

#26100

IS VAGINAL NON ABLATIVE RADIOFREQUENCY TREATMENT EFFECTIVE IN IMPROVING OVERACTIVE BLADDER SYMPTOMS?


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Hypothesis / aims of study

Genitourinary Syndrome of menopause

- ❖ New terminology for vulvovaginal atrophy from the International Society for the study of women's Sexual and the North American Menopause Society .
- ❖ Chronic condition that effects vagina,vulva and lower urinary tract, associated with low estrogen levels.
- ❖ When estrogen levels begin to decrease,it can lead to changes in the anatomy and function of these tissues that include :skin thickness,elasticity,poor lubrication ,muscle function with pelvic floor dysfunction



Poster by Dr. Gopal K. Vaginal Health Technology Conference Panel: Genitourinary syndrome of menopause: new terminology for vulvovaginal atrophy from the International Society for the Study of Women's Sexual Health and The North American Menopause Society

Therapeutic goals :


- ❖Alleviate symptoms of GSM
- ❖Alleviate OAB symptoms
- ❖Preserve sexual function
- ❖Decrease the anatomic changes due to atrophy

Study design, materials and methods

Patients and Method

- ❖ **N30 Menopause**
- ❖ Mean Age 51 years (33-87)
- ❖ Parity 2,5 (range 0-4)
- ❖ Previous surgery procedure 9 (hysterectomy) 3,2 %
- ❖ All patients refuse systemic or local estrogen therapy
- ❖ Pap test and vaginal swabbing were performed to rule out local lesions or infections
- ❖ All patients were recruited signed an informed consent form

❖ **DIAGNOSIS:** 65% after 1 year of menopause
85% after 6 years of menopause



Adile, Palma , Becker, 2023

Exclusion criteria

- Associated stress urinary incontinence
- Urynary tract infections
- Pacemaker or other implanted metallic or electronic device,permanent implant in the treated area
- Cardiac disorders
- Hormone replacement therapy up to 6 months before

Criteria to evaluate the results


- ❖ **VHI (Vaginal Health Index)** scor used to evaluete vaginal status (T0 T1) ,with 5 parameters: elasticity, pH, epithelial integrity and moisture. Each parameter was grated from 1(worst condition) to 5(best condition)d finally3 months and six months after final treatment
- ❖ **Global Quality of life** questionnaire (SF12)
- ❖ **Visual Analog Scale (VAS)** on GSM symptoms (which is based on a score from 1 to 10, where 1 indicates the absence of symptoms and 10 indicates a very disabling symptoms
- ❖ **OAB-Q SF** for overactive bladder symptoms
- ❖ **Sexual Function Index (FSFI)** about sexual activity ,sexual intercourse and sexual stimulation

Protocol

- RF session once a week
- Seven weeks
- Monopolar, capacitive intracavitary
- Self adjusted frequency 0,8 Mhz, 1 Mhz o 1,2 Mhz
- Capergy device indicates usin LED light what is the best frequency for treat the tissue
- Quality of tissue varies from patient to patient

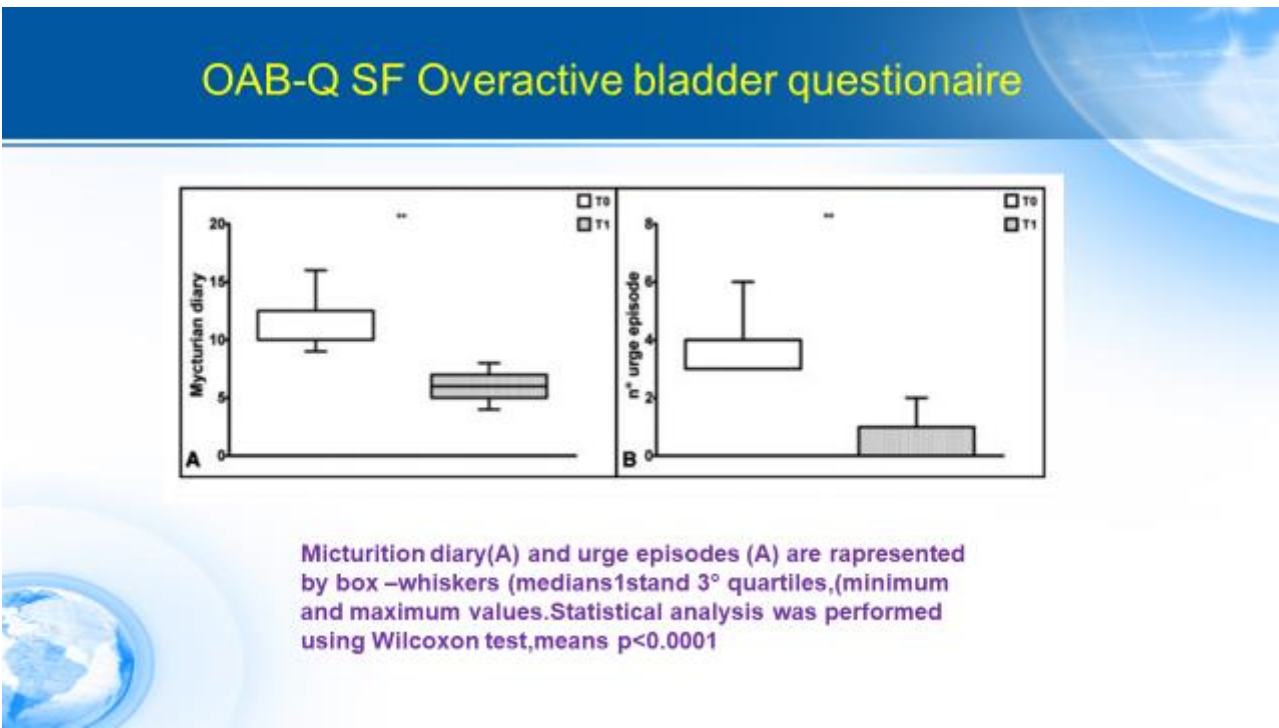
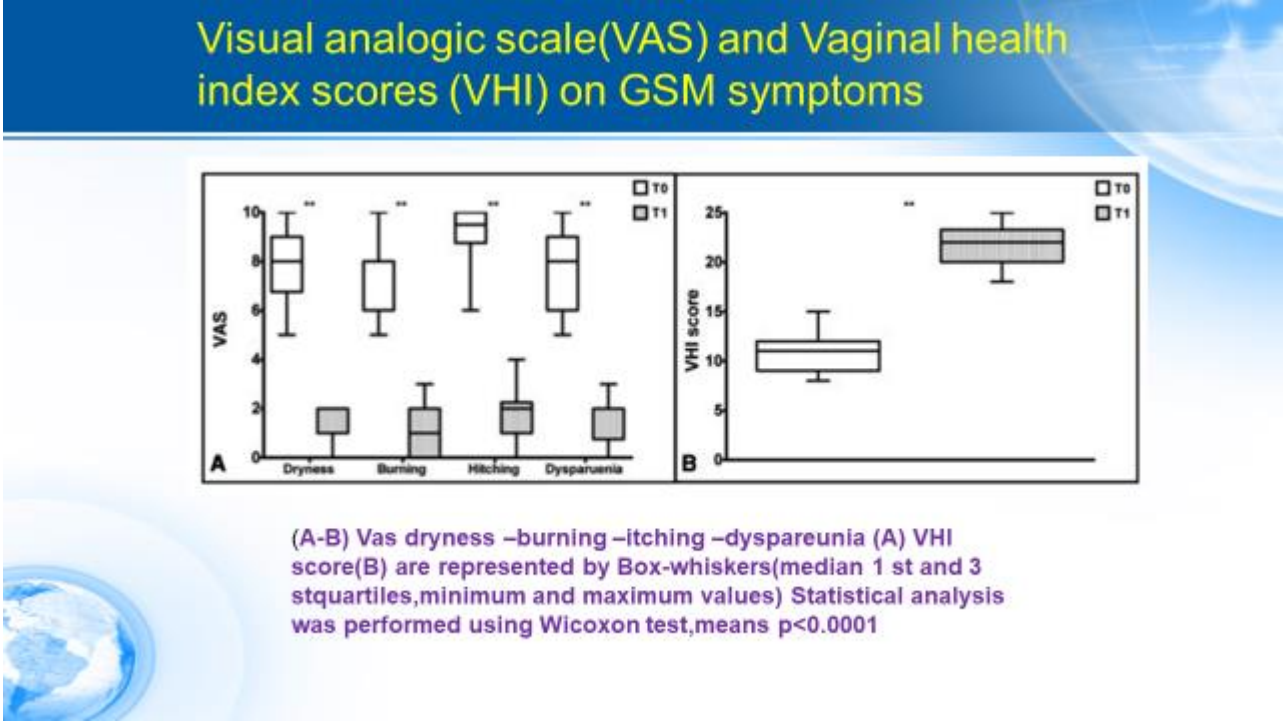
RADIOFREQUENCY DEVICE

- Low risk
- Outpatient procedure
- No anesthesia required
- No side effects



Capacitive Resistive Energy Transfer Equipment, CAPENERGY, Spain

Results



Conclusions

Radiofrequency is a promising technique to treat GSM and OAB

A significant improvement in the micturition diary was achieved

RF is a safe, painless, nonsurgical, outpatients procedure and improves significantly the quality of life.

References

ORIGINAL ARTICLE

<https://doi.org/10.1590/1806-9282.20235129>

Applicability of vaginal energy-based devices in urogynecology: evidence and controversy

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