.

**CONGRESS GALA DINNER**

Friday, July 1

Venue:

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19.30 (7.30 pm) – 23.00 (11 pm)

Departure:

19:00 (7 pm)

From the Congress Hotels

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Admission:

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With the presence of the World Champion Aurora Cunha and the Olympic Champion Fernanda Ribeiro.

FREE REGISTRATION: Sign up through IUGA website
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Race numbers can be picked up at the starting line on July 21st as from 2 pm.
Changing facilities available at the starting line.
Confirmation of Registration must be presented.
Registration deadline: 30 June 2011
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Discover the Difference
Solutions for Incontinence and Pelvic Floor Repair

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Retro pubic: Revisiting the Standard
Presented by Howard Golderman, MD
Cleveland Clinic, Cleveland, OH

Discover Results You Can Trust - PROCELIFF™ 2 Year Data
Presented by Michel Cousin, MD
Professor of Gynecology and Obstetrics
University Hospital of Life, Life, France

Prosta's Proof™: A Truly Tension-Free Repair
Presented by Timothy Sayer, MD, FRCOG
North Hampshire Hospital, Basingstoke, United Kingdom

Long Term Results with BULKAMID® Urethral Bulking System for SUI
Presented by Piet Hinoul, MD, PhD
DeKernhuis Chemnitz-Rabenstein, Chemnitz, Germany

Breakfast Symposium
Saturday, July 2, 7:00 am
Discover The Benefits With Less Mesh
Auditorium 6/7
Presented by Alfredo L. Milani, MD
Ronier de Graaf Group, Delft, The Netherlands

Rationale for Partially Absorbable Mesh for Pelvic Floor Repair
Presented by Jan Duthie, MD, PhD
University Hospital Louvain, Louvain, Belgium

Anatomical Evidence Behind a 12 cm Mid-Urethral Tape
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12:30-1:30 CLOSING CEREMONY
Light lunch will be provided.

THE FLAVORS OF PORTUGAL
During the Closing Ceremony there will be a display of Traditional Portuguese Food and Wine represented by different Gastronomic and Wine Brotherhoods.

The Brokers will be wearing specific costumes of each Brotherhood and will bring their typical products, including a Port Wine Exhibition. This Food and Wine show will be accompanied by Portuguese Traditional music.
**Lisboa Classical City Tour**

(Half day: 4:30 hours) 28th, 30th June, 2nd July 2011  40 EUR

Departure from the Congress Centre by private bus, driving through this remarkable city built nearly 2,500 years ago, passing buildings dating from the 18th Century, and along mosaic-paved streets. The first stop will be high above the city at the Castle of Saint George, next, a small walking promenade through the winding streets of the medieval quarter of Alfama, offering the picturesque flavour of an old popular residential area, with a unique sight of narrow streets, friendly residents and 18th Century buildings. Then the tour will proceed to the historic borough of Bairro Alto. Here we start our walking tour of this village with its small houses along cobblestone narrow streets and flowerpots on windowsills.

The first stop will be at the famous number 84 of the Rua de Belém, at the “Pasteis de Belém” factory and café. Visit to the Church of the Monastery of Jerónimos (Hyeronimite Monks), built in 1502 and the finest example of the Gothic-Naturalist (the naturalist decoration named “Manuelino”). Then drive along the River Tagus bank stopping by the Tower of Belém. Drive by the Monument to the Discoveries and return to the Conference Centre.

**Batála, Fátima & Óbidos**

(Full day: 9 hours) 29th June 2011  90 EUR

Departure from the Congress Centre by private bus, driving North to Óbidos, one of the most charming Portuguese villages, completely enclosed within the ramparts of a Medieval Castle. We invite now for a walking tour of this village with its small houses along cobblestone narrow streets and flowerpots on windowsills.

Departure from the Congress Centre by private bus, driving through this remarkable city built nearly 2,500 years ago, passing buildings dating from the 18th Century, and along mosaic-paved streets. The first stop will be high above the city at the Castle of Saint George, next, a small walking promenade through the winding streets of the medieval quarter of Alfama, offering the picturesque flavour of an old popular residential area, with a unique sight of narrow streets, friendly residents and 18th Century buildings. Then the tour will proceed to the historic borough of Bairro Alto. Here we start our walking tour of this village with its small houses along cobblestone narrow streets and flowerpots on windowsills.

The tour proceeds to Batála for a guided visit to the “Santa Maria da Vitória” Monastery, a masterpiece of the Portuguese Gothic architecture. Lunch will be served in a local restaurant. Return to Lisboa passing by olive-tree groves and cork-oak woods.

**Sintra (World Heritage), Cascais & Estoril**

(Full day: 8:30 hours) 30th June 2011  90 EUR

Departure from the Conference Centre to Sintra, situated about 25 Km from Lisboa, on the northern slopes of its hills or “serras”. A rare oasis of beauty and tranquillity, Sintra has retained its unique identity. Perhaps Lord Byron summarised it more expressively than anybody else with his famous phrase “Sintra – Glorious Eden”. Of its monuments, the most interesting is the National Palace which, for over 600 years, was used by kings, both as a summer residence and as a hunting lodge – the forest then were replant with stag and wild boar. We visit the Palace, its staterooms and kitchen, where you can still see the huge open fireplaces over which game or cows were roasted. Wander the town at your leisure. Take the opportunity of visiting away some minuets at one of the lovely restaurants or cafes – or at a port wine bar, where you can buy Portuguese port wine that is over 100 years old. Also take some time for a casual stroll through the town’s picturesque side streets, with their scenic glimpses of luxuriant green hillsides surrounding the town. This is a place that captures the imagination, and it is with pride that we can count it amongst the finest in the world, since Sintra’s addition to the World Heritage list. Continue to Cape Roca, the most Western Point in Europe. Lunch will be served at a local restaurant. Return to Lisboa by the coastal road passing by Cascais and Estoril.

**Évora (World Heritage)**

(Full day: 8:30 hours) 1st July 2011  90 EUR

Departure from the Congress Centre by private bus, in direction to the South across the World’s largest cork region, for an exciting journey into the past to Évora, classified as “Museum Town and World Heritage” by the UNESCO in 1986. Visit the Roman-Gothic cathedral dating from 1186; the church of St. Francis built in the 15th Century with the singular Chapel of Bones, and the ruins of the Roman Temple of Diana. Lunch with be served in a local restaurant. Return to Lisboa by the coastal road passing by olive-tree groves and cork-oak woods.

**Arrábida & the Blue Coast**

(Half day: 5 hours) 30th June  60 EUR

We start our tour heading south from Lisboa to cross the famous bridge over the river Tagus. Our first stop will be at Azinhó for a visit and tasting at the “José Maria da Fonseca” wine cellars. The tour proceeds with a scenic drive through steep and rocky hillsides of the Arrábida range, with the immensity of the Atlantic Ocean below. Arrábida is a nature reserve housing exotic and unique plants. It was declared a Natural Park in 1976 to protect the many species living there. Return to Lisboa and to the Congress Centre.

**Book Tours at www.iuga2011.com or please see Congress Information Desk for more information and to book your tour.**
240 THE EFFECTS OF HEAT EXPOSURE ON VAGINAL SMOOTH MUSCLE CELLS: MINIBICKING HENESSA TREATMENT
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1MERCY Hosp. FOR WOMEN, HEIDELBERG, Australia, 2JAMES COOK Univ., TOWNSVILLE, Australia.


1Harbor-UCLA Med. Ctr., Torrance, CA, 2Kaiser Permanente, Downey, Downey, CA.

1PES Inst. of Med. Sci., Kuppam, India, 2PES Inst. of Med. Sci.s, Kuppam, India.

R. H. SRINIVASA

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Vanderbilt Univ., Nashville, TN., S. A. FLETCHER, D. H. BILLER; M. GOWDA

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Barcelona, Spain.

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