Laparoscopic treatment of pelvic organ prolapse

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Department of Obstetrics and Gynecology Pelvic organ prolapse is the protrusion of the pelvic organs into or out of the vaginal canal. Most cases are the result of damages to the vaginal and pelvic support tissues due to childbirth or chronically elevated intra-abdominal pressure. It is symptomatic descent of one or more components of the vaginal wall, including the anterior wall, posterior wall, and the vaginal apex, which could lead to descent of the cervix and uterus or the vaginal cuff following a hysterectomy. The prevalence of pelvic organ prolapse varies between studies, but has been reported in larger observational studies of menopausal women in the range of 31-41.1%. The lifetime risk of undergoing an operation for pelvic organ prolapse is reported to be 11-19%. Hysteropexy and sacrocolpopexy are surgical techniques for repairing pelvic organ prolapse. Reconstruction can be achieved with an open abdominal technique or with the use of minimally invasive laparoscopic approach. Treatment approach is chosen in accordance with the type and degree of pelvic organ prolapse, as well as the patient's preoperative anaesthesiologists assesment and comorbidities.

The key aspect the procedures of uterine and vaginal prolaps is suspension to the sacral promontory in a manner that recreates the natural anatomic support provided by the uterosacral and cardinal ligaments, usually by tacking it to the sacral promontory. Laparoscopic sacrocolpopexy with use of polypropylen mesh is available treatment in our hospital since 2007. We have retrospectively analysed all cases till November 2017.Outcomes following abdominal hysteropexy and sacrocolpopexy typically have been reported in both objective and subjective cure rates. Objective results are based on an anatomic measurement system and subjective results arise from patient self-reporting by questionnaires. Key words:laparoscopy, genital prolaps, hysteropexy, sacrocolpopexy

Magnetic stimulation in the treatment of female urinary incontinence

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Urinary incontinence (UI) is becoming an increasingly common health problem around the globe, especially due to the growing share of the elderly population. In terms of etiology, several types of UI can be distinguished. UI treatment can be conservative or surgical, depending on several factors. Extracorporeal magnetic innervation (ExMI) is a conservative method that uses a magnetic field to stimulate the pelvic floor muscles by depolarizing the sacral nerve roots and causing contraction of the pelvic floor muscles. The presented study assessed the success rate of ExMI in treating various types of UI.

A clinical prospective non-randomized study was carried out at the Ljubljana University Medical Center. It included 84 randomly selected female patients, irrespective of their UI type. During the first session, each patient completed an ICIQ-SF and Gaudenz questionnaire. This was followed by 10 therapies on an ExMI chair. Three months after the therapy was completed, each patient came for a check-up and completed the third part of the questionnaire. The results were statistically analyzed using the Wilcoxon matched pairs test and the McNemar test for dichotomous variables.

A statistically significant reduction in the frequency of urine leakage and a reduced amount of urine leaked was determined for all three UI types. A statistically significant reduction in the daytime frequency of urine leakage was determined only for UUI and MUI, and a reduction in the frequency of daytime and nighttime micturition was established for UUI. The use of pads was reduced for all UI types. Improvement was largely established in younger, premenopausal subjects that do not have a neurological disease and/or diabetes. No statistical correlation was established between the intensity of magnetic stimulation and the success rate of UI treatment.

Results indicate that magnetic stimulation therapy for treating UI has a positive effect. The impact of urine leakage on everyday life was reduced in all UI types, and the stimulation intensity had no effect on the therapy success rate. UI improvement after ExMI therapy depends on the patient's age. Furthermore, the therapy demands good organization on the part of patients, which requires good personal motivation and more accessible ExMi devices.

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Croatian National Guidelines for Urinary Tract Infections (UTIs) Treatment in women

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Urinary tract infections (UTIs) are the most frequent bacterial infections in women. Over 50% of women population will have, once in a lifetime, urinary tract infection, and 25-30% will have reccurent episodes. Although,UTIs rarely have serious consequences they can cause pyelonephritis and