

Tuesday 20 November

COURSE ON URO-GYNECOLOGY AND PELVIC FLOOR REHABILITATION

Chairs: Stefano Salvatore, Dialma Guida

Providing the opportunity to learn about the functional aspects of the low genitourinary tract and the minimally invasive management in the treatment of diseases of urogynecological interest. The aim is to obtain a rapid post-operative recovery for surgical procedures (sling, injectable material) and a simple management for outpatient procedures (intravesical Botox).

In the treatment of genitourinary syndrome, recently defined to indicate the concomitant presence of vaginal disorders, of the sexual and urinary spheres in post-menopausal women, the CO2 Vaginal Laser is increasingly used as an alternative to local hormonal therapy, especially in patients with an history of hormone-dependent tumors in which estrogen is contraindicated.

The dysfunctions of the pelvic floor, prolapse and urinary and fecal incontinence are still currently one of the partially unresolved problems, creating major difficulties in women's health.

This is partly due to the segmentation and partitioning of specialists who deal with a specific organ, they risk losing the overall vision (holistic approach, "integrated intervention").

All the major scientific societies have for some time stated that pelvic rehabilitation is the first therapeutic step useful for the recovery of pelvic dysfunctions, through a lifespan model that has a "focus on" on the muscular, skeletal and respiratory preventive and rehabilitative strategies (of these dysfunctions).

As the greatest physiatrists and most illustrious colleagues in rehabilitation declare, "practice must be guided by evidence in the form of high quality clinical research."

Today there are numerous RCT studies that support us in the pre and post operative management of pelvic-perineal dysfunctions.

We will represent a complete path, which will go from the anamnestic collection dedicated to clinical evaluation in the kitchen garden and clinostatism of the various dysfunctions, to the correct execution of the pubococcygeus muscle test, with the definition of an individualized goal and considered primary for the patient, through the awareness , breathing and strengthening the muscles involved, as well as the emotional aspect that is inevitably linked to it.



08.30 am - 08.45 am	Introduction of the Course <i>Chairmen: M. Candiani, S. Salvatore</i>
08.45 am - 09.05 am	Clinical and Diagnostic workout of the Uro-Gynecological patient - <i>M. Torella</i>
09.05 am - 09.25 am	Epidemiology, costs and impact on the Quality of Life of Pelvic Dysfunctions - <i>M. Parma</i>
09.25 am - 09.45 am	Therapeutic Rational of PhysioKinesy Therapy Before and After Uro-gynecological Interventions - <i>D. Guida</i>
09.45 am - 10.05 am	Functional Recovery After Vulval Surgery: Perineal and Sexual Health - <i>M. Di Martino</i>
10.05 am - 10.25 am	Break
10.25 am - 10.45 am	Anti-incontinence Surgery: From Retropubic Sling to SIS <i>M. Serati</i>
10.45 am - 11.05 am	Bulking agents: which indications? - <i>E. Russo</i>
11.05 am - 11.25 am	The Role of Botulinum Toxin in the Refractory OAB <i>S. Salvatore</i>
11.25 am - 11.50 am	Discussion
11.50 am - 12.10 pm	Fascial Surgery: Principles and Techniques - <i>R. Milani</i>
12.10 pm - 12.30 pm	Surgical Management of Vaginal Dome Prolapse: Which Vaginal Technique - <i>F. Del Deo</i>
12.30 pm - 12.50 pm	Laparoscopic vs Robotics ColpoSacroPexy <i>M. Cervigni</i>
12.50 pm - 01.10 pm	Combined Surgery in Complex Prolapse: Techniques and Results - <i>S. Athanasiou</i>



01.10 pm - 01.30 pm Discussion

01.30 pm - 02.30 pm Lunch

02.30 pm - 04.30 pm Live Surgery

04.30 pm End of the Course

Hands-On*

(reserved to two groups of 25 selected participants each)

D. Guida, M. Di Martino

04.30 pm - 05.30 pm Case History and Assessment of the Pelvic Floor (pctest)

05.30 pm - 06.30 pm Pelvic FSK: Breathing, Visualization and Early
Muscle-Perineal Activation Techniques

