



Abstracts of oral communications

Oral Presentation 1

O1

Results of trans obturator tape procedure in Cerrahpasa Faculty of Medicine

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Objectives: The aim of the study is to analyze the short and long term results of our experience of 162 cases who underwent trans obturator tape (TOT) procedure.

Materials and methods: One hundred and sixty two patients who underwent trans obturator tape procedure due to stress urinary incontinence (SUI) at the Department of Obstetrics and Gynecology Istanbul University, Cerrahpasa School of Medicine, Istanbul, Turkey between January 2006 and December 2014 were reviewed retrospectively. The preoperative evaluation included history taking, mean age of the cases, body mass indexes, physical examination, voiding diary, stress test, and a comprehensive urodynamic examination. Operation type (inside-out, outside-in), durations of operations, concomitant cystocele and rectocele operations are the parameters for intraoperative evaluation. Postoperative evaluation included stress test, questionnaire, rates of intra-operative and post-operative complications and lengths of post-operative hospital stay.

Results: Mean age of the patients was 43.1, the mean hospital stay was 1 day and the mean duration of the operations was founded as 19 min. Inside-out method was preferred at 37 of the cases and 125 cases were undergone outside-in TOT procedure. 70 of the patients underwent concomitant cystocele–rectocele operation. The length of follow-up time was minimum 2 months and maximum 105 months. Four of the cases underwent TOT revision procedure and three patients underwent mesh removal due to mesh erosion. There was no significant difference in success rates between the inside-out and outside-in TOT procedures (84%, 86%). In one case urethral injury was recorded.

Conclusion: In our patient population, the success rates were similar between the inside-out and outside-in TOT procedures.

Both techniques are feasible and safe with low complication rates.

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O2

HRT use and breast cancer incidence in the clinical setting of a menopause unit

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Introduction: RR data from clinical trials suggests that breast cancer risk (BCR) from HRT is too high, but one woman risk using HRT to ameliorate menopausal (M) symptoms is very small. Perhaps, observational studies at the clinical setting better reflect clinical practice showing the real impact of our HRT prescriptions on BCR.

Objective: To know BC incidence in women referred to our Menopause Unit to be advised about HRT.

Methods: Retrospective case–control study of postM women 45–60y attended to be advised about HRT use (1998–2013). Women with high-BCR, previous cancer, prevalent serious disease, M before 40, thrombotic risk, or follow-up less than 1y were excluded. We considered ever users if used HRT more than 6 months and never users in other case. BC was identified from clinical computerized records. Follow-up was considered from visit of HRT use evaluation until last registered visit; Total use of HRT included periods of time with confirmed use of any kind or dose. Local therapy was not considered HRT.

Results: 603 women, 51.0 ± 3.6 y at first visit (menopause 48.8 ± 3.2) composed our study group. Follow-up was 100.7 ± 5.0 (12–190)m (8.4 years/woman). 241 were never users and 362 used HRT for 70.4 ± 50.8 m (6–204). Cumulative incidence of BC in never users was 2.9% (7 cases) and in HRT users 3.3% (12) (n.s. differences). BC were diagnosed at 77.9 ± 69.0 m (3–152) in never users and 68.5 ± 50.5 m (15–167) in ever users. Of the 12 BC in HRT users, 7 were found during treatment (15, 21, 21, 30, 42, 50, 118 m) and then stopped, and 5 cases 10, 12, 45, 70, and 70 m after HRT withdrawal (previous use 20–109 m).

Conclusions: HRT prescription and use in our Unit did not introduce detectable differences in BC incidence. 31 BC/1000 women

(without high-BCR or contraindication for HRT, with 60% of them using it 5.8 y) can be expected in 8y without differences between HRT use or not. Our study does not exclude cause–effect relation but shows low impact for clinical practice.

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O3

Relationship between body composition, physical fitness and urinary incontinence in non-institutionalized postmenopausal women: the elderly EXERNET multicentre study

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Introduction: The aim of this study was to analyze the relationship between body composition, physical fitness (PF), and urinary incontinence (UI) in non-institutionalized postmenopausal women (NIPW).

Methods: A total of 471 NIPW (age: 74.6 ± 5.2 yrs) completed eight PF tests [1]. UI was assessed using standard procedures and validated questionnaires (ICIQ-SF and Cervantes Scale) [2,3]. Body composition measurements included body mass index (BMI), waist circumference (WC) and body fat percentage (%BF) assessed using bioelectrical impedance. Participants' PF and %BF were graded according to age-related percentile values for Spanish elderly [1,4]. Subjects were stratified according to their calculated fitness index (FI).

Results: UI was present in 28% of the participants. Women with UI showed higher values of BMI, %BF and WC (all $p < 0.05$) compared to women without UI; whereas a trend ($p = 0.08$) to a lower value was found in relation to their FI. Three out of eight UI variables measured showed significant worst values in lower FI quartiles compared to upper quartiles ($p < 0.05$). Risk of suffering from UI increased by 87% in obese compared to normal %BF women [95%CI (1.01–3.17)] while no significant results were found when PF, WC and BMI were included in the model.

Conclusion: A negative effect of excess of fat mass and a positive effect of increased PF on UI were found. Interventions involving weight management and improvement of PF in NIPW could be a good strategy to reduce UI. Further studies are warranted on this topic.

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O4

Mortality trends in middle aged and older women in the Netherlands: beneficial effect of menopausal hormone therapy

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Introduction: Compared to other European countries, menopausal hormone therapy (MHT) is least used in the Netherlands. Concerns about outcome when MHT is not used despite being indicated followed forecast reports from the National Institute for Public Health and Environment (RIVM) showing higher mortality rates among middle aged and older women compared to other European countries. Cancer and unfavourable smoking habits were identified as significant modifying factors. Ever use of MHT had not been investigated.

Aim: To study associations between MHT use and mortality in a representative population of Dutch middle aged women.

Method: 1266 women participating in the Longitudinal Aging Study Amsterdam (LASA*), an ongoing investigation into predictors and consequences of aging were studied. Women aged 55–85 years provided data on their personal medical history, level of education, MHT use and hysterectomy with or without oophorectomy. We studied ever-use of MHT in relation to almost 20-year mortality.

Cox logistic regression was applied to assess associations between use of MHT and mortality, adjusting for covariates.

Results: Of the initial 1266 women, 593 (43%) died, of which 65 (11%) had used MHT, vs 525 (89%) non-users. Risk of death in MHT users was .528 (CI 0.408–0.683; $p < 0.001$) and independent of level of education.

Conclusion: Compared to never use, mortality in women who ever used MHT appeared lower. We recommend further study into factors modifying mortality in middle aged and older women including exposure to MHT. Comparative studies from other European countries would be of special interest.

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O5

Menopausal hormone therapy, depression, headache, vasomotor symptoms and absence from work: results from 3 years follow up in a Dutch gynecology clinic

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Introduction: Use of menopausal hormone therapy (MHT) has dropped worldwide during the last decade after the 'Women's Health Initiative' (WHI) trial reported increased breast cancer, stroke and embolism risk. Women with bothersome menopausal complaints resorted to complementary and alternative medications with less or unproven efficacy. Even when indicated use of