



11.15 - 13.00

TAVOLA ROTONDA

**PERSONALIZZAZIONE DEL TRATTAMENTO CHIRURGICO DEL PROLASSO UROGENITALE
VIDEO-SURGERY IN DETAILS**

- > CHIRURGIA VAGINALE CON MESH
- > ISTERECTOMIA E PLASTICA VAGINALE
- > COLPOSACROPESSI
- > PECTOPESSI
- > PELVIC ORGAN PROLAPSE SUSPENSION

45

89° CONGRESSO NAZIONALE
SOCIETÀ ITALIANA DI UROLOGIA

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**VENEZIA - PALAZZO DEL CASINÒ
15-18 OTTOBRE 2016**



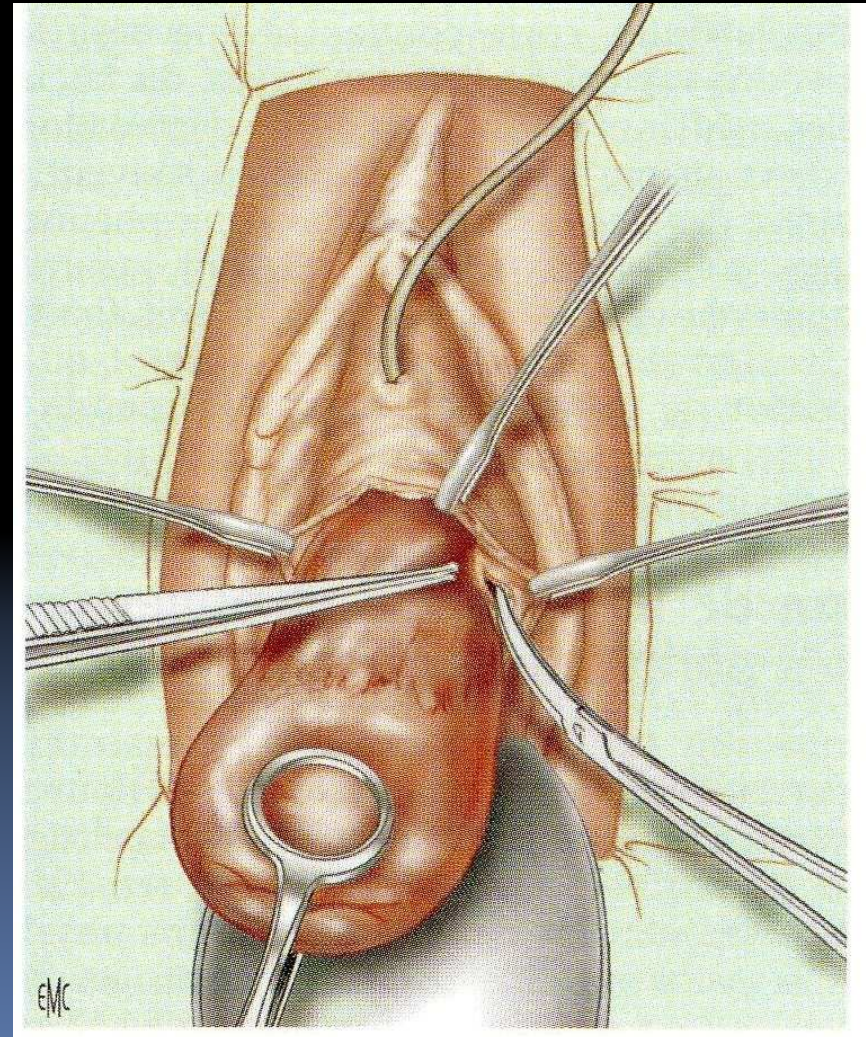
NELLA CURA DEL PROLASSO L'UTERO "SANO" VA CONSERVATO ?

PRO:

- *PERCHE' TOGLIERE UN ORGANO SANO?*
- *MAGGIOR RISCHIO DI ENTEROCELE*
- *AUMENTO DELLE COMPLICANZE*
- *ISTERECTOMIA SUBTOTALE ?*

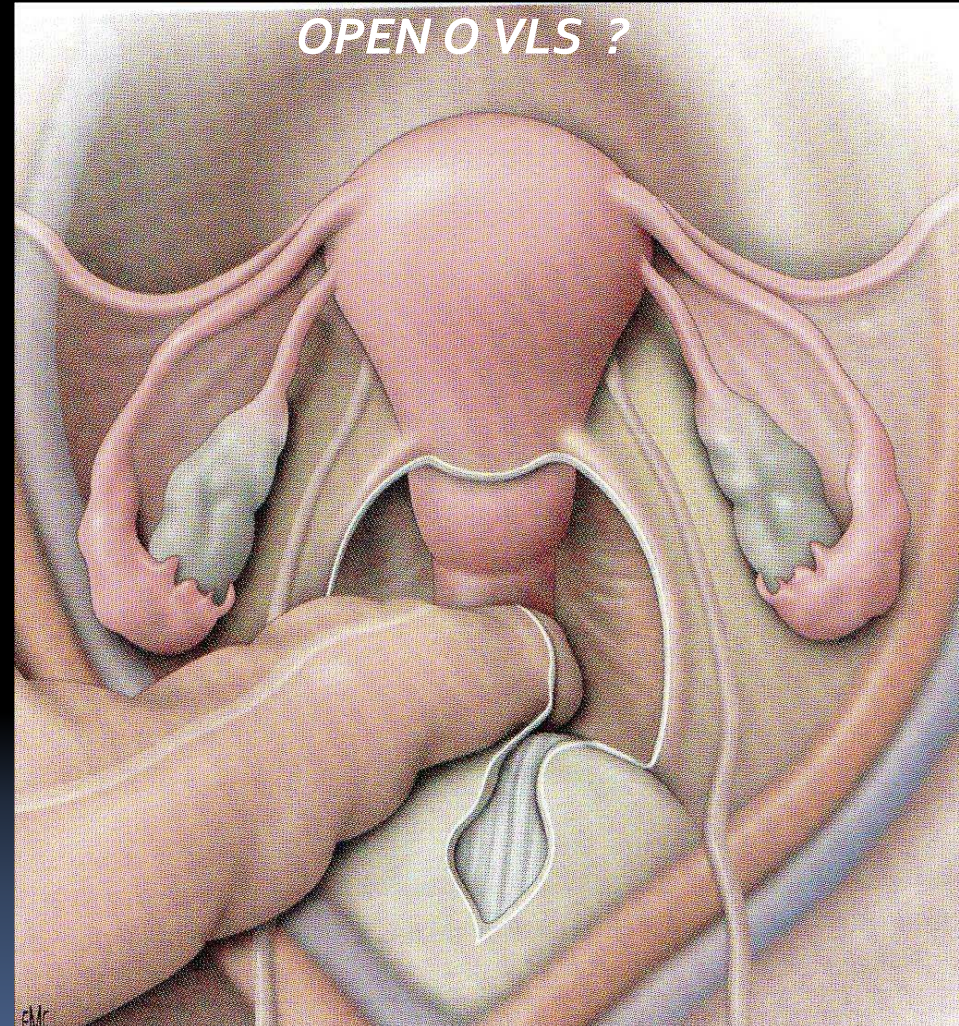
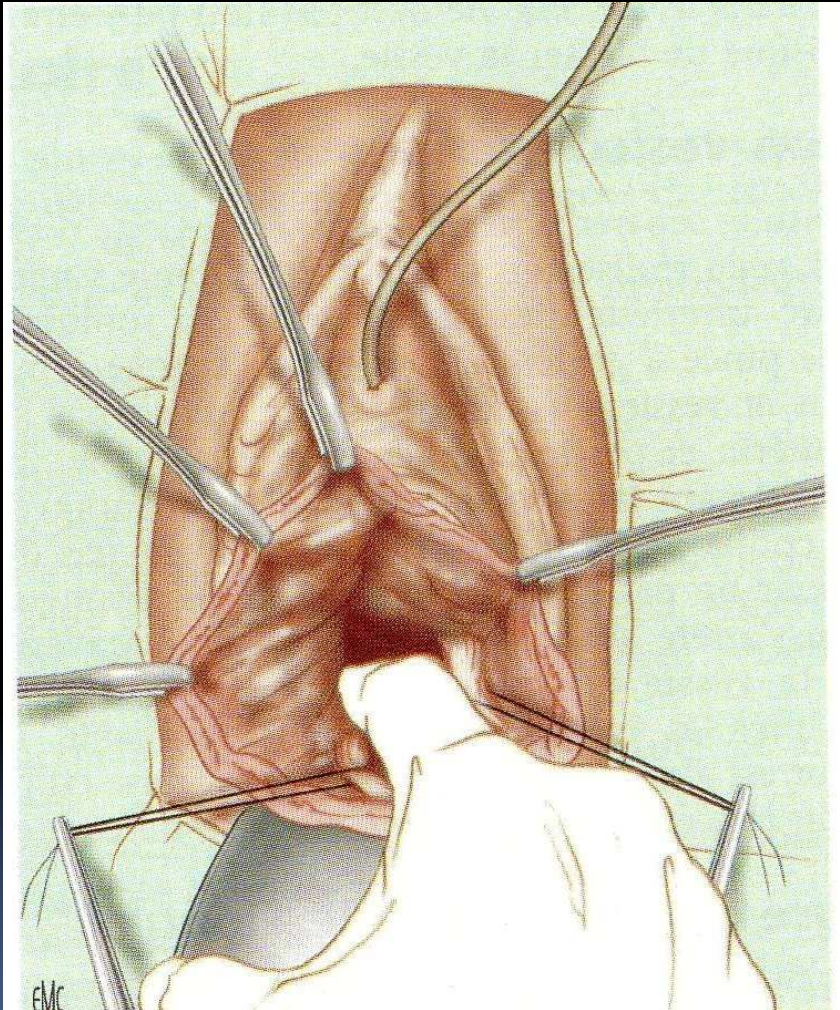
-CONTRO:

- *EVENTUALE CHIRURGIA FUTURA*
- *PIU' AGEVOLE TECNICA CHIRURGICA*
- *-> RISCHIO RECIDIVA DEL PROLASSO*



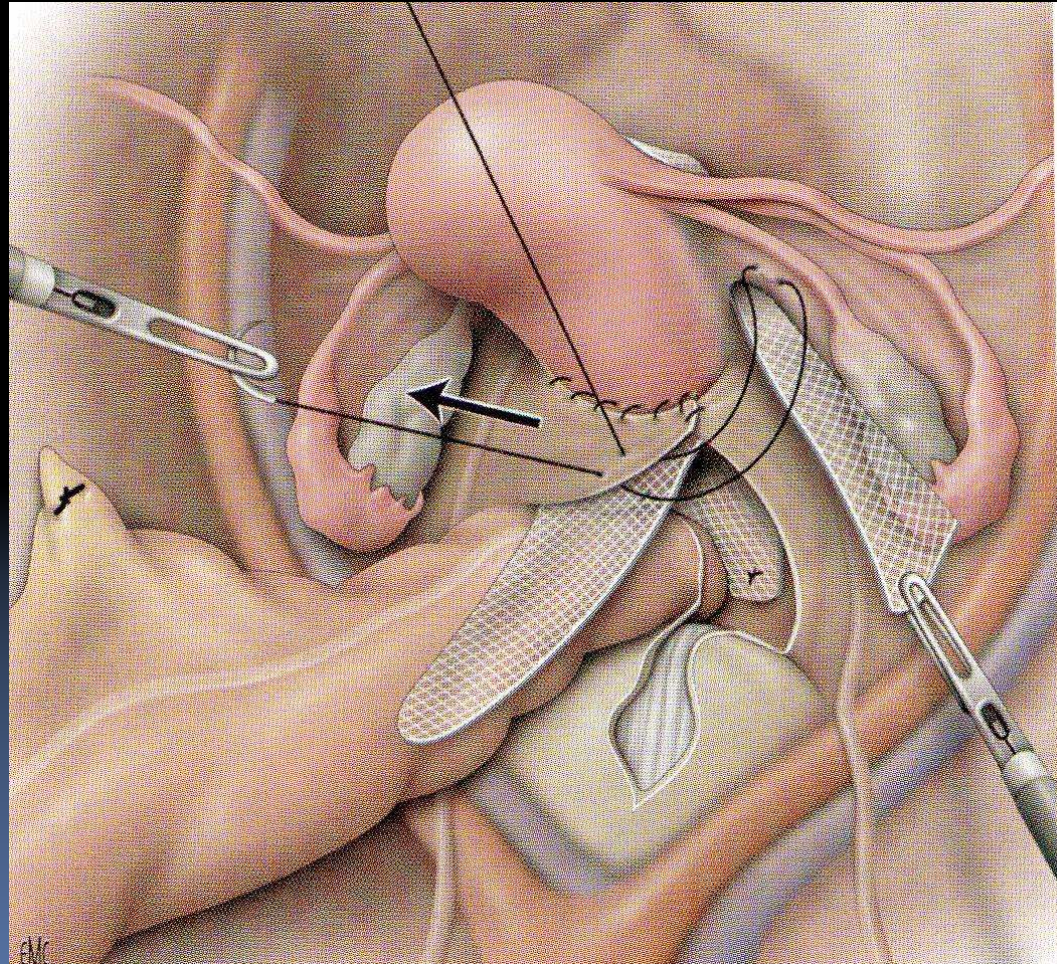
**CHIRURGIA TRANSVAGINALE
TRANSADDOMINALE**

?



SAPPIAMO QUALE E' IL REALE IMPATTO FUNZIONALE DELLE TECNICHE UTILIZZATE ?

CHIRURGIA PROTESICA ?

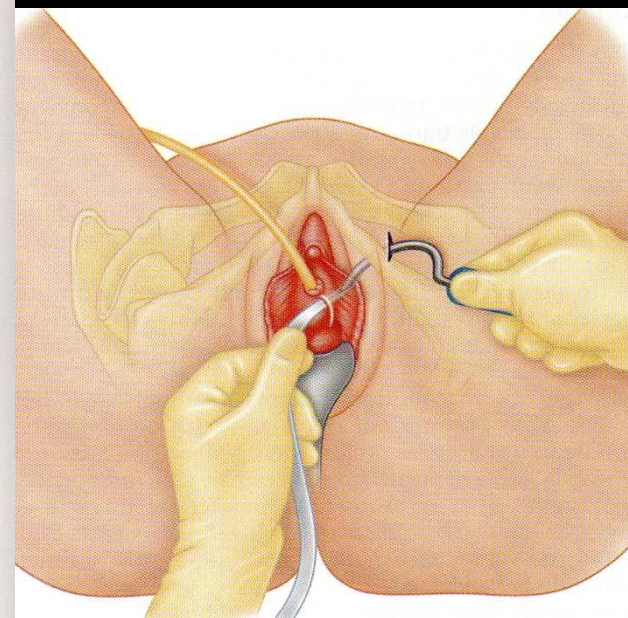


Women with both stress urinary incontinence and pelvic organ prolapse

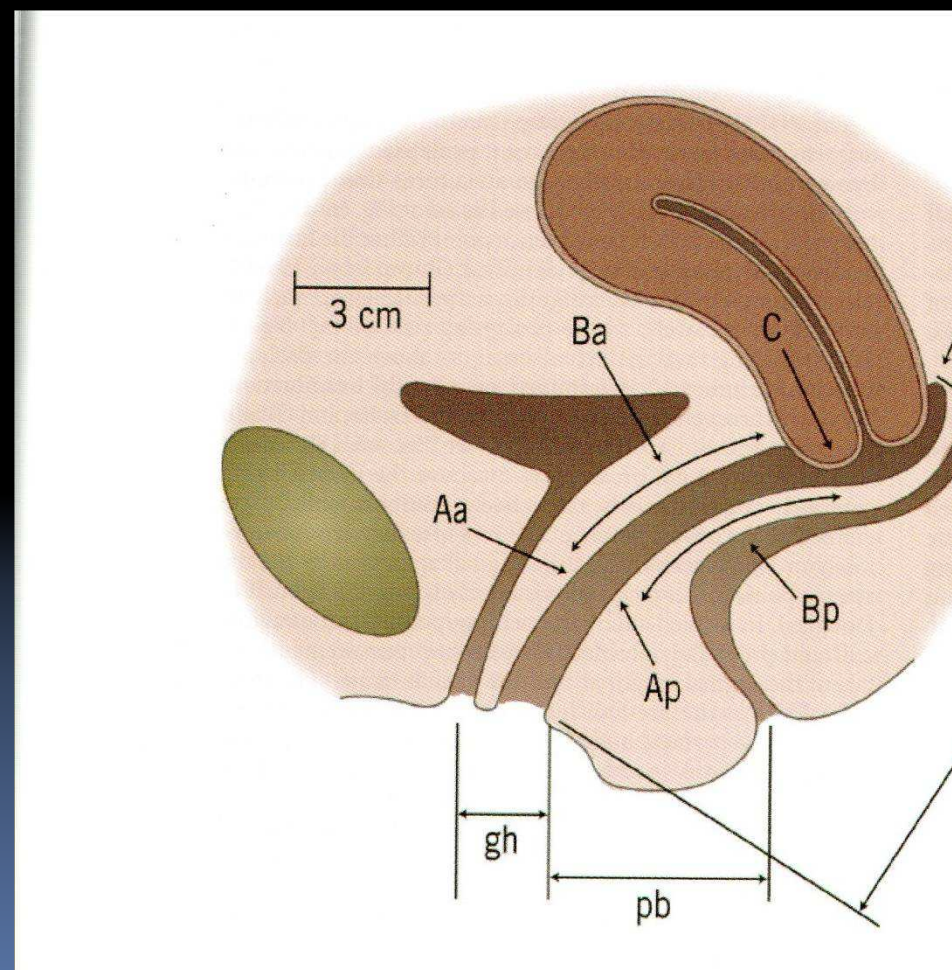
Recommendations for women requiring surgery for bothersome POP who have symptomatic or unmasked stress urinary incontinence	GR
Offer simultaneous surgery for POP and stress urinary incontinence.	A
Warn women of the increased risk of adverse events with combined surgery compared to prolapse surgery alone.	A
Recommendations for women requiring surgery for bothersome POP without symptomatic or unmasked stress urinary incontinence	GR
Warn women that there is a risk of developing de novo stress urinary incontinence after prolapse surgery.	A
Inform women that the benefit of prophylactic stress urinary incontinence surgery is uncertain.	C
Warn women that the benefit of surgery for stress urinary incontinence may be outweighed by the increased risk of adverse events with combined surgery compared to prolapse surgery alone.	A

POP = pelvic organ prolapse.

EAU: GUIDELINES 2015



***ESISTE UN LINGUAGGIO CONDIVISO TRA GINECOLOGI,
CHIRURGI, UROLOGI E RADIOLOGI ?***



***NEL BILANCIO PREOPERATORIO DEL PROLASSO PELVICO
QUALE RUOLO PER:***

URODINAMICA

RMN

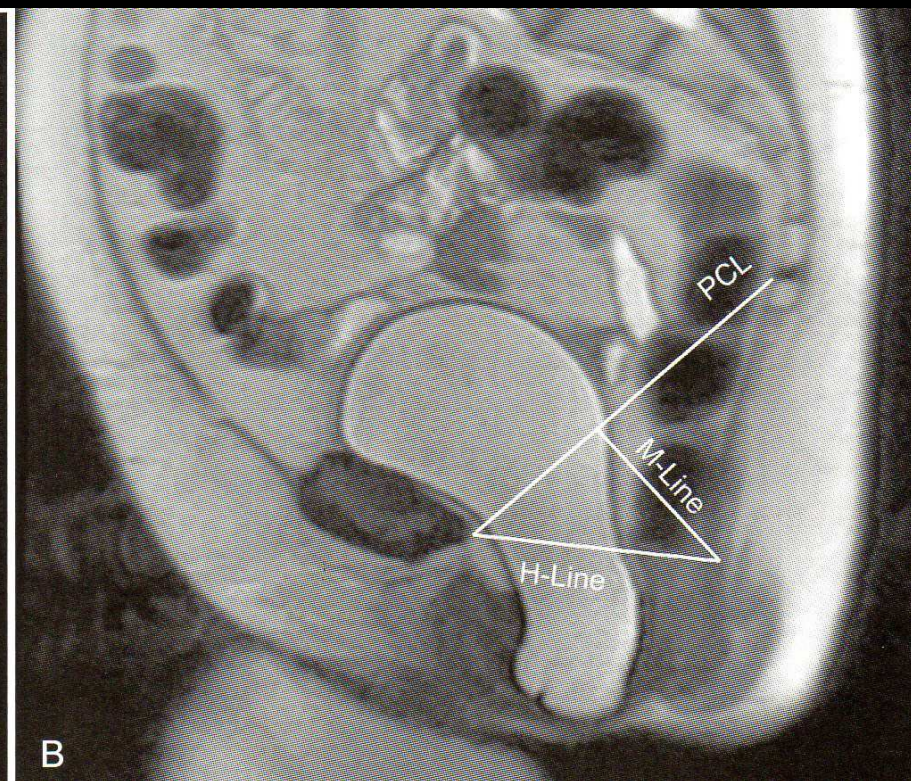
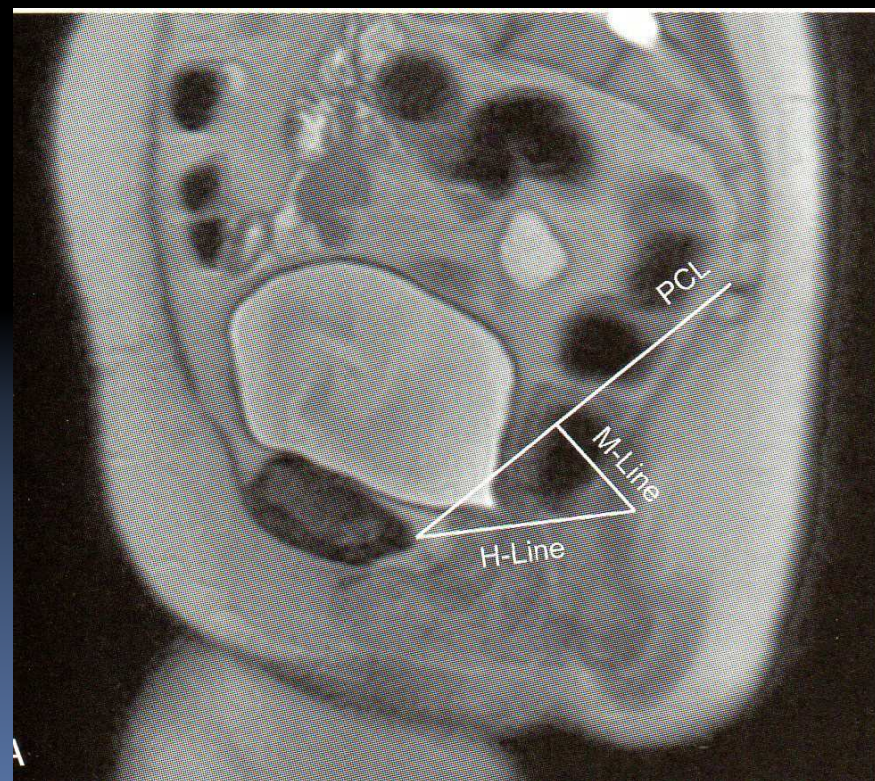
DEFECOGRAFIA

?

Urodynamics

Recommendations	GR
<i>(NB: Concerning only neurologically intact adults with urinary incontinence)</i>	
<p>Clinicians carrying out urodynamics in patients with urinary incontinence should:</p> <ul style="list-style-type: none">• ensure that the test replicates the patient's symptoms;• interpret results in the context of the clinical problem;• check recordings for quality control;• remember there may be physiological variability within the same individual.	C
<p>Advise patients that the results of urodynamics may be useful in discussing treatment options, although there is limited evidence that performing urodynamics will predict the outcome of treatment for urinary incontinence.</p>	C
<p>Do not routinely carry out urodynamics when offering conservative treatment for urinary incontinence.</p>	D

I CLINICI SONO CAPACI DI "LEGGERE" LE IMMAGINI FORNITE DAI RADIOLOGI ?



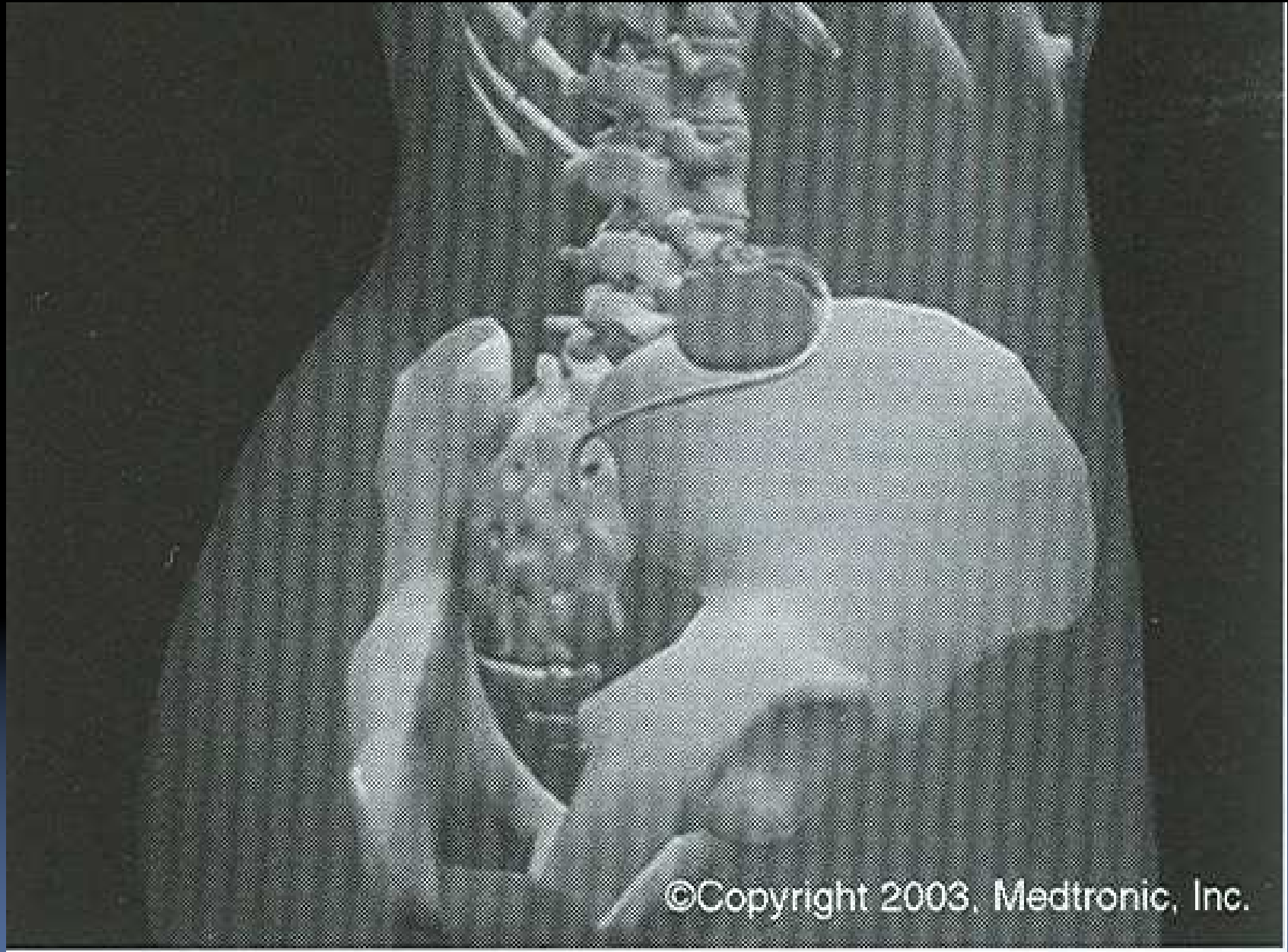
L'APPROCCIO MULTIDISCIPLINARE E' ORMAI SCONTATO.... MA:

-DIFFICOLTA' DELLE PAZIENTI AD ACCEDERE A UN PERCORSO CORRETTO

***-DIFFICOLTA' DELLE EQUIPE A DEDICARE TEMPO ALLE PATOLOGIE BENIGNE
NON URGENTI***

***-NECESSITA' DI STABILIRE UN VOLUME DI ATTIVITA' MINIMO PER GARANTIRE
LA QUALITA' DEL TRATTAMENTO***

-COSTO DEI PRESIDI E ATTRIBUZIONE DEI COSTI



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GRAZIE PER L'ATTENZIONE