

出國報告（出國類別：開會）

國際尿失禁學會（International Continence Society，簡稱 ICS）第 54 屆年會會議報告

服務機關：國立臺灣大學醫學院附設醫院

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派赴國家：西班牙

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摘要

本次參與國際尿失禁學會(ICS)第 54 屆年會，開會地點在西班牙馬德里匯聚了來自世界各地的婦女泌尿科醫生、研究人員和醫療專業人員。。本次會議目的主要是在學會中報告在臺大醫院的臨床技術分析研究、發表前瞻性探討本院與新竹分院病患接受腹腔鏡輔助骨盆腔脫垂韌帶懸吊手術時，手術之有效性及安全性的病例分析論文，我們團隊手術的臨床技術分析研究、臨床技術發展與分析比較研究，對於手術之有效性及安全性的病例分析論文，並與各國學者進行知識交流，參與研究報告研討，讓各國見到臺灣婦女泌尿手術與研究的進步。

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本文

目的

本次參與國際尿失禁學會第 54 屆年會，開會地點在西班牙馬德里。國際尿失禁醫學會起源於英國 1971 年，對於專攻婦女泌尿的醫師、泌尿科、女性功能性泌尿學、婦科、神經科、老人醫學及物理治療師都是有相關性的。本次會議目的主要是在學會中報告在臺大醫院的臨床技術分析研究、發表前瞻性探討本院與新竹分院病患接受腹腔鏡輔助骨盆腔脫垂韌帶懸吊手術時，手術之有效性及安全性的病例分析論文: Prospective Comparison Of Laparoscopic Pectopexy And Sacropexy With Vaginal Native Tissue Repair: The One-Year Result.，並與各國學者進行知識交流，參與研究報告研討。研討會中與各國多所醫院醫師與學者有極多互動並互邀進一步合作。與會前會後專家學者的意見交流，收穫頗豐。



抵達國際尿失禁學會第 54 屆年會會場



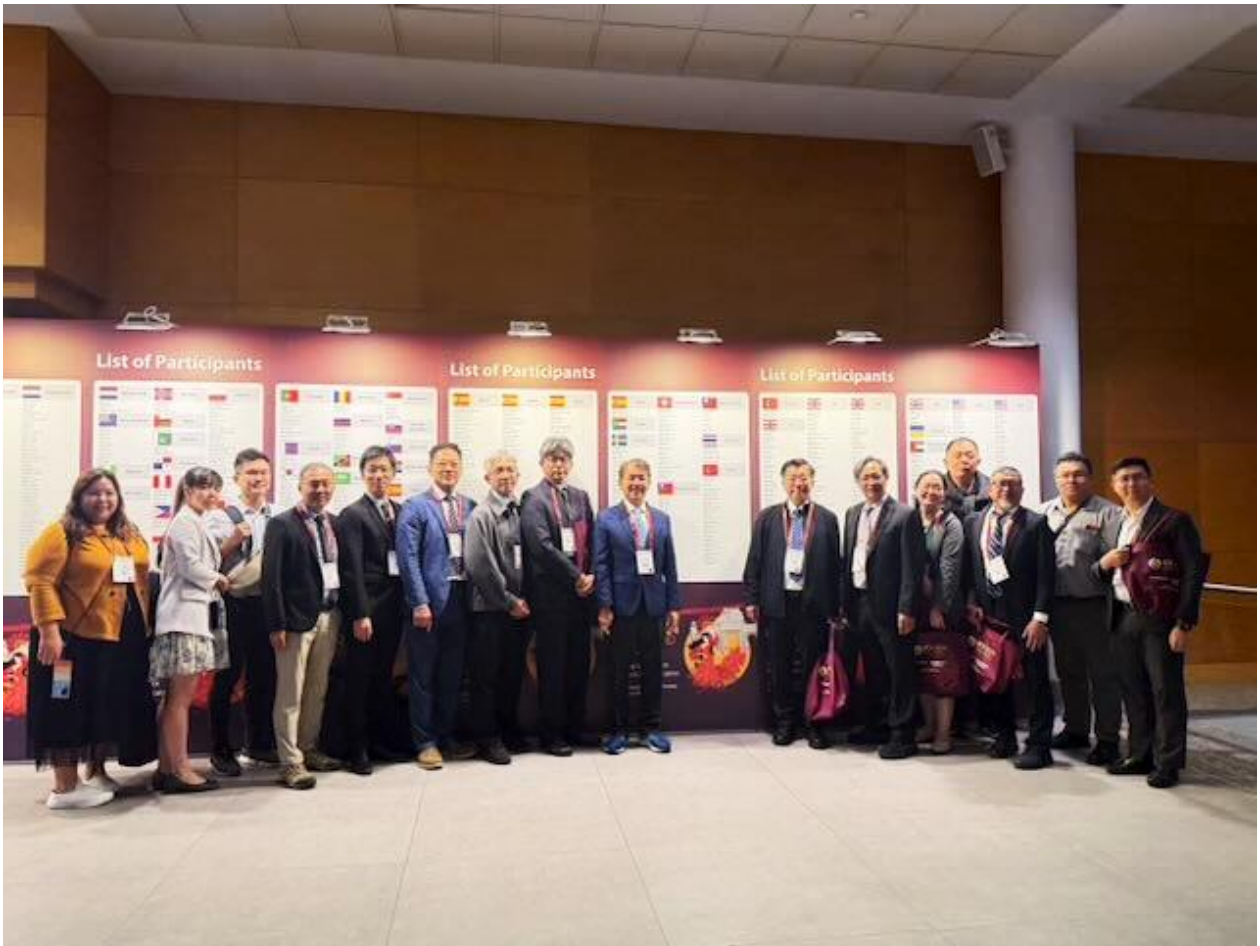
國際尿失禁學會第 54 屆年會會場盛況



本次會議由臺灣福爾摩沙婦女泌尿醫學會 FUGA 學會組團參加，臺大醫院主要由許博欽教授在學會中指導吳晉睿之論文發表、與年輕主治醫師/研修醫師報告在臺大醫院腹腔鏡微創輔助骨盆腔脫垂韌帶懸吊手術的臨床技術分析研究、臨床技術發展與分析比較研究，對於手術之有效性及安全性的病例分析論文，並與各國學者進行知識交流，參與研究報告研討，讓各國見到臺灣婦科手術與研究的進步，並讓臺大在婦女泌尿領域可以承先啟後。



會議中論文發表



臺灣與會人員合影



心得

會議中的重點是關於婦女泌尿學在定義未來的骨盆重建的走向，以及正確定義疾病與評估方式、和臨床上保守治療以及手術治療後的追蹤，都是重要的議題。未來會更重要的思考是以人為本的臨床決策，與醫病共享決策都會是未來治療與學術重要課題。目前學會所重視的論文，大部分是大規模的國家登記的系統性研究與資料庫研究，而大型的 case-control study，與長期的治療預後追蹤研究，也將會作為我們未來所擬定的研究主題與方向。在慢性骨盆疼痛與神經學的跨科部相關性研究，也在本次學會有專門討論，未來需統整各科醫師跨科部相關性研究，才能形成團隊治療此類疾病。



建議事項

本次會議主要是在學會中報告在臺大醫院的臨床技術分析研究、發表前瞻性探討本院與新竹分院病患接受腹腔鏡輔助骨盆腔脫垂韌帶懸吊手術時，手術之有效性及安全性的病例分析論文: Prospective Comparison Of Laparoscopic Pectopexy And Sacropexy With Vaginal Native Tissue Repair: The One-Year Result.，並與各國學者進行知識交流與研究報告研討。分析論文:主要是探討新竹臺大婦女泌尿骨盆脫垂的統計狀況，總共有一百例的前瞻性研究報告，這一次報的是一年的追蹤報告，探討本院與新竹分院病患接受腹腔鏡輔助骨盆腔脫垂韌帶懸吊手術時，手術之有效性及安全性的病例分析，除了與國際上其他兩組雙盲試驗有類似的成果，我們也注意到未來會容易復發的區域，這對於手術治療的改進是很重要的。本次出國開會提供更多資源鼓勵年輕師參與國際醫學會，對於年輕醫師在國際學會發表論文的經驗，亦有極大助益，並能讓各國見到臺灣婦科婦女泌尿骨盆脫垂手術與研究的進步。詳列發表論文題目如下:

Prospective Comparison Of Laparoscopic Pectopexy And Sacropexy With Vaginal Native Tissue Repair: The One-Year Result.

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Hypothesis / aims of study

Pelvic organ prolapse (POP) is a prevalent condition affecting many women, particularly in the postmenopausal age group. Laparoscopic sacropexy is considered the gold standard for its treatment, but laparoscopic pectopexy has emerged as a less invasive alternative. However, comprehensive comparative studies between the two procedures are lacking.

Study design, materials and methods

We prospectively enrolled 80 women with POP-Q stage II or higher and performed either laparoscopic pectopexy(n=39) or sacropexy(n=41). The two groups assessed and compared demographic characteristics, intraoperative and postoperative parameters, objective and subjective outcomes, and complications.

Results

Both procedures demonstrated effectiveness in treating POP, with differences observed in certain parameters. Patients undergoing pectopexy were older($p<0.01$) and had higher parity than those in the sacropexy group, reflecting surgeon or patient preference for a less invasive procedure. The postoperative pain score at 6 hours or 24 hours were similar in both groups. The hospital stay were 3.95 ± 1.82 days in the pectopexy and 4.17 ± 2.76 days in the sacropexy group with no significant difference. The complications of pectopexy and sacropexy group revealed some procedure-specific complications, both the pectopexy and sacropexy patients had much improvement.

Interpretation of results

The comparison between laparoscopic pectopexy and sacropexy for treating pelvic organ prolapse (POP) is essential for guiding surgical decisions. Our study sheds light on their clinical outcomes, revealing notable differences that can influence patient care. Patients undergoing pectopexy were typically older and had higher parity, indicating a possible preference for a less invasive procedure in this demographic. Pectopexy showed advantages such as shorter operation time and less blood loss, aligning with previous findings. Although both procedures had similar short-term recovery periods, sacropexy carried a higher risk of severe complications like postoperative ileus, discitis, and vascular

injury. Objective outcomes measured by POP-Q points demonstrated significant improvement in both groups, but sacropexy showed better results in the anterior and posterior compartments at the 12-month follow-up. This may suggest that the fixation sites of pectopexy may not achieve the same height as sacropexy, possibly requiring additional procedures to prevent long-term recurrence. Subjective outcomes were similar between the two procedures, indicating comparable patient satisfaction. Our study's strengths lie in providing comprehensive objective outcomes and utilizing sufficient sample sizes with high patient compliance. However, limitations include the lack of randomization and long-term postoperative follow-ups. Pectopexy was associated with shorter operation time (146.62 ± 36.62 minute, $p=0.01$) and less blood loss (27.69 ± 73.18 ml, $p<0.05$), while sacropexy showed slightly better Aa, Ba, and Ap points at 12 months ($p<0.05$). The subjective outcomes were responded according to the questionnaires (Table 4). In the preoperative and postoperative 12-month