

791

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PRACTICE PATTERN IN THE TREATMENT OF PELVIC ORGAN PROLAPSE AMONGST TURKISH UROLOGISTS.

Hypothesis / aims of study

To determine the trends in the treatment of pelvic organ prolapse (POP) amongst Turkish urologists.

Study design, materials and methods

163 urologists working in Turkey were asked to fill in a questionnaire concerning their daily management of POP. The questionnaires were distributed at four local meetings and at one national meeting of female and functional urology.

Results

57 urologists answered the questionnaire. The total response rate was 34.9%. For about 92.9%, POP took up less than 25% of daily consult activity. Anterior vaginal prolapse was the most common type seen in daily practice (92.9%). Most frequently used diagnostic methods were physical examination (98.2%), post-void residual urine measurement (54.3%), uroflowmetry (42.1%), patient reported outcome (PRO) measures (28.0%), and voiding diary (19.2%). Prior to surgery, most frequently used POP classification systems were POP-Q (70.8%) and Baden-Walker (25%). 80.7% of respondents were performing supine stress test with POP reduction. 17.54% of respondents were performing urodynamics with POP reduction, while 80.7% not. 77.1% of respondents were not using vaginal pessaries as initial treatment. 73.6% and 24.5% of the respondents were performing 1-2 and 3-5 POP surgery in a month, respectively. 50.8% and 49.1% of respondents were using general and regional anaesthesia in POP, respectively. 54.3% and 45.6% of respondents were preferring mesh repair and native tissue repair in POP surgery, respectively. 64.5% and 32.5% of respondents were using commercial polypropylene meshes and "self-cut" polypropylene meshes, respectively. 64.9% of respondents were performing stress urinary incontinence (SUI) surgery in patients with combined POP and SUI. During POP repair, 71.9% of respondents were not assessing occult SUI, and 78.9% of respondents were not performing continence procedure for occult SUI. The most preferred surgical procedure was abdominal sacrocolpopexy for vaginal vault prolapse (40.3%), anterior repair for anterior vaginal prolapse (66.6%), and posterior repair for posterior vaginal prolapse (68.4%).

Interpretation of results

POP repair with polypropylene meshes are common amongst Turkish urologists. Commercial meshes are preferred, while self-cut meshes are also used. 2/3 of the Turkish urologists perform concomitant SUI surgery in patients with combined POP and SUI. Generally, occult SUI procedure is not performed during POP repair.

Concluding message

POP repair with polypropylene meshes are common amongst Turkish urologists. Abdominal sacrocolpopexy, anterior and posterior repair are the most preferred surgical procedures

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