GG-01

Effective parameters of urodynamic study before pelvic organ prolapse surgery and validation of concomitant surgery on urinary outcomes: Retrospective cohort study

Ju Hyun Cho, MD1,3, Soo Rim Kim, MD1, Yeon Jung Moon, MD2, Sei Kwang Kim, MD1, Sang Wook Bai, MD1

Department of Obstetrics and Gynecology, Yonsei University College of Medicine, Seoul, Korea1, Department of Pharmacology, Yonsei University College of Medicine, Seoul, Korea2

목적: To evaluate effective parameters of preoperative urodynamic study (UDS) before surgery of pelvic organ prolapse (POP) and to validate effectiveness of concomitant surgery on urinary outcomes. To determine the incidence of developing de novo stress urinary incontinence (SUI), de novo urgency urinary incontinence (UUI) and overactive bladder (OAB) after POP surgery with negative result of UDS versus prolapse surgery with midurethral sling operation with positive result of UDS.

방법: This was a retrospective cohort study of 308 patients who had UDS before POP surgery from January 2006 through December 2010 enrolled at Yonsei University Severance Hospital. Patients who were diagnosed SUI by positive result of UDS (group 1) had a concomitant sling operation such as transobturator tape (TOT), tension free vaginal tape (TVT) with POP surgery. And patients were not diagnosed SUI by negative result of UDS (group 2) did not. All patients were followed at 6 months and yearly intervals to evaluate urinary outcomes including de novo SUI, UUI and OAB. Statistical analysis was performed with SPSS (Windows version 18.0). Univariate analysis was performed by using Pearson’s chi-squared or Fisher’s exact tests. Logistic regression analysis was performed to determine the significant parameters of UDS affecting postoperative urinary outcome. Statistical significance was defined as p<0.05.

결과: Overall Cohort: Mean age was 63.85 years (SD 9.36). Basal characteristics were similar between those of group 1 and group 2. There was no statistically significant difference of rate of postoperative de novo SUI, UUI and OAB between group 1 and group 2. We checked 5 parameters of UDS ((valsalva leak point pressure (VLPP), maximal urethral closing pressure (MUCP), maximal flow rates (Qmax), detrusor pressure at maximal flow (PdetMax), maximal cystometric capacity (MCC)) to prove the effectiveness on postoperative urinary outcomes. PdetMax was statistically significant parameter in postoperative de novo SUI (p=0.014, Odds ratio=1.020). And MUCP was statistically significant parameter in postoperative de novo UUI (p=0.023, Odds ratio=0.969).

Group 1 : patients with concomitant surgery by positive result of UDS (n=177) The de novo rate of SUI was 1.7% (n=3), rate of UUI was 3.4% (n=6) and rate of OAB was 9.6% (n=17). There were 2 patients (1.3%) who had post operative urinary retention and only 1 patient had revision operation. There were 29 patients (16.8%) who had immediate post operative voiding difficulty, but it was not statistically significant compared with 20 patients (15.4%) in group 2. (p=0.938)

Group 2 : Only patients with pelvic organ prolapse surgery by negative result of UDS (n=131) The de novo rate of SUI was 3.1% (n=4), rate of UUI was 3.1% (n=4) and rate of OAB was 9.2% (n=12). The rate of de novo SUI higher than group 1, but there was no statistically significant difference compared with groups 1.

결론: This study showed higher rates of post operative de novo SUI in group 2 than group 1. It suggests that results of preoperative UDS and concomitant surgery can be associated with rate of post operative de novo SUI. Focused on prevalence of postoperative urinary complications, concomitant surgery was better than only prolapsed surgery. And PdetMax in SUI and MUCP in UUI were statistically significant parameters of UDS related on urinary outcome. Further studies are needed to prove the effective parameters of UDS before POP surgery and the affection of concomitant sling operation on postoperative urinary complication.

GG-02

A randomized investigator-blind multi-center prospective study for the efficacy and safety of Dermatix® gel in the prevention of hypertrophic scar in asian subjects undergoing caesarean section

Young-sun Kim2, Ji-young Byun1, Suk-joo Choi2, Sang-hee Choi3, Seonwoo Kim4, Sook-young Woo4, Jai-il Youn5, Jong-kwan Jun6, Ju Hyun Cho, MD1, Soo Rim Kim, MD1, Yeo Jung Moon, MD2, Sei Kwang Kim, MD1, Jong-sung Jun7, Nack-in Kim8, Ja-young Choi9, Min-hyung Jung9

1Department of Dermatology, Sungkyunkwan University School Of Medicine, Samsung Medical Center, Republic of Korea, 2Department of Obstetrics & Gynecology, Sungkyunkwan University School Of Medicine, Samsung Medical Center, Republic of Korea, 3Department of Radiology, Sungkyunkwan University School Of Medicine, Samsung Medical Center, Republic of Korea, 4Department of Biostatistics, Samsung Biomedical Research Institute, Republic of Korea, 5Department of Dermatology, Seoul National University Hospital, Republic of Korea, 6Department of Obstetrics & Gynecology, Seoul National University Hospital, Republic of Korea, 7Department of Radiology, Seoul National University Hospital, Republic of Korea, 8Department of Dermatology, Kyunghee University Hospital, Republic of Korea, 9Department of Obstetrics & Gynecology, Kyunghee University Hospital, Republic of Korea

목적: To investigate whether Dermatix® gel is effective and safe compared to no treatment in the prevention of hypertrophic scars in Korean subjects undergoing Caesarean section.

방법: A multi-center, investigator-blind, randomized, no treatment controlled trial was designed with statistical consideration for the power of study and the sample size. Female patients aged 20-45 applied Dermatix® gel twice daily on half the scar for a period of 12 weeks. The primary endpoint was Modified Vancouver Scar Scale (mVSS) at week 12. Secondary endpoints were tolerability, subjective satisfaction, and ultrasound measurement of scar thickness at various time points.

결과: Out of 47 enrolled subjects, ITT set was analyzed for 41 trial subjects. Dermatix® gel was significantly more effective compared to no treatment in terms of the modified Vancouver Scar Scale at week 12 (p=0.0018). Tolerability between the two groups was not different at various time points. Subjective satisfaction was significantly greater with Dermatix® gel compared to no treatment at week 12 (p=0.0194). Compared with no treatment, Dermatix® gel was significantly more effective in reducing scar thickness as measured by ultrason at week 12 (p=0.0091). Per protocol analysis (n=39) yielded similar results.

결론: Dermatix® gel is effective and safe in Korean patients for the prevention of hypertrophic scar after Caesarean section.