

2007. The patients' groups were: VVF after gynecological benign pathology (70 cases - 42.94 %); patients with operations for malignancies with/without radiotherapy (58 cases - 35.58 %); patients with BOX technique, 64 Gy plus BOOST with brachitherapy (14 Gy) and chemotherapy (21 cases - 12.88 %); patients with RVVF, both iatrogenic or after radiotherapy (14 cases - 8.58 %). The diameter of VVF was 1-5 cm or more. To diagnose malignancy, we performed biopsy from the margins of fistulous tract. The surgical treatment was Kiricuta's bladder omentoplasty (mobilization and lengthening of the omentum described in previous papers). We used two options of the technique: the anchoring the epiploic mesh at the margins of resected fistulous tract (for lesions more than 5 cm) or deep pull-through of the omentum into vagina (used in RVVF too, with temporary 6 month colostomy).

Results: We obtained good results in all first group patients (100%) and in 45 cases from the second group (77.58 %). The procedure was successful only in 11 third group patients (52.38 %) (neoplastic tissue not diagnosed before the operation) and in 12 last group patients (85,71 %). The overall positive results were 84.66 %.

Conclusions: In our opinion, the Kiricuta's bladder omentoplasty is a safe method for all VVF, especially in cases with large radiodistrophic fistula diameter and in VVF after radiotherapy alone (exception the evolutionary processes). The major indications are: fistula's large diameter (parameter more important than VVF etiology), vaginal stenosis after radiotherapy (other bladder plasties could affect ureteral dynamics) and also RVVF.

POS-01.05

Anatomic and functional comparison of pelvic floor in women with voiding difficulty and normal women

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Introduction & Objective: Voiding difficulty in women is a lower urinary tract disorder due to bladder outlet obstruction or detrusor weakness. Anatomic and functional study of pelvic floor can be effective on our therapeutical approach. By now, in our knowledge, there are no anatomic and function study of pelvic floor in women with voiding difficulty. In this study, we compared pelvic floor parameters of these patients with healthy volunteers. The objective is to compare the

anatomy and function of pelvic floor in women with and without voiding difficulty.

Methods & Materials: Our study is a case-control study of women with and without voiding difficulty. It is performed by an IPSS questionnaire, physical examination, urodynamic study (UDS) and dynamic and static 3D magnetic resonance imaging (MRI).

Results: There were 15 patients and 15 normal women. The average age of patients was 48.7. Urodynamic study (UDS) is performed just for patients and variables such as Post-Void residue (PVR), Average flow rate (AFR) and Maximal flow rate (MFR) and detrusor pressure at peak flow are studied. Then, MRI of patients and normal women is performed. Based on results of MRI, the mean posterior urethrovesical angle in normal volunteers and patients was 80 mm vs 70mm. There isn't statistical significant difference between two groups. (P=0.06). The mean distance of bladder neck from symphysis pubis normal volunteers and patients was 17.2 mm and 20.2 mm respectively. There is a statistically significant difference between the two groups (P=0.001<0.05). The mean distance of bladder neck from pubococcygeal line in normal volunteers and patients was 18.2 mm and 20.5 mm respectively. (P=0.001). The mean volume of levator and in normal volunteers was 22.1 cm³ vs. 35.8 cm³. (P=0.001).

Conclusion: Based on this study, the volume of levator ani in pelvic floor of patients is more than that in normal women. This increased volume can be effective on pathophysiology of this disorder.

POS-01.06

Novel technique for the treatment of stress urinary incontinence: early outcomes

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Purpose: To evaluate the efficacy of using placard-shaped insitu anterior vaginal wall sling, reinforced with semi-size polypropylene mesh, in the treatment of stress urinary incontinence.

Material & Methods: Twelve patients with mean age of 51.08 years (range 27-73) were operated upon due to stress urinary incontinence (SUI) from Augustus 2006 to February 2007. In all patients, gynecologic examination revealed urethral hypermobility with or without cystocele. Only one patient was operated before due

to SUI while the remaining patients were primary cases. The placard-shaped insitu anterior vaginal wall sling, reinforced with semi-size monofilament polypropylene tape, was used as anti-incontinence surgery. The mean follow-up period was 3.83 months (range 2-8). Intra-operative cystoscopy was performed in each patient to rule out urethral or bladder penetration. All patients were hospitalized for one to two days. Foley catheter was removed after one week in the postoperative period. Measurement of the post voiding residual urine was done by real abdominal ultrasound after the removal of Foley catheter.

Results: All patients had benefit from the surgery; Ten patients completely cured and two patients showed partial improvement. The ages of these two patients were 73 and 69 years respectively and the later case was diabetic. One patient had urinary retention which was resolved after decrease the tension of suspension sutures in theater under anesthesia. One patient had wound sepsis in form of suprapubic tenderness and redness which was treated by oral antibiotics and anti-inflammatory drugs. Neither bowel nor urethral injuries were recorded and cystoscopy revealed no bladder penetration. No post voiding residual urine was detected after catheter removal.

Conclusion: The early results of this technique is encouraging. It is easy to learn and economic with good success rate. Urethral erosion is less likely to occur due to the presence vaginal mucosa between mesh and urethra. Also long term success is expected, as no relaxation of the suspension suture will occur. Longer term follow-up and larger number of patients is needed before a final conclusion could be drawn.

POS-01.07

Anatomical basis for effective placement of adjustable continence therapy (ACT®) balloons for treatment of female stress urinary incontinence

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Objectives: The adjustable continence therapy device (ACT®) has been developed for Intrinsic Sphincter Deficiency (ISD) in women. We aimed to reproduce in cadaveric dissections the recommended ACT placement and determine the exact