

Highlights of IUGA 37th annual meeting in Brisbane 2012

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Received: 30 January 2013 / Accepted: 23 February 2013 / Published online: 23 March 2013
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It was a long journey for most of the international delegates who came to Brisbane, Australia for the 37th International Urogynecological Association (IUGA) annual scientific meeting this year. Despite the distance, there was not sufficient time to digest all the abstracts in-flight. Indeed, 17 nations were represented, with 1,400 delegates attending the 2012 IUGA. There were 21 workshops in the first 2 days, 7 state-of-the-art roundtable addresses and debates, 96 podium/video presentations, and 228 poster presentations. The meeting began with interactive workshops which were all popular, especially Abdul Sultan's anal sphincter repair, the 3 ultrasound workshops, the anatomy cadaver workshop with John DeLancey, and the Urogynaecological Society of Australasia (UGSA) live surgery demonstration chaired by Mickey Karram and Malcolm Fraser.

The extensive scientific program, which also included the European Urogynecological Association (EUGA) surgical course and Ibero-American urogynecology session, catered to a variety of experience and educational needs. The complementary nature and high caliber of the scientific program was evident. Basic science communications gave an overview of current research interests including one describing the effects of cyclic mechanical loading on fibroblasts from women with different Pelvic Organ Prolapse Quantification (POP-Q) stage [1]. High-quality studies followed with two randomized controlled trials on the most controversial topic

of the day: the mesh repair [2, 3] and a Cochrane review [4] which was awarded best abstract. Further surgical studies included one where the classical Richter suspension (vaginal sacrospinous fixation) at hysterectomy had a higher failure rate in patients with levator injury and was significantly inferior to the mesh procedure [5] and another where better anatomical and functional success rates were reported with mesh compared with traditional anterior colporrhaphy [2]. Surgical procedures were assessed on quality of life [6] and symptoms [7] with greater emphasis on these than anatomical results, highlighting the importance of subjective outcomes. Nonrandomized controlled studies included, for example, in the surgical complication category, the importance of diagnosis of intraoperative visceral injury to the bladder with the methylene blue test and digital rectal exam in vaginal surgery [8, 9]. An elegant demonstration of abdominal prolapse repair with robotic assistance was shown in the video category [10]. The category of urinary dysfunction included topics such as "Does surgery for urinary incontinence in women affect their use of symptom-relieving medications?" [11], musculoskeletal pain evaluation of patients with interstitial cystitis [12], and a systematic review of bulking agents for urinary incontinence [13].

A wide range of conservative therapies were evaluated, including the safe and effective use of pessary over a median duration of 35 months [14], a prospective multicenter study of solifenacin for overactive bladder [15], and the role of percutaneous stimulation with sensory response as a predictor of success [16]. Bladder reeducation and physiotherapy were reemphasized with regard to their role in the management of urinary incontinence [17]. Obstetric and perineal care was highlighted in two studies on anal sphincter injuries [18] and episiotomy evaluation [19]. There was a fascinating presentation on the utility of an open configuration dynamic magnetic resonance imaging (MRI) proctogram [20], showing that erect sitting and supine MRI proctograms are similar in assessing functional and anatomical disorders of the anorectum.

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The best oral poster by a fellow was awarded to Dr. Farah Lone for “Vascularity of the urethra in urinary continent women using color Doppler high-frequency endovaginal ultrasonography (EVUS)” which described the impact of parity on decreasing the vascularity of the urethra [21]. The best podium presentation by a fellow was awarded to Dr. Julien Labrie who presented “Long-term results of pelvic floor muscle training or midurethral sling surgery for female moderate to severe predominant stress urinary incontinence: a randomized controlled trial” [22]. The award for best abstract [4] went to Dr. Corina Schmid, who presented the updated 2012 Cochrane review for surgical management of POP. The best video presentation [23] went to Dr. Philip Rahmanou who presented his unit’s experience in laparoscopic hysteropexy in women with 1–4 years follow-up.

The state-of-the-art lecture was an impressive double act by Peter Dietz and Ranee Thakar where they illustrated their approach and utilization of transperineal and endovaginal ultrasound imaging in the clinical management of pelvic floor dysfunction and as a valuable research tool. The roundtable session “Can the pelvic floor withstand vaginal delivery” was also expertly constructed and delivered. Through biomechanical modeling, John DeLancey demonstrated how parturition impacts on the female pelvic floor. Don Wilson presented the PROLONG longitudinal study that examines how mode of delivery influences reported pelvic floor symptoms 12 years later.

The Ulf Ulmsten Memorial Lecture was elegantly presented by Anthony Smith on a subject with which he has great expertise and is closely aligned to IUGA’s mission statement: teaching and learning in urogynecology. One particular highlight of the meeting was the debate “The FDA got it all wrong on transvaginal meshes” between Michel Cosson/Dennis Miller (affirmative) and Matthew Barber/Kaven Baessler (negative). A further career in politics would not be out of the question for these accomplished debaters. Oratory skill, heartfelt passion, and more than a touch of philosophy continued in the second debate “Pelvic floor exercises are overrated” delivered by James Malone-Lee/Soren Brostrom (affirmative) and Kari Bø/Helena Frawley (negative). The audience voted for the negative on both occasions but the real winners were the meeting delegates.

It goes without saying, engaging our fellows’ bears strategic importance, for they are the future of our association. There was a dedicated full day (pre-congress) together with a workshop for basic science coupled with an awesome committee to manage the future of urogynecology. International delegates are encouraged to visit the IUGA website for the numerous grants available.

Was it all work, no play? Of course not. The welcome reception was on Australia’s only beach in the middle of a city with the closing night on the lawn of All Hallows’ Girls

School, overlooking the beautiful lights over Brisbane River. The convivial atmosphere was extended by the “exercise without urgency” walk and fun 5-km run through the lovely river area of Brisbane. For the international guests, soaking up the Aussie atmosphere perhaps with beer in hand, we believe this truly world-class meeting was worth the jet lag and a return trip to Down Under may not be too far in the future. On behalf of the Australian delegates we were truly privileged to attend this wonderful meeting held in our own country.

Acknowledgments We wish to acknowledge the tremendous work by Professors Christopher Maher and Peter Dwyer as Chair and Co-Chair of IUGA 2012 together with members of the Scientific Committee and the local organizing committee and affiliated societies. We also acknowledge the contributions from other IUGA committees, the executive, the IUGA office and chairpersons and speakers of all sessions, to make Brisbane a very memorable IUGA meeting.

Conflicts of interest VL has no conflict of interest. JL & AR are investigators in an ongoing RCT of midurethral slings and have received an external research grant from American Medical Systems and Boston Sci.

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