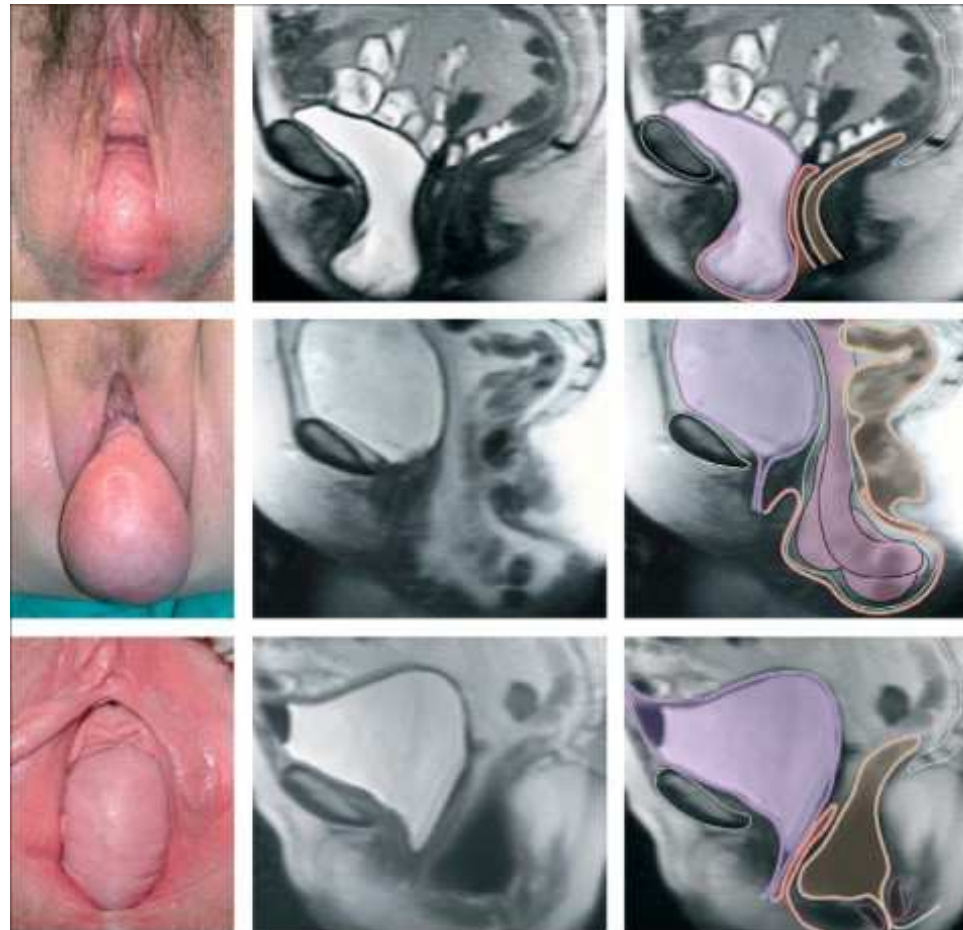
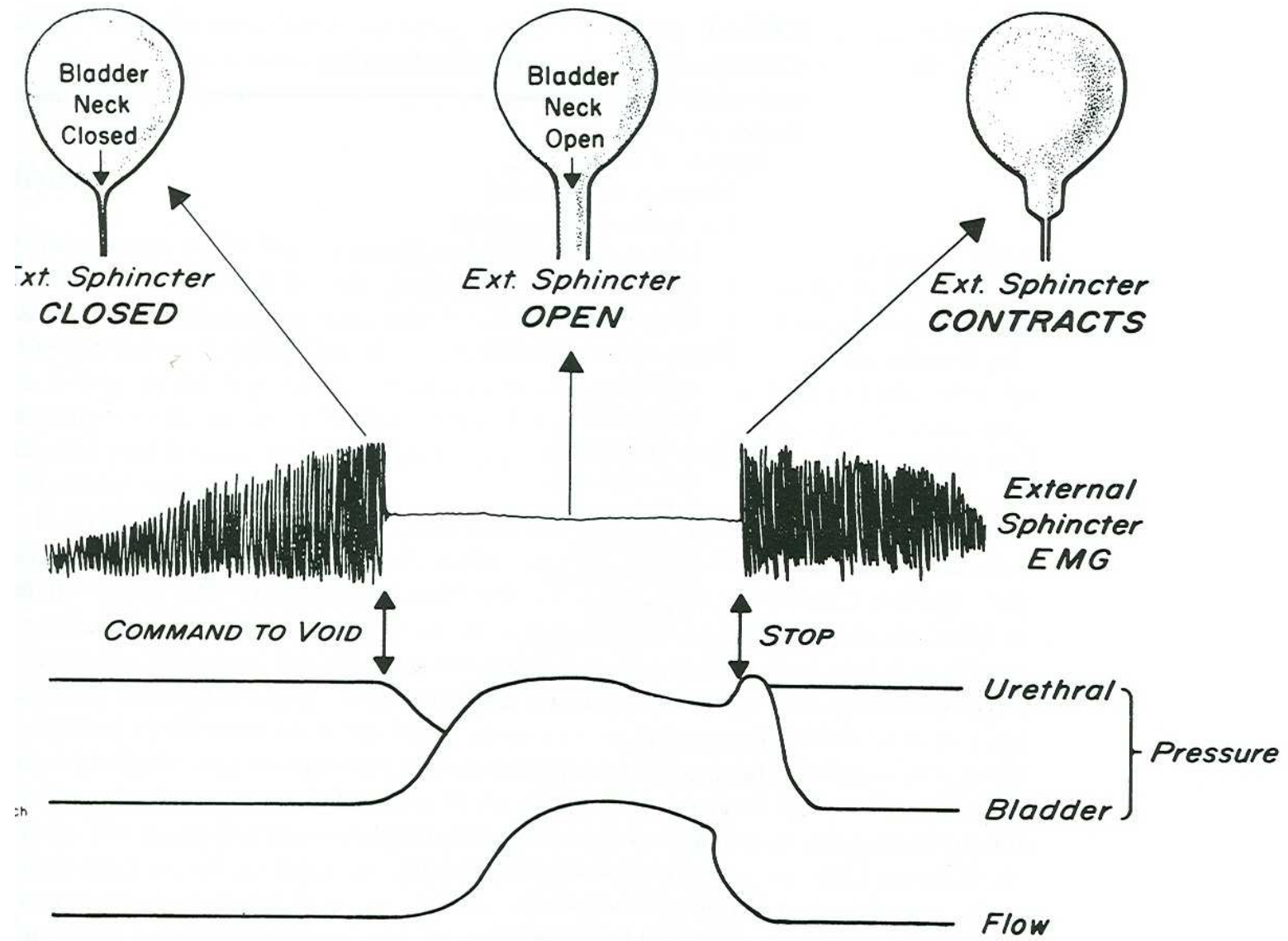


PELVIC ORGAN PROLAPSE IS DOWNWARD DESCENT OF FEMALE PELVIC ORGANS INCLUDING THE BLADDER, UTERUS OR POSTHYSTERECTOMY VAGINAL CUFF AND THE SMALL OR LARGE BOWEL RESULTING IN PROTRUSION OF THE VAGINA,UTERUS OR BOTH

J.Eric Jelovsek Lancet march 2007





About ten years ago the American Board of Obstetrics and Gynecology first proposed that it would like to create subspecialty certification for “Urogynecology”

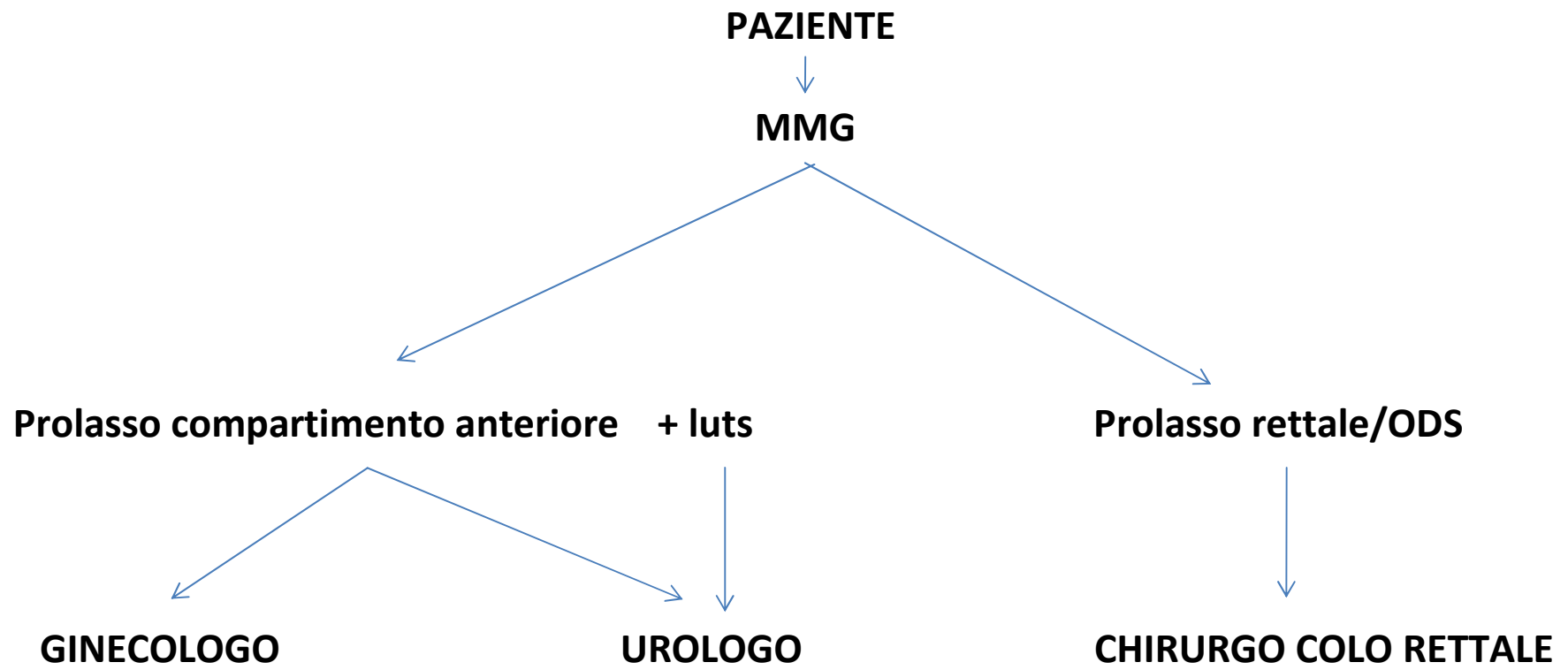
“There is an increasing enthusiasm for viewing the pelvic floor from a global perspective, discounting the traditional segregation into anterior, middle and posterior compartments” Kenton K. *The global burden of female pelvic floor disorders.* BJU International 2006.

“TO DAY ONE OF THE HOT TOPICS IN UROGYNECOLOGY IS URINARY INCONTINENCE (UI) AFTER PELVIC ORGAN PROLAPSE (POP). IT IS BESET BY MANY OPEN CONTROVERSIES DUE TO LACK OF

1)DIAGNOSTIC TOOLS TO EVALUATE UI IN PATIENTS WITH POP BEFORE SURGERY

2) DATA ON UI AFTER POP REPAIR BECAUSE MANY STUDIES REPORTED OBJECTIVE DATA ON POP RESOLUTION AND LITTLE OR NOTHING ON FUNCTIONAL RESULTS”

European Urology Today vol 24 n.4 2012



Prevalenza dei disordini sintomatici del pavimento pelvico 15.7%

PROLASSO DEGLI ORGANI PELVICI

Difficile accesso alla diagnostica

**Scelta dell'approccio chirurgico (vaginale, addominale open/ laparoscopico)
&
della tecnica chirurgica**

Utilizzo di materiale protesico

Alta percentuale di recidive

Complicanze della sfera sessuale

Profilassi/terapia dell'incontinenza urinaria

Valutazione dei risultati

Clinicians should perform stress testing with reduction of the prolapse in women with high grade pelvic organ prolapse (POP) but without the symptom of SUI. Multi-channel urodynamics with prolapse reduction may be used to assess for occult stress incontinence and detrusor dysfunction in these women with associated LUTS. (*Option*; Evidence Strength: *Grade C*)

Approved by the AUA Board of Directors April 2012

Authors' disclosure of potential conflicts of interest and author/staff contributions appear at the end of the article.

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American Urological Association (AUA) Guideline

“Divergent results are due to differences in surgical techniques for POP repair (abdominal,vaginal,laparoscopic) and how various defects in different compartments are corrected. For example central compartment POP can be corrected by the vaginal route using a range of apex fixation methods: sacrospinous, utero-sacral, ileococccigeus suspension etc. More variations are added with a prophylactic anti-incontinence Procedure.

DIFFERENT SURGICAL PROCEDURES OFTEN LEAD TO DIFFERENT RESULTS.

CIT 2012

The Food and Drug Administration on June 16, 2011 published a Public Health Notification about complications of surgical mesh used for pelvic organ prolapse and stress urinary incontinence



QUALITY MEASURES CONNECTED TO SURGERY FOR SUI:

- 1)The percentage of female patients who have SUI surgery who received a complete SUI evaluation within 12 months of the surgery**
- 2)The percentage of SUI surgery patients for whom there was documentation that treatment options (including behavioral,medical and surgical) were discussed with them**
- 3)The percentage of SUI surgeries for which cystoscopy was used during reconstruction procedures to reduce complications**
- 4) The percentage of female patients who were counseled about the risks associated with the use of mesh (erosion/extrusion, pain, etc.)**
- 5)The percentage of SUI surgery patients who had an assessment of their response to surgical treatment performed within 1 year after their surgery**

PERCORSO PELVI: OBIETTIVI

- **“capirsi” tra operatori e sviluppare un background culturale comune**
- **offrire un percorso diagnostico accessibile e appropriato**
- **offrire una valutazione complessiva e non per compartimento**
- **creare il supporto riabilitativo e comportamentale**
- **collaborare tra specialisti di diversa estrazione all’atto chirurgico**
- **valutare collegialmente risultati e complicanze**

GINECOLOGO

UROLOGO

CHIRURGO COLO RETTALE

DIAGNOSTICA DI I LIVELLO

RIABILITAZIONE

TERAPIA COMPORTAMENTALE

TERAPIA FARMACOLOGICA

DIAGNOSTICA DI II LIVELLO

**PROLASSO NON COMPLESSO
BASSO RISCHIO COMPLICANZE**

**PROLASSO COMPLESSO
ALTO RISCHIO COMPLICANZE
PROLASSO RECIDIVO**

CHIRURGIA SPECIALISTICA

AMBULATORIO MULTIDISCIPLINARE

AMBULATORIO MULTIDISCIPLINARE

DUE SEDUTE MENSILI CON VALUTAZIONE DI QUATTRO PAZIENTI

SEDE: AMBULATORIO DI URODINAMICA (U.O. DI UROLOGIA)

COMPILAZIONE DELLA SCHEDA DI ANAMNESI

VISITA COLLEGIALE

PROPOSTA DI PROGRAMMA TERAPEUTICO

ELABORAZIONE DI UN REFERTO CONDIVISO

PROBLEMI:

AMMINISTRATIVI: NON ESISTE UN PERCORSO RICONOSCIUTO

ORGANIZZATIVI: SPAZIO CHIRURGICO LIMITATO

**ECONOMICI: COSTO DELLA DIAGNOSTICA
COSTI DEL MATERIALE PROTESICO**