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Abstracts of the National Congress of the Italian Society of Urodynamics (SIUD), Bari, Italy, 18-20 June 2026

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1- Treatment regret in patients undergoing minimally invasive treatments for benign prostatic hyperplasia

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Introduction and aim of the study: The purpose of this study was to assess, treatment satisfaction and treatment regret in patients undergoing minimally invasive techniques for LUTS/BPH

Materials and methods: We performed an analysis of prospectively collected data of consecutive patients undergoing MIST in 5 primary care Italian urology centers. All patients underwent detailed clinical history and physical examination, preoperative, perioperative and postoperative characteristics were recorded. Decision regret was evaluated with validated questionnaires and significant regret was defined as >40%

Results: Overall, 175 patients were enrolled with a median age of 64 (58-66) and median IPSS of 23 (18-26). Overall, 90 (51%) patients underwent acquablation, 21 (12%) patients positioned a temporary implanted nitinol device (Tind), 26 (15%) patients underwent a water vapor thermal ablation (WVTA) and 37 (21%) a protatic urethral lift (PUL) procedure. Overall median treatment regret was 0 (0/15) and 23/155 (15%) presented a significant regret (>40%). Overall treatment regret was higher for PUL and WVTA when compared to Tind and Aquablation. Overall neither age, BMI, prostate volume, preoperative Qmax or preoperative IPSS predicted treatment regret. Although not statistically significant, in patients undergoing WVTA (OR=3,33) and PUL (OR=4,2) a prostate volume higher than 60 cc was a predictor of treatment regret.

Interpretation of results: Based on the results obtained just few patients regretted the treatment chosen. Patients seemed to prefer treatment with PUL and WVTA over Tind and Aquablation. No risk factor seemed to be predictive for overall treatment satisfaction however, in patient who performed WTA or PUL, high prostate volume seemed to be predictive of treatment regret.

Conclusions: In patients undergoing MIST treatment regret is high particularly if patients are not accurately selected. Future studies with larger sample size should identify possible predictors of treatment regret in these patients.

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2 - Beyond Prostatic Obstruction: Urodynamic Phenotypes of Voiding Dysfunction in Men With Detrusor Overactivity

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Introduction and aim of the study: In men with lower urinary tract symptoms, detrusor overactivity (DO) and reduced urinary flow are commonly attributed to bladder outlet obstruction secondary to benign prostatic enlargement. However, DO may coexist with impaired detrusor contractility, leading to voiding dysfunction not solely related to obstruction. This study aimed to assess the heterogeneity of voiding phase dysfunction in men with DO and reduced flow, and to identify urodynamic and anatomical predictors distinguishing bladder outlet obstruction from detrusor underactivity.

Materials and methods: Male patients undergoing invasive urodynamic studies who exhibited DO during the filling phase were retrospectively analyzed. According to International Continence Society criteria, patients were classified as BOO (BOOI > 40) or DU (BCI < 100). Clinical, anatomical, and urodynamic variables were compared between groups, and a multivariate logistic regression analysis was performed to identify independent predictors of BOO

Results: Sixty-six patients were included (35 DO + BOO, 31 DO + DU). Age, BMI, cystometric capacity, bladder compliance, Qmax, Qmean, and post-void residual volume did not differ between groups. Prostate volume was significantly higher in DO + BOO patients (80.2 ± 41.7 vs 50.5 ± 28.1 mL; $p = 0.002$), as was PdetQmax (99.1 ± 28.8 vs 28.1 ± 18.7 cmH_2O; $p < 0.001$). Detrusor pressure at DO onset differed slightly ($p = 0.018$) but was not an independent predictor on multivariate analysis (Table 1).

Interpretation of results: The results indicate that similar clinical and filling phase urodynamic profiles may conceal distinct underlying voiding mechanisms in patients with detrusor overactivity. The marked differences in prostate volume and PdetQmax suggest divergent pathophysiological pathways, emphasizing the need for careful interpretation of urodynamic data beyond standard noninvasive parameters.

Conclusions: In patients with DO, voiding phase dysfunction is heterogeneous and cannot be inferred from filling phase parameters alone. Prostate volume and PdetQmax, but not urinary flow parameters or filling phase variables, allow discrimination between BOO and DU. Invasive urodynamic testing remains essential for accurate phenotypic characterization and for guiding therapeutic decision-making.

Table 1

Variables	DO + BOO (n = 35)	DO + DU (n = 31)	p-value
Age, years	69.6 ± 11.1	69.5 ± 12.8	**0.886**
BMI, kg/m^2	25.1 ± 2.1	24.1 ± 3.2	**0.256**
Prostate volume, ml	80.2 ± 41.7	50.5 ± 28.1	**0.0017**
Cystometric capacity, ml	307.7 ± 119.0	251.4 ± 155.7	**0.112**
Bladder compliance, ml/ cmH_2O	5.25 ± 6.83	14.5 ± 37.6	**0.193**
Pdet al DO, cmH_2O	63.7 ± 35.4	56.9 ± 44.4	**0.018**
Qmax, ml/s	6.9 ± 3.0	5.6 ± 2.6	**0.059**
Qmed, ml/s	3.22 ± 1.50	3.48 ± 2.15	**0.053**
PdetQmax, cmH_2O	99.1 ± 28.8	28.1 ± 18.7	**< 0.001**
PVR	155 ± 133	120 ± 107	**0.206**

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3 - Low dose daily tadalafil for the improvement of Lower Urinary Tract Symptoms (LUTS) in patients undergoing Thulium Vapo-Resection of the Prostate (ThuVARP): clinical and instrumental correlation.

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Introduction and aim of the study: Thulium Vapo-Resection of the Prostate (ThuVARP) is an effective minimally invasive surgical treatment for benign prostatic obstruction (BPO). Despite adequate relief of bladder outlet obstruction, postoperative storage-related lower urinary tract symptoms (LUTS) and erectile dysfunction may persist in a subset of patients. Tadalafil has demonstrated efficacy in improving LUTS and erectile function through smooth muscle relaxation and improved pelvic microcirculation. The aim of the study was to evaluate the effect of low-dose daily tadalafil on postoperative LUTS and erectile function in patients undergoing ThuVARP.
Materials and methods: Between March 2024 and December 2025, a prospective comparative study included 122 patients undergoing ThuVARP for symptomatic BPO. Patients were divided into a treatment group (n=60) receiving tadalafil 5 mg once daily starting the day after catheter removal (postoperative day 2), and a control group (n=62) receiving no additional pharmacological therapy. Clinical and instrumental assessments were performed at 1, 3, and 6 months postoperatively. Outcome measures included International Prostate Symptom Score (IPSS), International Index of Erectile Function-5 (IIEF-5), maximum urinary flow rate (Qmax), and post-void residual urine volume (PVR). Exclusion criteria were chronic renal failure, diabetes mellitus, and neurological disorders.
Results: Patients treated with tadalafil showed significantly greater improvement in total IPSS, particularly storage symptoms, compared with controls at all follow-up time points. At 1 month, mean IPSS was 10.1±4.2 in the tadalafil group versus 12.6±4.6 in controls (p=0.004), with sustained improvement at 3 and 6 months. Erectile function improved significantly in the tadalafil group from the first follow-up (IIEF-5: 16.8±4.2 vs 14.7±4.4; p<0.001) and remained stable over time. Qmax improved similarly in both groups, while PVR values were consistently lower in the tadalafil group, reaching statistical significance at 6 months. No serious adverse events were reported; mild headache or flushing occurred in 6 patients (10%) receiving tadalafil.
Interpretation of results: The greater improvement in storage LUTS despite comparable Qmax values suggests a functional rather than obstructive mechanism, likely related to smooth muscle relaxation and improved bladder perfusion. The progressive reduction in PVR may reflect enhanced detrusor efficiency and postoperative bladder recovery.
Conclusions: Low-dose daily tadalafil initiated after catheter removal is a safe and effective adjunctive therapy following ThuVARP, improving postoperative LUTS and erectile function without adversely affecting voiding dynamics. These findings support its role in optimizing mid-term functional recovery after surgical treatment of BPO. Larger randomized controlled trials are requested.
lower urinary tract optimisation before treatment through behavioural, pharmacologic, or urodynamic-guided management may improve outcomes.
Endoscopic injection remains a safe, minimally invasive alternative to ureteral reimplantation. Further prospective studies with larger cohorts are needed to confirm predictive factors, refine patient selection, and standardise injection protocols for the adult population.
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4 - Patient-Specific Surgical Strategy in Robot-Assisted Radical Prostatectomy Enabled by Artificial Intelligence

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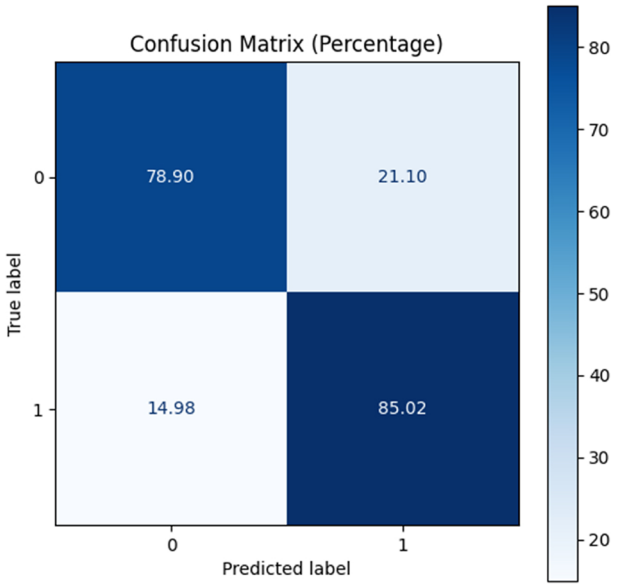
Introduction and aim of the study: Artificial intelligence (AI) is increasingly investigated as a means to improve precision and personalization in surgical decision-making. The aim of this study was to develop and validate an AI-based predictive model to support the selection of the most appropriate intraoperative strategy for optimizing functional outcomes in patients undergoing robot-assisted radical prostatectomy (RARP), using patient-specific preoperative data.
Materials and methods: A retrospective analysis was conducted on 636 patients treated with RARP at our institution. Six different combinations of intraoperative strategies related to bladder neck management and nerve-sparing techniques were included, each applied in at least 12 cases. Machine learning (ML) models, linear regression, decision tree regression, and random forest regression, were trained using preoperative and intraoperative variables to predict trifecta achievement at three months postoperatively, defined as urinary continence, satisfactory erectile function, and PSA < 0.02 ng/ml. Model performance was assessed through stratified 5-fold cross-validation. Accuracy, Precision, Recall, and F1-score were used as evaluation metrics. Among the tested algorithms, random forest regression showed the best overall performance and was selected for further analysis.
Results: The dataset was split into training and test sets using a 70:30 ratio. On the training set, the model achieved an Accuracy of 82.0%, Precision of 82.1%, Recall of 81.9%, and F1-score of 81.9%. On the test set, performance remained consistent, with an Accuracy, Precision, Recall, and F1-score of 69.6%. Although a reduction in performance was observed between training and testing phases, the model maintained balanced precision and recall, indicating reliable generalization to unseen data. The confusion matrix on the test set showed correct classification of 78.9% of negative cases and 85.0% of positive cases, with a well-balanced distribution of misclassifications across classes.
Interpretation of results: The moderate performance drop between training and test sets suggests limited overfitting and acceptable generalizability. Balanced sensitivity and specificity indicate that the model does not favor false positives or false negatives, supporting its reliability as a clinical decision-support tool for surgical planning.
Conclusions: This study demonstrates the feasibility of applying AI-driven models to support patient-specific surgical decision-making in RARP. By leveraging preoperative data and machine learning techniques, particularly random forest regression, we developed a predictive tool capable of identifying intraoperative strategies associated with favorable functional outcomes. The model showed robust and balanced performance, highlighting its potential to reduce variability in surgical planning and support personalized treatment strategies. These findings support further integration and prospective validation of AI-based tools within clinical workflows to improve postoperative trifecta outcomes.



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5 - Retrospective Evaluation of Single-Port Robotic Burch Procedure

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Introduction and aim of the study: Stress urinary incontinence (SUI) is a common condition in the female population and represents a major cause of reduced quality of life. Burch colposuspension is a well-established surgical procedure with durable functional outcomes over time. The introduction of robot-assisted surgery has overcome some limitations of conventional laparoscopy, providing improved visualization, greater precision of movements, and a potential reduction in perioperative morbidity. In this context, the **da Vinci SP robotic platform**, characterized by a single-port access and enhanced maneuverability in anatomically confined spaces, represents a possible technical evolution. The aim of the present study was to evaluate the short-term safety and efficacy of robot-assisted Burch colposuspension using the SP system in an initial case series.

Materials and methods: This was a single-center retrospective study including patients affected by SUI who underwent robot-assisted Burch colposuspension using the da Vinci SP system. Demographic, clinical, and perioperative data were collected. Outcomes assessed within 60 days after surgery included intra- and postoperative complications, length of hospital stay, changes in the International Consultation on Incontinence Questionnaire–Short Form (ICIQ-SF), and Patient Global Impression of Improvement (PGI-I). Pre- and postoperative ICIQ-SF scores were compared using the Wilcoxon signed-rank test.

Results: Seven patients were included, with a mean age of 54 years and a mean body mass index of 29.7 kg/m^2. No intraoperative or postoperative complications, surgical conversions, or blood transfusions were observed. The mean ICIQ-SF score significantly decreased from 17 preoperatively to 3.9 postoperatively, with a mean reduction of 13.1 points ($\mathbf{p = 0.016}$). All patients reported subjective improvement, with **PGI-I ≤ 2 in 100% of cases**. The change in hemoglobin levels between pre- and postoperative measurements was not statistically significant ($\mathbf{p = 0.33}$). Postoperative hospital stay was short, and postoperative pain was limited.

Interpretation of results: The main strengths of this study include the use of validated clinical outcomes, the systematic short-term assessment of results, and the evaluation of an innovative technique applied to a well-established surgical procedure. The main limitations are the small sample size, the retrospective design, and the limited follow-up, which preclude definitive conclusions regarding long-term efficacy and comparisons with other surgical options.

Conclusions: Robot-assisted Burch colposuspension using the da Vinci SP system appears to be a safe and feasible procedure for the treatment of stress urinary incontinence, providing significant short-term clinical and subjective improvement with a favorable safety profile. Although limited by the small sample size and short follow-up, these preliminary results suggest that the SP robotic approach may represent a valid surgical option, warranting further prospective studies with larger cohorts and longer follow-up.

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6 - PEGASO: Proctoring and E-learning for Gynecologic Abdominal Surgery Optimization - A Pilot Study on the Effectiveness of Teleproctoring vs. Traditional Training in Gynecological Robotic Surgery

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Introduction and aim of the study: Robotic surgery has grown exponentially in gynecology. Traditional apprenticeship requires on-site mentoring, presenting challenges in resource distribution and accessibility. Teleproctoring offers real-time remote supervision through advanced platforms. However, comparative evidence for robotic gynecological surgery remains limited. This study evaluated teleproctoring effectiveness versus traditional supervision using validated assessment instruments.

Materials and methods: This prospective randomized 2×2 crossover pilot study enrolled two robotic surgery fellows performing 10 consecutive robotic total hysterectomies each, alternating between traditional supervision and remote teleproctoring with high-definition platform and telestration. Primary outcome was Global Evaluative Assessment of Robotic Skills. Secondary outcomes included learning curves (CUSUM), validated assessments (R-OSATS, GOALS-RH), perioperative outcomes, safety, autonomy, and platform performance. Statistical analysis used generalized linear models ($p<0.05$).

Results: All 20 procedures were completed with 100% protocol compliance. Teleproctoring demonstrated superior technical performance compared to traditional supervision (mean GEARS score 22.0±2.8 vs 20.2±2.9), with 100% achieving competency threshold versus 80% with traditional training. After adjusting for period effect, treatment effect showed medium effect size favoring teleproctoring (η^2=0.121). CUSUM analysis revealed similar learning trajectories with competency achieved within 3 procedures. No major complications occurred in either group with equivalent minor complication rates (10% vs 10%). Surgical autonomy was numerically higher with teleproctoring (Zwisch scale 2.90±0.88 vs 2.30 ±0.67). The technical platform demonstrated excellent performance with zero failures, mean latency 57.5±12.9ms, and high satisfaction ratings.

Interpretation of results: Teleproctoring achieved equivalent safety with superior technical performance and enhanced trainee autonomy compared to traditional supervision. Superior GEARS scores and 20% competency improvement suggest optimized skill acquisition. Zero technical failures and low latency confirm contemporary telecommunications systems' reliability for surgical telementoring. Higher autonomy levels with teleproctoring may reflect reduced physical proximity pressure, fostering more independent decision-making while maintaining guidance quality.

Conclusions: With appropriate infrastructure and trained proctors, teleproctoring represents a viable educational modality that could democratize access to expert surgical mentorship and optimize surgical skill acquisition. These findings support designing large-scale trials to establish evidence-based guidelines for teleproctoring implementation in robotic surgical education, potentially addressing geographic disparities in training access.

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7 - Autonomic dysfunction and sexual dysfunction in Sjögren's disease, what's the link? Case series

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Introduction and aim of the study: Sjögren's disease is the second most common cause of acquired autonomic dysfunction(dysautonomia). Sjögren's disease is also associated with a high prevalence of pelvic dysfunctions, sexual pain, and pelvic/genital painful syndromes, often underdiagnosed. These are linked to factors such as vaginal dryness, vulvar mucosal trophic changes, small fiber neuropathy, pudendal neuralgia, vaginismus, fear of pain, pelvic floor dysfunction, and potentially autonomic dysfunction (under-explored but aggravating pain conditions). This case series investigates the relationship between autonomic dysfunction, dyspareunia, and pelvic/genital pain in women with Sjögren's disease.

Materials and methods: In this case series we had collected data from 17 women with Sjögren's syndrome, dyspareunia, and vulvodynia attending our Pelvic Floor Rehabilitation Clinic, focusing on autonomic symptoms, dyspareunia, pelvic and genital pain, and sexual dysfunctions.

Autonomic symptoms were evaluated using COMPASS-31 (Composite Autonomic Symptoms Score-31). Sexual function and sexual pain were investigated via FSFI (Female Sexual Function Index). Pain was assessed with the McGill Pain Questionnaire, alongside pelvic physiotherapy and pelvic floor evaluations.

Results: The mean age of the enrolled women was 42 years. All 17 women recorded high FSFI (Female Sexual Function Index) and McGill Pain Questionnaire scores. Autonomic dysfunction-related symptoms, assessed via COMPASS-31, showed a mean of 42.88 and median of 48. Of the 17 women, 70.56% (12) had an Autonomic COMPASS score >40 (cut-off 38); of these 12, 10 exhibited higher FSFI and McGill Pain Questionnaire scores than the rest of the study population.

Interpretation of results: The data analysis suggests a potential relationship between the severity of autonomic symptoms, dyspareunia, and sexual dysfunction in women with Sjögren's disease.

Conclusions: The data analysis from this case series, although involving a small patient cohort, indicate a potential direct relationship between the severity of autonomic dysfunction, sexual dysfunctions, and vulvar pain in women with Sjögren's syndrome.

Autonomic dysfunction, sexual dysfunctions such as dyspareunia, pelvic pain, and genital pain are common manifestations in Sjögren's disease patients but remain underexplored by clinicians and researchers. Investigating these manifestations and their interrelationships warrants greater attention in both clinical and research settings, as they may serve as useful markers for better phenotyping patients. Moreover, autonomic dysfunction could represent an important therapeutic target in managing sexual dysfunction and genital/pelvic pain.

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8- Catheter Choice and Urinary Tract Infections in Children with Neurogenic Bladder: A Clinical Evaluation

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Introduction and aim of the study: Intermittent catheterization represents the gold standard for the management of neurogenic bladder. Nevertheless, recurrent urinary tract infections (UTIs) and procedure-related discomfort remain frequent complications and may negatively affect treatment adherence.

In our tertiary-level paediatric urology department, catheters with Micro-Hole Zone Technology (MHZT) were introduced with the aim of improving bladder emptying and reducing mucosal trauma.

This study aims to evaluate the impact of MHZT catheters on symptomatic UTIs, patient comfort, and bladder management.

Materials and methods: Patients followed by the Urology Department of Meyer Children's Hospital performing intermittent catheterization as their primary method of bladder emptying and experiencing recurrent UTIs were included.

From 2024 onwards, patients were switched to MHZT catheters. Clinical follow-up was performed at regular intervals. A telephone survey was conducted to assess comfort during catheterization, perception of bladder emptying efficacy, and changes in the frequency of symptomatic UTIs.

Results: Sixteen patients were included (9 females, 7 males), with a median age of 17.4 years. Patients performed a mean of five catheterizations per day; five had a previous history of vesicoureteral reflux.

Following the introduction of MHZT catheters, 87% of patients reported a reduction in symptomatic UTIs. Among patients able to provide direct feedback, 90% reported reduced discomfort during catheterization and 82% reported an overall improvement in bladder emptying management.

Discussion: Standard catheters may be associated with incomplete bladder emptying, need for repositioning, and mucosal trauma, all recognized risk factors for recurrent UTIs. MHZT catheters feature an extended drainage zone with multiple micro-holes, allowing more uniform urine flow, complete voiding without repositioning, and reduced mucosal trauma. These characteristics may contribute to the observed reduction in symptomatic UTIs and improvement in patient comfort.

The main limitations of this study include the small sample size and short follow-up period; therefore, results should be considered preliminary. Further follow-up is ongoing.

Conclusions: While intermittent catheterization remains the standard of care for children with neurogenic bladder, careful catheter selection tailored to patient needs may improve treatment adherence and reduce catheter-related symptomatic UTIs.

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9 - High resolution anorectal manometry in patients with anorectal malformation: an helpful allay to set a personalized treatment.

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Introduction and aim of the study: Anorectal manometry (HRAM) is the most used device to analyse the anal sphincter complex, both in functional and in anatomic disorders. Approximately 43% of children affected by anorectal malformation (ARM), despite surgical and medical therapy, continue to experience faecal incontinence (FI). HRAM may help clinicians to detect specific defecatory disorders in order to choose a personalized treatment. The aim of our study was to describe the manometric profile of the reconstructed anal sphincter in children with ARM. We also aimed to identify an eventual correlation between the manometric profile and the ARM subtype.

Materials & methods: This is a monocentric, prospective, pilot, interventional study enrolling children aged 4-17 years with ARM (30 patients) or functional refractory constipation (FC) (38 patients). Both groups underwent 3D-HRAM. A descriptive analysis of the demographics and clinical characteristics was also performed.

Results: In ARM group, anal atresia was the most common subtype (58.3%). Comparing high ARM with low ARM groups, faecal incontinence was higher in the high-ARM one (100%), while refractory constipation was more prevalent in the low-ARM group (85.7%). As for manometric parameters, in FC group, average resting anal pressure was 48.8 mmHg, residual push pressure was 71.5 mmHg and maximum rectal compliance was 1.4 mmHg. In ARM group average resting anal pressure was 35.7 mmHg, residual push pressure was 55.0 mmHg, and maximum rectal compliance was 0.7 mmHg, therefore all these analysed values were lower in the ARM group. Moreover, patients with high-ARM show lower pressure values compared to patients with low-ARM, as the latter group seems to have FI while patients with low ARM may suffer more from refractory constipation.

Interpretation of results: A careful analysis of the manometric parameters revealed significantly lower mean and maximum anal resting pressures in the ARM group, results that may explain the prevalence of fecal incontinence in this group, as well as lower residual pushing pressure. Comparing patients with high ARM and those with low ARM, the first clinical difference is the higher prevalence of fecal incontinence in patients with high ARM, highlighting their greater

management complexity. Most of the manometric parameters has been found lower in the High-ARM group, such as the lower average and maximum anal resting pressures, as well as the lower absolute maximum anal squeeze pressure and residual pushing pressure, all findings correlated with a poor response to bowel management. As a matter of fact, in literature, children treated for low ARM usually have good bowel control, even if they still may suffer from temporary episodes of fecal incontinence.
Conclusions: Patients with ARM present a complex clinical picture with significant manometric differences compared to patients with FC, and between ARM subtypes, highlighting the need for personalized management strategies. Further studies are needed to increase the statistical significance of these results.

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10 - Germline BRCA1/2 pathogenic variants in healthy male population: a proposal of protocol for early detection of prostate cancer

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Introduction and aim of the study: Germline BRCA1/2 pathogenic variants (PVs) significantly increase the risk to develop aggressive prostate cancer (PCa). However, there is no consensus regarding personalized follow-up in healthy men with germline BRCA1/2 PVs and no standardized protocols are available for early detection of PCa. This prospective observational non-randomized single center study focuses on men above 40 years old, carrying a germline PV of BRCA1 or BRCA2 gene. The aim of this study is to propose a personalized protocol for prostate cancer screening in healthy men with germline BRCA1/2 PVs and strong family history of cancer.
Materials & methods: Overall 120 participants were selected from a local Medical Genetics registry for men aged $\geq$ 40 yrs who had undergone BRCA1/2 testing after the detection of germline PVs of the genes in first or second-degree relatives with personal/family history of breast, ovarian, pancreatic, or prostate cancer; however, only 66 patients were enrolled. The protocol included a urological consultation with PSA test and DRE, an abdominal ultrasound to assess prostate volume. Multiparametric Magnetic Resonance Imaging (mpMRI) was performed in case of PSA density$\geq$0.1 ng/ml/ml; a targeted fusion biopsy was performed in men with suspicious index lesion at mpMRI (PIRADS $\geq$3). Patients with PSA density $<$0.1 ng/ml/ml or those with negative mpMRI were scheduled for yearly PSA testing and urologic evaluation. Treatments for men with histologically confirmed PCa were evaluated by a multidisciplinary team according to age, comorbidity and life expectancy and were the followings: active surveillance, robot-assisted radical prostatectomy (RARP)y, radiotherapy or combined systemic therapies.
Results: Cancer history for BRCA1/2 germline testing in the families was breast cancer (36.4%), ovarian cancer (30.3 %), prostate cancer (6.1%), pancreatic cancer (3%) or a combination of the previous (19.7%). Overall 56.1% and 43.9% carried BRCA1 and BRCA2 PVs, respectively. Mean $\pm$ standard deviation PSA density was 0.063 $\pm$ 0.115 ng/ml/ml. A suspicious DRE was reported in 3% of cases. mpMRI was performed in 9.1% of participants. Among these, 16.7% had no suspicious lesions (PIRADS 2), while 66.7% showed PIRADS 4 lesions, and 40% had PIRADS 5 lesions. Targeted fusion biopsy was performed in 7.6% of cases; overall, 20%, 40% and 40% of men had ISUP Grade 2, 3 and 5, respectively. Considering men with histologic confirmed PCa, 4 patients (80%) underwent RARP. Final pathological staging showed pT2, pT3a and pT3b/ pN1 in 2 (50%), 1 (25% and 1 (25%) cases. Moreover, 2 patients (50%) received adjuvant radiotherapy after surgery.
Interpretation of results: Considering men with histologic confirmed PCa, 4 patients (80%) underwent RARP. Final pathological staging showed pT2, pT3a and pT3b/ pN1 in 2 (50%), 1 (25% and 1 (25%) cases. Moreover, 2 patients (50%) received adjuvant radiotherapy after surgery.
Conclusions: The proposed intensified protocol including early PSA test, DRE, mpMRI for PSAd$\geq$0.1 ng/ml and targeted biopsy may be discussed with heathy men with known BRCA 1-2 PV for strong oncologic familiar history to improve early detection of aggressive PCa.

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11 - A Novel AI-Driven Tool Integrating Machine Learning and Generative Models for Personalized Surgical Planning and Outcome Prediction in Robot-Assisted Radical Prostatectomy

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Introduction and aim of the study: Artificial intelligence (AI) is increasingly recognized for its potential to enhance surgical decision-making, particularly through the development of predictive models for postoperative functional outcomes. Nevertheless, the clinical adoption of such tools is often hindered by the lack of accessible and intuitive user interfaces. This study investigates the implementation of an AI-based model designed to support surgical planning in robot-assisted radical prostatectomy (RARP) complemented by a graphical user interface that facilitates direct, voice-enabled interaction between clinicians and the algorithm.
Materials and methods: A machine learning (ML) model based on random forest regression was trained on preoperative and intraoperative data to predict three-month postoperative trifecta achievement (defined as continence, valid erectile and PSA levels $<$ 0.02 ng/ml). This model was integrated with a generative AI system featuring a virtual physician avatar (VPA), enabling real-time verbal interaction with clinicians. During an international live surgery event, the ML algorithm analyzed preoperative data from patients undergoing robot-assisted radical prostatectomy (RARP) and proposed personalized intraoperative strategies (bladder neck handling and nerve sparing approach) aimed at optimizing postoperative trifecta achievement. Surgeons interacted verbally with the VPA prior to surgery. In cases of disagreement, alternative strategies were provided by the surgeon, and the VPA responded with updated likehood of trifecta achievement. Technical issues and response delays during interactions were recorded. Concordance between the VPA's recommendation, the surgeon's plan, and the actual surgical execution was assessed, along with the ML model's predictive accuracy for the final trifecta achievement.
Results: During the meeting, preoperative planning for 8 RARPs was conducted through interaction with the virtual physician avatar (VPA). No technical malfunctions were observed, and the average VPA response time was 2.6 seconds (SD 0.8). In 6 out of 8 cases (75.0%), surgeons concurred with the intraoperative strategy proposed by the VPA. In the remaining cases, where the surgeon opted for an alternative approach, the VPA successfully provided an estimated probability of achieving the three-month trifecta outcome based on the surgeon's plan. In all cases, either the VPA-recommended or the surgeon-preferred strategy was carried out during surgery. The overall predictive accuracy of the model in estimating three-month trifecta outcomes—regardless of which strategy was followed—was 79.1%.
Interpretation of results: High concordance and accuracy support clinical feasibility.
Conclusions: The combination of a ML model with a generative AI system enabling voice-based interaction via a VPA presents a promising tool for enhancing surgical planning in RARP. The system demonstrated robust predictive performance, maintaining a 79.1% accuracy rate in forecasting trifecta outcomes, even when alternative surgical strategies were employed.

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12 - Holmium Laser Enucleation of Prostate (HoLEP): comparison between High-Power and Low-Power techniques in high-volume centers

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Introduction and aim of the study: Holmium laser enucleation of the prostate (HoLEP) is a well-established surgical treatment for benign prostatic hyperplasia (BPH), offering excellent functional outcomes regardless of prostate size. Traditionally, high-power (HP) laser settings have been considered preferable to improve efficiency and haemostasis. However, increasing evidence suggests that low-power (LP) settings may achieve comparable results with reduced energy delivery. The aim of this study was to compare perioperative, postoperative and functional outcomes of LP versus HP HoLEP in high-volume centers.
Materials and methods: A retrospective multicenter study was conducted including 411 patients with symptomatic BPH refractory to medical therapy who underwent HoLEP between July 2023 and July 2025. Patients were treated with either HP HoLEP (100–120 W; n = 271) or LP HoLEP (50 W; n = 140), according to surgeon preference. All procedures were performed by experienced surgeons. Perioperative parameters, complications, energy delivery, and functional outcomes were evaluated. Functional assessment included IPSS with QoL, ICIQ-OAB and ICIQ-UI at 1, 3 and 6 months. Statistical analysis was performed using non-parametric tests, with $p < 0.05$ considered significant.
Results: Baseline characteristics were comparable between groups. Operative time (73 vs 70 min, p = 0.8), enucleation time (36 vs 35 min, p = 0.8), morcellation time (15 vs 15 min, p = 0.2) and enucleation efficiency (1.30 vs 1.25 g/min, p = 0.2) did not differ significantly between HP and LP groups. Total delivered energy was significantly lower in the LP group (76 vs 123 kJ, $p < 0.001$). Perioperative complications were low and comparable (5% HP vs 3% LP, all Clavien–Dindo grade I). At 1 month, HP HoLEP showed slightly lower IPSS total score (8 vs 9, $p < 0.001$) and voiding subscore (3 vs 4, p = 0.033). These differences progressively decreased over time. At 6 months, IPSS and QoL scores were excellent and clinically comparable in both groups.
Interpretation of results: Overall, Low Power and High Power HoLEP showed largely comparable outcomes. No relevant differences were observed in operative time, enucleation and morcellation times, surgical efficiency, indicating similar intraoperative performance of the two techniques. Although High Power HoLEP was associated with a slightly faster early improvement in symptom scores, particularly for voiding symptoms, this difference was small and limited to the short-term follow-up. At mid-term evaluation, functional outcomes, quality of life and complication rates were equivalent between groups, supporting the clinical equivalence of the two approaches.
Conclusions: In high-volume centers, LP HoLEP provides functional outcomes and perioperative safety comparable to HP HoLEP, despite significantly lower energy delivery. Surgical expertise and correct anatomical dissection appear to be more relevant than laser power. LP HoLEP represents a safe and effective alternative, potentially facilitating wider diffusion of the technique.

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13- Risk of death after aquablation and minimally invasive surgical treatment for LUTS/BPH: analysis of the Food and Drug Administration's Manufacturer and User Facility Device Experience Database

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Introduction and aim of the study: Minimally invasive surgical techniques and aquablation have gained widespread adoption for the treatment of lower urinary tract symptoms secondary to benign prostatic obstruction (LUTS/BPO), offering alternatives to conventional surgery. However, concerns regarding rare but severe complications, including mortality, persist. This study aimed to evaluate and characterize reported deaths associated with these procedures using the Manufacturer and User Facility Device Experience (MAUDE) database maintained by the U.S. Food and Drug Administration (FDA).
Materials and methods: The MAUDE database was systematically reviewed for all medical device reports (MDRs) for: water vapor thermal therapy (WVTT), temporary implanted nitinol device (Tind), prostatic urethral lift (PUL), Aquablation, and Optilume between October 23, 2015, and October 23, 2025. All death reports were identified and categorized according to event type. The analysis included the type of procedure and reported adverse events as detailed in MDRs. All data were de-identified and compliant with the Health Insurance Portability and Accountability Act (HIPAA). No additional patient-level information was available.
Results: A total of 2,496 adverse events were reported over the 10-year period. Of these, 398/2496 (16%) involved PUL, 1,038/2496 (41%) Aquablation, 1,028/2496 (41%) WVTT, 14/2496 (1%) Tind, and 18/2496 (1%) Optilume. Overall, 43/2496 deaths (1.7%) were reported. The distribution of fatal events was as follows: PUL 12/398 (3%), Aquablation 22/1038 (2%), WVTT 9/1028 (0.9%), while no deaths were reported for Optilume or Tind. In all Aquablation and PUL deaths, no specific device or use-related issue was identified. Most deaths occurred for cardiac arrest, particularly 7/22 (32%) for Aquablation, 3/12 (25%) for PUL and 2/9 (22%) for WVTT. Another frequent cause of death for Aquablation was embolism 6/22 (27%).
Interpretation of results: The results indicate that minimally invasive surgical techniques and aquablation can be considered generally safe. Although a small number of deaths has been reported, none were attributed to the specific surgical techniques or devices, but rather to patients' comorbidities.
Conclusions: According to the FDA MAUDE database, deaths have been reported following MISTs and aquablation. Although the proportion of fatal reports (43/2,496; 1.7%) indicates a measurable risk, it must be interpreted with caution since the MAUDE database reflects adverse events rather than the total number of procedures performed.

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14 - Enhancing clinical reasoning in functional urology training through a ChatGPT-based assistant

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Introduction and aim of the study: Training in functional urology faces challenges from complex symptoms, diverse diagnostics, and limited teaching time. Residents must master pathophysiology, management guidelines, and patient-centered care for conditions like LUTS, incontinence, overactive bladder, and neuro-urological disorders. ChatGPT, could be an educational tool to enhance clinical reasoning and knowledge. This study assessed the effect of a ChatGPT-based program on urology residents' knowledge and confidence.
Materials and methods: A prospective educational study was conducted involving urology residents enrolled in an academic training program. Over a 4-week period, participants interacted with a customized ChatGPT assistant specifically designed for functional urology. Training modules addressed male and female LUTS, urinary incontinence, overactive bladder, acute and chronic urinary retention, catheter management, and basic neuro-urology. Each module followed a standardized framework including symptom analysis, differential diagnosis, guideline-based diagnostic work-up, stepwise management strategies, and patient counselling. Knowledge was assessed using pre- and post-intervention multiple-choice questionnaires, confidence was evaluated using a 5-point Likert scale. A post-intervention survey assessed perceived utility, limitations, and willingness to integrate the tool into training.
Results: A total of 24 residents participated in the study. Mean knowledge

assessment scores improved from 64.3% pre-intervention to 82.7% post-intervention ($p<0.01$). Self-reported confidence in managing functional urology scenarios increased from a baseline mean of 2.9 to 4.1 ($p<0.01$). Overall, 79.2% of participants rated the tool as "useful" or "very useful," and 87.5% reported they would incorporate it into their independent study routine. The most valued features included structured clinical reasoning, clear management algorithms, and adaptability across different levels of training. Reported limitations included absence of visual aids (66.7%) and reduced applicability to complex or atypical cases (29.2%).

Interpretation of results: Improved knowledge scores and confidence suggest that a structured ChatGPT-based assistant can effectively reinforce clinical reasoning in functional urology. Score gains indicate better factual knowledge and understanding of diagnostic and therapeutic pathways. Increased confidence reflects familiarity with guidelines and improved decision-making. The tool's usefulness and residents' willingness to use it indicate acceptance and a role in complementing traditional teaching during time-limited training. Limitations, such as a lack of visual aids and reduced applicability to complex cases, mean these tools serve as cognitive supports, not replacements for hands-on experience or supervision.

Conclusions: A dedicated ChatGPT-based assistant improves urology training by enhancing resident knowledge and confidence. In a supervised setting, it boosts standardization, accessibility, and efficiency. Although it can't replace clinical experience or mentorship, it offers a valuable educational supplement for urology residency programs

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15 - The International Bladder & Prostate Symptom Score (IBPSS): International Delphi Consensus and Clinical Scenario–Based Decision-Making Exercise

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Purpose: The International Prostate Symptom Score (IPSS) is the standard tool for evaluating lower urinary tract symptoms (LUTS) attributed to benign prostatic hyperplasia (BPH), but it does not capture several clinically relevant domains. The International Bladder & Prostate Symptom Score (IBPSS) was developed to emphasize bladder dysfunction in male LUTS and to align symptom assessment with the 5Stages of Bladder Health model.

Materials and methods: To obtain international expert consensus on the rationale, clinical relevance, and potential usefulness of the IBPSS and to assess whether it may influence clinical decision-making. Two-phase study included a structured survey of BPH/BPO experts followed by a Delphi consensus (incorporating clinical vignette exercise) comparing management decisions based on the IPSS versus the IBPSS. Consensus was primarily defined as ≥80% agreement.

Results: Of 100 invited experts, 80 completed the survey and 62 participated in the Delphi round.

Among survey respondents, 91.9% used the IPSS, while 80.6% considered it insufficient for effective patient–clinician communication. In the Delphi phase, 95.7% of statements reached consensus, including agreement on the IBPSS clinical usefulness. IBPSS-based information modified clinical decisions in 38.2% of vignette responses (95% CI33.9–42.7).

Conclusions: International experts strongly endorsed the IBPSS as a complementary tool that broadens symptom assessment, enhances patient dialogue, and influences management decisions in men with LUTS/BPH. Formal validation and real-world implementation studies are required to define its potential role in routine practice.

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16 - Prostate tissue shrinkage after Water Vapor Therapy: influence of prostate size and correlation with outcomes

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Introduction and aim of the study: To assess the decrease in prostate volume after Water Vapor Therapy (WVT) and the correlation between outcomes and prostate shrinkage.

Materials and methods: This was a prospective multicentric study on males underwent WVT for BOO. Data collected preoperatively and at 6 months follow-up were: prostate volume assessed by TRUS, UF, PVR, IPSS, QoL. Data were evaluated in the overall Group; a further analysis was based on baseline prostate volume threshold of 50cc: Group A (GA) prostate volume <50cc, Group B (GB) prostate size >50cc.

Results: Data were completed on 28 males, mean age 67.6yrs. At baseline, mean prostate volume was 51.7 cc, mean Qmax 7.6ml/s, mean PVR 80.3ml, mean IPSS 20.8, mean QoL 3.9. At 6-mos f-up, mean prostate volume was 23.2cc, mean prostate volume reduction 28.5cc (-54%), mean Qmax 18.3ml/s (+59%), mean PVR 60ml (-25%), IPSS 8.3 (improvement 60%), QoL 1.9 (improvement 52%). In GA preop mean prostate volume was 37.6cc, mean decrease volume 9.7 cc (-52%), mean Qmax 8.5ml/s at baseline, 19ml/s at 6mos f-up (+55%), mean preop PVR 61.2ml, 44.1ml at f-up (-28%), mean preop IPSS 22.1, at f-up 8.6 (improvement 61%), QoL preop 4.1, at f-up 2.1 (improvement 50%). In GB, preop mean prostate volume was 65.8cc, mean decrease volume 37.2cc (-57%), mean preop Qmax 6.6ml/s at baseline, 17.6ml/s at 6mos f-up (+62%), mean preop PVR 99.3ml, 77.8ml at f-up (-22%), mean preop IPSS 19.6, at f-up 7.3 (improvement 60%), mean preop QoL 3.7, at f-up 1.6 (improvement 57%). At Pearson Test, a significantly positive correlation was found between the rate of prostate volume decrease and Qmax increase only in patients with baseline prostate size > 50cc.

Interpretation of results: After WVT, a shrinkage of more than half of the prostate volume was achieved in the overall population and in the subgroups regardless of initial size. This finding confirms the high potential in necrosis and volume reduction of WVT, and it can be one of the explanations of the BOO decrease and success of the procedure. Males with lower size of the prostate showed a similar rate of tissue decrease than men with larger prostate. So, the effect on the rate of prostatic tissue reduction is not related to the baseline volume. This data may be part of the reasons explaining the effective results of WVT on patients with prostate of different size. All the parameters improved at f-up in all groups. However, men with larger prostate (>50cc) may have greater chance of Qmax improvement.

Conclusions: After WVT, a high percentage of prostate tissue reduction occurs, exceeding half of the baseline volume. The percentage of prostate volume shrinkage is not related to the initial size and is similar in men with smaller or larger prostate. The high degree of tissue reduction may be part of the explanation for the decrease of BOO and treatment success.

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17 - What Do Men Want? A Patient-Centered Survey on Treatment Expectations and Preferences in BPO Surgery"

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Introduction and aim of the study: Thirty million men worldwide have Lower Urinary Tract Symptoms(LUTS) correlated to benign prostatic obstruction (BPO). Storage and voiding symptoms significantly impact quality of life. EAU Guidelines recommend active treatment for moderate-to-severe LUTS; surgery is mandatory for complications. Multiple surgical techniques vary in efficacy(QoL,

Qmax, PVR, IPSS) and sexual function impact, particularly ejaculation dysfunction. The aim of this study is to investigate what men perceive as following BPO surgery and which symptoms/outcomes are acceptable.
Materials and methods: This is a monocentric survey enrolling men aged >50 years with LUTS/BPO(June-December 2025). Exclusions criteria: previous BPO surgery, neurological LUTS. Participants completed a voluntary, anonymous 14-item QR code questionnaire, on Google® form platform, covering demographics, symptoms, surgical expectations, and preferences. Seven surgical techniques were presented with efficacy/complication profiles. Medical counselling, and marketing influences were evaluated.
Results: Sixty-eight patients participated(38% aged 61-70 years). Most frequent symptoms: nocturia(44.7%), weak stream(44.1%), and increased frequency (27.9%). Storage symptoms predominated(72.1%); 38.2% had both types. Primary expectations were improved urinary flow(33.8%) and nocturia (26.5%). Ejaculation loss and transient incontinence concerned mainly younger patients (50-60 years); re-intervention risk worried all age groups. Prolonged catheterization showed concern in over-80 population. Patients chose high-efficacy techniques(60.3%,TURP-HoLEP)despite ejaculatory impact; minimally invasive techniques preferred by younger patients. Medical counselling was the primary decision factor(92.6%).
Interpretation of results: Patients prioritize symptom improvement and low re-intervention risk over ejaculatory preservation. Age influences preferences: younger patients prioritize sexual function. Physician counselling importance (92.6%) underscores shared decision-making's role in bridging the treatment gap between surgery and medical management. Findings reveal disconnects between medical assumptions and patient values, mirroring that realistic expectations and involvement improve satisfaction.
Conclusions: Men define cure as maximal symptom improvement with minimal re-intervention risk, with age-dependent sexual function consideration. Comprehensive preoperative counselling is essential for realistic expectations and personalized decisions. Future multicentric studies with follow-up should compare expectations with outcomes.

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18 - Functional and sexual middle-term outcomes following transperineal laser ablation (TPLA) vs TURP for benign prostatic obstruction: a randomized trial

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Introduction and aim of the study: Benign prostatic hyperplasia (BPH) has a significant impact on patients' quality of life, affecting both urinary and sexual function. EAU gudelines on male LUTS recommend randomized controlled trials with the referral technique transurethral resection of the prostate (TURP), in order to set new minimally invasive therapies in the therapeutic algoritm. Aim of the study is to compare functional results of transperineal interstitial laser ablation (TPLA) of the prostate with TURP.
Materials & methods: In this prospective and randomized study, consecutive patients with an indication for surgical treatment of benign prostatic obstruction were enrolled between March 2024 and April 2025.
Participants were randomly assigned to one of two treatment arms: Group A, which received TPLA, and Group B, which underwent TURP in a 1:2 ratio.
The following parameters were compared: preservation of ejaculation using the Male Sexual Health Questionnaire – Ejaculatory Function domain (EJ-MSHQ) before the surgery and at 6 months post-surgery; improvement in maximum urinary flow rate (Qmax) at 1, 3 and 6 months (Qmax); and symptom relief (International Prostate Symptom Score improvement) at 1, 3 and 6 months.
Results: Seventy-seven patients (27 (33.3%) TPLA vs 50 (66,7%) TURP) were analysed. No differences in terms of preoperative prostate volume, PSA value, Qmax and post-voided residual (PVR) were observed. TPLA is less efficient in disobstrutcion, a statistically significant difference between the treatment groups was found in terms of postoperative Qmax at 6 months (TPLA vs TURP: 10.3 mL/s vs 20.0; $P < 0.001$). TPLA achive 48,3% reduction of symptoms: in terms of IPSS at 6 months, there was a mean decrease of 9.8 after TPLA (95% CI.4.7–13.9), vs 78% reduction of symptoms in Group B who underwent TURP. The distribution of ejaculatory function assessed by the EJ-MSHQ remained unmodified after TPLA ($P = 0.2$), while a median 50% decrease in EJ-MSHQ score was observed after TURP ($P = 0.001$). Absence of antegrade ejaculation in Group A (TPLA) was reported in 3,7% (1 patient).
Interpretation of results: Although TPLA has a less efficacy in prostatic disobstruction, the real goal achieved with the procedure is the symptoms' relief, ejaculation preserved and total urinary continence.
Conclusions: In our study, TPLA providing a relief from bladder outlet obstruction but less than TURP. However TPLA surgery takes a significant symptoms reduction while preserving ejaculation in almost all patients and most of all the complete urinary continence since the catheter removal. In our opinion, these results show that, as with medical treatment, TPLA is a valid option in all patients for whom surgery is not mandatory and who are interested in maximally preserving sexual function.

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19 - Laparoscopic versus Robotic Combined Ventral Rectopexy and Sacrocolpopexy for Multicompartment Pelvic Organ Prolapse: A Propensity Score-Matched Comparative Study

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Introduction and aim of the study: Multicompartment pelvic organ prolapse presents complex therapeutic challenges. Combined sacrocolpopexy with ventral rectopexy addresses apical, anterior, and posterior defects simultaneously. Robotic surgery offers enhanced three-dimensional visualization and improved dexterity for complex pelvic procedures. However, comparative data using rigorous propensity score matching methodology remain lacking. This study represents the first propensity score-matched comparison of laparoscopic versus robotic approaches for combined procedures, evaluating perioperative safety, operative efficiency, and functional outcomes in a high-volume single-surgeon series.
Materials and methods: Single-center retrospective study of 97 patients undergoing combined procedures for multicompartment prolapse (POP-Q stage ≥II). All surgeries performed by single experienced surgeon. Significant baseline imbalances (BMI SMD=0.604, parity SMD=0.602) necessitated propensity score matching. One-to-one matching achieved perfect balance (n=40, all SMD<0.01). Primary outcomes: operative time, blood loss, hospital stay, complications. Secondary: anatomical success (absence vaginal prolapse ≥stage II at 12-month follow-up), symptom resolution including bowel function.
Results: Robotic surgery demonstrated significantly reduced blood loss (37.5 vs 50.0 mL, p=0.006, 25% reduction). Operative time (163 vs 178 min, p=0.104) and hospital stay (2.5 vs 3.0 days, p=0.564) comparable. Zero complications in all 97 patients. At median 12-month follow-up, no patient in either group demonstrated vaginal prolapse ≥ stage II. Functional outcomes were achieved across all symptom domains, with particularly notable improvements in bowel function: constipation resolved in 69.0% of affected patients (p=0.001) and incomplete rectal emptying achieved resolution in 91.7%. Substantial anatomical restoration was achieved, with 74.3% and 88.9% attaining stage 0-I for apical and posterior compartments respectively (both p<0.001). Posterior correction strongly correlated with bowel symptom resolution (r=0.71, p<0.001).
Interpretation of results: Robotic surgery achieved significantly reduced blood loss after rigorous PSM, confirming true treatment effect. Both approaches demonstrated excellent safety and efficacy (absence of prolapse ≥stage II at 12 months). Strong correlation (r=0.71) between posterior correction and bowel improvement demonstrates anatomical restoration translates to functional benefit.
Conclusions: Robotic combined sacrocolpopexy with ventral rectopexy offers

significantly reduced intraoperative blood loss versus laparoscopic approach while maintaining comparable operative efficiency, safety, and functional outcomes. Both techniques achieve excellent anatomical correction and symptom relief. Choice should be individualized based on surgeon expertise, patient factors, and institutional resources.

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20 - Accuracy, readability and understandability of EAU guidelines bot for male non-neurogenic LUTS guidelines

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Introduction and aim of the study: Recently the EAU guidelines presented the EAU guidelines bot to assist urologists in the reading of the guidelines however up to date no external validation is available. Aim of our study is to assess accuracy, completeness, and clarity of the guideline's bot in male non-neurogenic LUTS guidelines.

Materials and methods: A total of 105 questions based on the EAU male non-neurogenic LUTS guidelines recommendations were developed. Each question was imputed to the EAU guidelines bot and the response was assessed by two expert urologists to assess the accuracy, completeness, and clarity. A 5-point Likert scale was used as a score and in case of discrepancies a third urology was queried. Accuracy, completeness and clarity was assessed per chapter and per grade of recommendation. All questions and answers were recorded in an excel file.

Results: Overall 105 questions were developed. In terms of accuracy 95/105 (92%) were defined as accurate (score-4-5), 3/105 (3%) presented a fair accuracy (score=3) while. In terms of completeness, 102/105 (97%) were defined as complete(score-4-5), 0/105 (0%) presented a fair completeness (score 3) while 3/105 (3%) were deemed not complete. Finally, in terms of clarity, 102/105 (97%) were defined as clear(score-4-5),0/105 presented a fair clarity (score 3) and 3/105 were not clear. When comparing strong and week recommendations no differences were recorded.

Interpretation of results: Based on the results obtained, almost all the questions asked to assess the characteristics of the EAU guidelines' bot seemed to be evaluated with a high score by the expert urologists. Few chapters were judged as not clear or not complete; while none of them was defined as not accurate.

Conclusions: EAU guidelines bot represents an accurate tool for Male non-neurogenic LUTS guidelines. Some fine tuning is needed to improve clarity and completeness

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21- Prostatic Artery Embolization in High-Risk Comorbid Patients with ASA score ≥ 3: Evaluation of Functional and Safety Outcomes

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Introduction and aim of the study: Prostatic Artery Embolization (PAE) is an ultra–minimally invasive treatment for lower urinary tract symptoms (LUTS) secondary to benign prostatic obstruction (BPO), particularly suitable for patients considered unfit for conventional surgery. The aim of this study was to evaluate functional outcomes and safety of PAE in a cohort of highly comorbid patients treated at a single center.

Materials & methods: We retrospectively included patients who underwent PAE between December 2020 and October 2024 for moderate to severe LUTS, with an American Society of Anesthesiologists (ASA) score ≥3. All procedures were performed under local anesthesia in an interventional radiology suite. Embolization was achieved using polyvinyl alcohol particles or cyanoacrylate glue. Perioperative complications, functional outcomes, and changes in medical therapy were analyzed.

Results: Forty-two patients were included, with a median age of 79 years (IQR 78–82). Median ASA score was 3 and median Charlson Comorbidity Index was 5. Eighteen patients (42.8%) were on antiplatelet therapy, 11 (26.2%) on novel oral anticoagulants, and one (2.4%) on warfarin. Median follow-up was 25 months.

Eight patients (19%) had a preoperative indwelling urinary catheter. Median prostate volume was 75 mL (range 40–125). All patients were discharged the day after the procedure. Perioperative complications occurred in 6 patients (14.3%) and were all minor (Clavien–Dindo <2).

Among catheter-dependent patients, 5 (62.5%) recovered spontaneous micturition after PAE. In the remaining patients, median IPSS decreased from 21.5 (IQR 18–27) at baseline to 12 (IQR 9–19) at 6 months, with a median reduction of 8 points. Median QoL score improved from 4 (IQR 4–5) to 2 (IQR 1–4). At 6 months, 15 patients (35.7%) discontinued all medical therapy, while 6 (14.3%) reduced pharmacological treatment.

Interpretation of results: In this cohort of elderly and highly comorbid patients, PAE provided meaningful symptom relief with a favorable safety profile. The significant improvement in IPSS and QoL confirms the effectiveness of PAE even in a fragile population often excluded from surgical treatment.

The low rate of minor complications and the absence of major adverse events highlight the safety of the procedure, including in patients receiving antithrombotic therapy. The use of local anesthesia and early discharge in all cases further emphasize the minimal invasiveness of PAE.

The recovery of spontaneous micturition in catheter-dependent patients and the reduction or discontinuation of medical therapy represent relevant clinical benefits, particularly in frail patients exposed to polypharmacy.

Conclusions: PAE is a safe and effective treatment option for LUTS secondary to BPO in highly comorbid patients who are poor candidates for conventional surgical procedures.

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22 - SINGLE-PORT EXTRAPERITONEAL VERSUS MULTIPORT TRANSPERITONEAL ROBOT-ASSISTED RADICAL PROSTATECTOMY: A PAIR-MATCHED ANALYSIS OF PERIOPERATIVE, PATHOLOGICAL AND EARLY FUNCTIONAL OUTCOMES

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Introduction and aim of the study: To compare perioperative, pathological and early functional outcomes between single-port extraperitoneal (SP-eRARP) and multi-port transperitoneal (MP-tRARP) robot-assisted radical prostatectomy in a matched cohort.

Materials & methods: We prospectively collected data from 32 patients who underwent SP-eRARP (2024–2025) and matched them with 32 MP-tRARP (2017–2024) retrieved from 646 procedures performed by the same surgeon. Propensity score matching was done on age at surgery, PSA, ISUP grade at biopsy, clinical stage at MRI, and performance of PLND. The endpoints of the study were operative features and short-term oncological and functional outcomes.

Results: SP-eRARP showed shorter operative time (182.5 vs 208 min, p=0.04), reduced hospital stay (2 vs 4 days, p<0.001) and earlier catheter removal (9 vs 10 days, p=0.05) compared with MP-tRARP. Positive surgical margins (PSM) were significantly lower in the SP group (6.3% vs 25.0%, p=0.03). Continence recovery was faster (1 vs 2 months, p=0.04), while sexual function recovery at 6 months was comparable between groups (48% vs 36%, p=0.46). Peri-operative complications and pathological outcomes were similar.

Interpretation of results: Our preliminary data suggest that the SP-eRARP technique may play a favorable role in the early recovery of urinary continence. The halving of the time to achieve continence (1 month versus 2 months with the multi-port technique), coupled with a faster catheter removal, indicates a potential clinical benefit in reducing immediate post-operative distress for the patient. While further studies on larger cohorts are necessary, the single-port approach appears to offer a tangible advantage specifically during the early stages of functional rehabilitation.

Conclusions: SP-eRARP was associated with shorter operative time, likely due to the straightforward surgical access; shorter catheterization time; reduced hospitalization, even in the Italian health system; lower PSM; and faster urinary continence recovery compared with MP-tRARP. These promising findings support the use of the SP platform that further minimizes surgical trauma.

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23 - Transurethral incision of the prostate (TUIP) versus water vapor thermal therapy (Rezu¯m) in the treatment of low-volume benign prostatic hyperplasia: a prospective monocentric comparative study

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Background: In patients with low-volume benign prostatic hyperplasia (BPH), transurethral incision of the prostate (TUIP) represents a valid alternative to resection, while water vapor thermal therapy (Rezu¯m) is a more recently introduced minimally invasive technique.
Objectives: The aim of this study was to compare functional outcomes and safety of the two procedures.
Methods: A prospective monocentric study was conducted including 52 patients with lower urinary tract symptoms (LUTS) secondary to BPH and prostate volume ≤30 ml. Patients were allocated to TUIP (n=26) or Rezu¯m (n=26) according to informed patient preference. Clinical evaluation included International Prostatic Symptoms Score (IPSS), quality of life (QoL) score, uroflowmetry (Qmax), and post-void residual (PVR) at baseline (T0) and at 1 month (T1), 3 months (T2), and 6 months (T3). Perioperative complications and changes in ejaculatory function were recorded.
Results: At T0, no significant differences were observed between the two groups in terms of clinical and functional characteristics. Both procedures resulted in a significant improvement in symptoms.
At T3, mean IPSS was 8.1±3.0 in the TUIP group and 9.5±3.4 in the Rezu¯m group (p=0.12). Mean Qmax increased from 9.3 to 20.1 ml/s in the TUIP group and from 9.6 to 17.2 ml/s in the Rezu¯m group (p=0.03). PVR significantly decreased in both groups without statistically significant differences.
Procedure time and catheterization duration were shorter in the Rezu¯m group (p<0.01). Preservation of antegrade ejaculation was significantly higher in the Rezu¯m group compared with the TUIP group (92% vs 65%, p<0.01). Complications were mild (Clavien–Dindo I–II) and comparable between groups.
Conclusions: Both TUIP and Rezu¯m are effective and safe treatment options for low-volume BPH. TUIP provides superior uroflowmetric improvement, whereas Rezu¯m offers the advantages of lower invasiveness and better preservation of ejaculatory function. Treatment selection should be individualized based on patient characteristics and expectations.

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24 - Patient-Reported Outcome Measures as Endpoints of ATOMS Implantation for Male Stress Urinary Incontinence

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Introduction and aim of the study: The ATOMS system is a compressive device designed for the treatment of male stress urinary incontinence and has demonstrated favorable continence outcomes. The present study aims to assess patient-reported outcomes within a single-center setting.
Materials and methods: All consecutive male patients referred to our institution for postoperative stress urinary incontinence and treated with the ATOMS® system between January 2018 and April 2025 were included. Preoperative evaluation comprised detailed medical history, 24-hour pad test and pad count, physical examination, and urodynamic investigation. Patients with reduced bladder capacity or compliance, as well as those with uncontrolled detrusor overactivity, were excluded. Continence was defined as complete dryness or the use of one safety pad per day (social continence). Patient-reported outcomes were assessed using the following validated questionnaires: ICIQ-UI SF, ICIQ-MLUTSsex, ICIQ-S, and WHOQOL. Data are reported as median values with interquartile ranges.
Results: Of the 97 patients implanted with the ATOMS® system, complete questionnaire data were obtained from 77 patients (response rate: 79.4%). The median age was 74 years (71–78), and the majority had undergone surgery for prostate cancer (78%). Twenty-six patients had received prior radiotherapy, and 22 had undergone previous anti-incontinence surgery. Median follow-up was 39 months (22-62). A significant reduction in the 24-hour pad test was observed, from 350 g (215–600) to 35 g (0–70), as well as in daily pad usage, from 4.5 pads/day (3–6) to 1 pad/day (IQR 0–2) (all $p < 0.01$). Complete dryness was achieved in 26 patients (33.8%), while 56 patients (72.7%) attained social continence. The ICIQ-UI SF score significantly decreased from 17 (15–20) to 6 (2–10.5) ($p < 0.01$), whereas a modest but statistically significant change was observed in the ICIQ-MLUTSsex score, from 32 (IQR 20.5–40) to 31.5 (23.75–42) ($p = 0.04$). Patients achieving social continence reported significantly better ICIQ-S scores (25 [17–30.25] vs 29 [20–34], $p < 0.01$) and WHOQOL scores (90 [76.75–101.25] vs 86.5 [77–94], $p < 0.01$) compared with those who did not.
Interpretation of results: The objective continence outcomes observed in the present study are consistent with those reported in previous series. A significant overall subjective improvement was documented, as reflected by the ICIQ-UI SF scores, including patients with suboptimal continence outcomes. Although the median ICIQ-MLUTSsex score remained unchanged, likely due to the absence of sexual activity in a substantial proportion of patients, a variation in the interquartile range was observed, suggesting a trend toward improved sexual function among sexually active individuals. The ICIQ-S and WHOQOL questionnaires effectively captured patient-reported satisfaction, particularly among those achieving social continence.
Conclusions: The overall favorable objective continence outcomes associated with ATOMS® system implantation are accompanied by high levels of patient-reported satisfaction.

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25: Predictors of Treatment Failure After Water Vapor Thermal Therapy (Rezūm™) for Benign Prostatic Hyperplasia: Results from a Prospective Multicenter Stud

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Introduction and aim of the study: Water vapor thermal therapy (Rezūm™) represents a minimally invasive treatment for lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH), with the advantage of preserving sexual function. Nevertheless, a relevant proportion of patients experience treatment failure, requiring additional medical or surgical intervention. Identification of predictors of Rezūm failure is essential to improve patient selection and optimize clinical outcomes. This study aimed to identify the factors associated with Rezūm failure.
Materials and methods: This prospective multicenter observational study included patients undergoing Rezūm therapy for BPH-related LUTS between January 2021 and January 2024. Baseline variables included age, prostate volume, presence of a median lobe, baseline IPSS, quality of life (QoL) score, maximum urinary flow rate (Qmax), PVR, PSA, and history of acute urinary retention (AUR). Treatment failure was defined as persistence or recurrence of moderate-to-severe LUTS (IPSS ≥12), need for BPH-related re-treatment (medical or surgical), or prolonged postoperative urinary retention (>30 days). Univariate and multivariate logistic regression analyses were performed to identify predictors of failure.
Results: A total of 114 patients were included, with a median follow-up of 18 months (IQR 12–24). Mean age was 66.2 ± 12.8 years, and mean prostate volume was 62.4 ± 18.6 mL. A median lobe was present in 34.2% of patients, and 29.8% had a history of preoperative AUR.
Overall, Rezūm failure occurred in 33 patients (28.9%). On univariate analysis, prostate volume >80 mL (p<0.001), baseline IPSS ≥25 (p=0.01), PVR >150 mL (p<0.001), presence of a median lobe (p=0.02), and prior AUR (p=0.004) were significantly associated with treatment failure. On multivariate analysis,

prostate volume >80 mL (OR 3.12, 95% CI 1.54-6.31; p=0.002), baseline PVR >150 mL (OR 2.74, 95% CI 1.33-5.66; p=0.006), and history of preoperative AUR (OR 2.48, 95% CI 1.14-5.39; p=0.02) emerged as independent predictors of Rezūm failure. Age, PSA, baseline Qmax, and median lobe presence did not retain statistical significance.
Interpretation of results: Rezūm therapy failure is mainly due to baseline signs of advanced bladder outlet obstruction and poor bladder emptying. Larger prostate size and high post-void residual are key failure predictors, indicating limited benefit for those with significant obstruction or detrusor issues. A history of urinary retention signals more severe disease and raises failure risk. These results stress careful patient selection, favouring those with moderate prostate size and good bladder function to ensure better durability.
Conclusions: Nearly one-third of patients experienced Rezūm treatment failure during mid-term follow-up. Larger prostate volume, elevated baseline PVR, and a history of acute urinary retention were independent predictors of treatment failure. Thorough preoperative assessment of prostate size and bladder function is crucial to optimize patient selection for Rezūm therapy and to ensure accurate pre-treatment counselling.

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26: Urodynamic changes of orthotopic ileal neobladders during the first postoperative year: a comparison of reconstruction techniques

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Introduction and aim of the study: Radical cystectomy is the standard treatment for muscle-invasive bladder cancer and selected high-risk non–muscle-invasive disease. Orthotopic ileal neobladder (ONB) reconstruction is a widely adopted urinary diversion, aiming to restore bladder function (capacity, low intraluminal pressure, high compliance, voiding dynamics). However, longitudinal urodynamic assessment of ONB remains poorly investigated and lacks standardized reference parameters. This prospective study aimed to compare urodynamic outcomes at 6 and 12 months among different ONB configurations and to evaluate urodynamic changes over time according to the type of ONB.
Materials & methods: Forty-two patients undergoing radical cystectomy with ONB reconstruction were prospectively enrolled. ONBs were grouped into a spherical configuration (Studer and modified-Y "Bordeaux"; n=25) or Y-shaped configuration (n=17). Invasive urodynamic studies were performed at 6 and 12 months postoperatively according to ICS standards. Evaluated parameters included maximum cystometric capacity (MCC), compliance, neobladder pressure at MCC (PONB at MCC), residual peristaltic activity during filling, and urethral pressure profile including the maximum urethral closure pressure (MUCP) and functional urethral length (FUL). Continuous variables were compared using the Mann–Whitney test, while categorical variables were analysed using Pearson's χ^2 or Fisher's exact test. A p-value <0.05 was considered statistically significant.
Results: At 6 months, MCC was comparable between spherical and Y-shaped ONB (350 vs 370 mL, p=0.5), as was compliance (35 vs 24 mL/cmH_2O, p=0.1). PONB at MCC was higher in the Y-shaped group (27 vs 19 cmH_2O, p=0.2). Residual peristaltic activity during filling was more frequent in Y-shaped ONB (71% vs 48%). MUCP was higher in spherical configurations (57 vs 48 cmH_2O, p=0.049).
At 12 months, MCC increased in both groups (overall median 421 mL). Compliance improved over time but remained lower in Y-shaped neobladders (28 vs 39 mL/cmH_2O, p=0.6). PONB at MCC remained higher in the Y-shaped group (40 vs 26 cmH_2O, p=0.2). Residual peristaltic activity persisted more frequently in Y-shaped ONB (79% vs 36%). MUCP remained higher in spherical configurations (56 vs 43 cmH_2O, p=0.2).
Interpretation of results: Urodynamic evaluation demonstrated a progressive functional evolution of ONB within the first postoperative year, characterized by increasing capacity and compliance. Differences between reconstruction types were mainly qualitative rather than volumetric, with Y-shaped neobladders showing persistently higher filling pressures and greater residual peristaltic activity.
Conclusions: ONBs show progressive urodynamic changes during the first postoperative year. While capacity and compliance increase regardless of configuration, the type of ONB influences the ONB pressure and the residual intestinal activity. Larger cohorts and longer follow-up are needed to clarify long-term urodynamic outcomes.

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27: EVALUATION OF A NEW INTRAVESICAL COMPOUND CONTAINING PURIFIED COLOSTRUM AND CHONDROITIN SULFATE IN THE MANAGEMENT OF BLADDER PAIN SYNDROME: A PILOT NON-INFERIORITY STUDY.

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Introduction and aim of the study: The treatment of Bladder Pain Syndrome (BPS) remains clinically challenging and typically requires a multimodal approach. According to the EAU Guidelines on Chronic Pelvic Pain, glycosaminoglycan (GAG) layer replenishment therapy—including intravesical instillations of hyaluronic acid, chondroitin sulfate, or a combination of both—is a recommended treatment option for BPS. The aim of this study was to evaluate the efficacy of a new compound containing purified colostrum and chondroitin sulfate sodium (Controcyst®) in the treatment of BPS.
Materials & methods: We conducted a prospective, interventional, non-inferiority pilot study comparing the new compound (Controcyst®) with a standard hyaluronic acid/chondroitin sulfate compound (Ialuril Prefill®). A total of 40 female patients with BPS were randomized 1:1 into two groups:

- Group A: Received instillations of Controcyst®.
- Group B: Received instillations of Ialuril Prefill®.

Patients were evaluated before and after a cycle of 8 weekly intravesical administrations using the Visual Analogue Scale (VAS) for pain, the International Prostatic Symptoms Score (IPSS), and the IPSS Quality of Life (QoL) index. At the end of the treatment, patients completed the Patient-Global-Impression of Improvement (PGI-I) scale. Follow-up visits were scheduled at 3 and 6 months. Non-inferiority was defined as a reduction in VAS for pain in Group A that was at least 80% of the reduction observed in Group B.
Results: All 40 patients (age range 33–76 years) completed the study. Baseline characteristics were comparable between the two groups.

- Group A (Controcyst®): VAS decreased from 4.75 to 2.95 (p=0.01); IPSS decreased from 18.25 to 14.00 (p=0.045); IPSS QoL improved from 3.8 to 2.55 (p<0.01); Mean PGI-I was 2.35.
- Group B (Control): VAS decreased from 4.9 to 3.05 (p=0.01); IPSS decreased from 19.1 to 16.05 (p=0.04); IPSS QoL improved from 4.8 to 3.15 (p<0.01); Mean PGI-I was 2.85.

Follow-up at 3 and 6 months confirmed that these improvements remained stable over time. Non-inferiority was successfully demonstrated, as both groups showed a nearly identical reduction in VAS pain scores (-37.9% in Group A vs. -37.8% in Group B).
Interpretation of results: Although this pilot study presents preliminary data, the results are highly promising. The significant reduction in VAS and IPSS scores suggests that Controcyst® is not only non-inferior to established GAG-replenishment therapies but may offer additional synergistic benefits due to the inclusion of purified colostrum in the product. Colostrum is rich in growth factors and immunomodulins. This dual action could explain the superior trend in IPSS reduction observed in Group A. IPSS was chosen because available at our center.
Conclusions: These preliminary data indicate that the new compound containing purified colostrum and chondroitin sulfate sodium is an effective and safe option for treating BPS and associated lower urinary tract symptoms.

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28: Risk factors for postpartum urinary incontinence after delivery: results from a prospective longitudinal study.

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Introduction and aim of the study: Post-partum (PP) stress urinary incontinence (SUI) is a common pelvic floor disorders following childbirth, affecting women's quality of life. The role of delivery in the development of PP-SUI is controversial. This study aims to assess the incidence and evolution of PP-SUI in primiparous women after spontaneous vaginal delivery (VD) and to explore its association with pre-pregnancy, intrapartum, clinical, and ultrasound risk-factors at short and long-term follow-up.
Materials & methods: This was a prospective longitudinal study. Patients recruitment was done from March 2021 to May 2023. Primiparous women aged 18–45, with BMI>20 and at term VD were enrolled. Delivery data were collected. All participants underwent urogynecological examination (Q-tip, stress test, PC test) and 3D ultrasound for levator ani muscle (LAM) evaluation, 3 months after delivery. Then, 1 year after delivery and at a long-term follow-up in December 2025 (median: 49 months) women underwent a phone interview. SUI was assessed via validated questionnaire (ICIQ-UI SF) before delivery, at 3 months, at 1 year and at maximum follow-up. Statistical analyses included univariate and multivariable models to identify factors associated with SUI.
Results: Among 351 eligible women, 199 completed the short-term follow-up and 186 reached the long-term follow-up. Incidence of SUI was 42.2% at 3 months PP, decreasing to 30.6% at 1 year and to 30% at maximum follow-up. No significant association was found between SUI and delivery characteristics, neither with LAM avulsion detected at ultrasound at 3 months follow-up. BMI was significantly higher in women with SUI at short term (p=0.013). Maternal age was significantly increased in women with persistent SUI at long-term. Maternal age and BMI were independently associated with UI: for each BMI point increase, the OR of UI rose by 9%(OR 1.09, 95% CI 1.02–1.18, p=0.014), while maternal age showed an OR of 1.10(95% CI 1.03–1.18, p=0.009).
Interpretation of results: PP-SUI is highly prevalent after delivery. Our data is consistent with the literature, reporting rates of SUI at about 30% in the first PP year. Increasing age and BMI are linked with SUI after delivery. No clear association between SUI and LAM injury was identified. However, functional pelvic floor alterations, such as pelvic floor hypertonicity, detected at short term follow-up, showed a trend toward statistical significance(p=0.056). The findings suggest that impaired pelvic floor muscle control, rather than structural damage of LAM, may be an early sign in patients at high risk of development of PP-SUI.
Conclusions: PP-SUI is frequent after VD but tends to decrease over time. Anthropomorphic data such as maternal age and BMI emerge as the main risk factors. These findings highlight the importance of early identification and lifestyle changes in women, emphasizing the need for preventive strategies; moreover, detecting specific pelvic floor characteristics after delivery, could suggest tailored pelvic floor training to reduce PP urinary dysfunction in the future.

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29: Who Needs Reprogramming? Predictors of Device Management After Sacral Neuromodulation

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Introduction and aim of the study: Sacral neuromodulation (SNM) is an established treatment for refractory lower urinary tract dysfunctions (LUTDs), including overactive bladder (OAB) and non-obstructive chronic urinary retention (CUR). Long-term clinical efficacy often requires post-implant reprogramming of stimulation parameters and/or electrode configuration; however, predictors of reprogramming frequency remain poorly defined. The aim of this study was to identify patient- and disease-related predictors of SNM reprogramming and to evaluate clinical efficacy using the Urogenital Distress Inventory-6 (UDI-6).
Materials & methods: A retrospective analysis was conducted on 58 consecutive patients implanted with the InterStim™ X system (Medtronic) between 2023 and 2025 at a university urology center. Median follow-up was 28 months (range 4–36). The cohort included 20 men (34.5%) and 38 women (65.5%), with a median age of 59 years (IQR 17). Etiology was neurogenic in 25 patients (43%) and idiopathic in 33 (57%); LUTD diagnosis was OAB in 23 (40%) and CUR in 35 (60%). Diabetes mellitus (DM) was absent in 52 patients (90%), non–insulin-dependent in 5 (9%), and insulin-dependent in 1 (2%). Reprogramming events (electrode configuration and/or stimulation parameters; amplitude 0.5–12 mA, frequency 10–24 Hz) were analyzed as events per patient-year. Clinical efficacy was assessed using pre- and post-implant UDI-6 scores. Analyses were stratified by age (<65 vs ≥65 years), etiology, LUTD type, and DM status. Sacral X-ray was performed when lead migration was suspected. Statistical analysis included Poisson regression to identify predictors of reprogramming, Wilcoxon signed-rank test for UDI-6 changes, and Spearman correlation between reprogramming frequency and symptom improvement.
Results: The mean reprogramming rate was 0.83 events per patient-year (median 0.5, range 0–4). No reprogramming was required in 41 patients (71%), while 17 patients (29%) underwent at least one reprogramming session. UDI-6 scores significantly improved from 10.0 to 2.0 (mean reduction −8.8 points; p<0.001), corresponding to a 75% symptom reduction. No cases of lead migration were observed. In Poisson regression analysis, age was the only independent predictor of reprogramming frequency (incidence rate ratio [IRR] 1.02 per year; 95% CI 1.002–1.038; p=0.034). OAB showed a non-significant trend toward higher reprogramming rates compared with CUR (IRR 1.55; p=0.115), while neurogenic etiology and DM were not significant predictors. No significant correlation was found between reprogramming frequency and UDI-6 improvement (Spearman r=−0.15; p=0.25).
Interpretation of results: Increasing age independently predicts higher reprogramming requirements, whereas LUTD type, neurogenic etiology, and diabetes do not significantly influence device stability. The lack of correlation between reprogramming frequency and symptom improvement suggests a preservative role of reprogramming in maintaining long-term efficacy.
Conclusions: SNM with the InterStim™ X system provides durable symptom improvement in both neurogenic and idiopathic LUTDs. These findings support age- and LUTD-specific follow-up strategies and warrant confirmation in larger, multicenter prospective studies.

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30- How do we really judge an Ileocystoplasty? A new videourodynamic grading system

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Introduction and aim of the study: Augmentation cystoplasty creates a low-pressure bladder reservoir, but the shape of the neo reservoir varies among patients. Currently, there is no standard tool to correlate post-operative radiological morphology with functional outcomes. This study proposes a radiographic grading system (Grades I–IV) to link bladder morphology to persistent lower urinary tract dysfunction after surgery.
Materials & methods: A 10-year review analyzed patients who underwent bladder augmentation (BA) and had videourodynamics (VD) at least a year after surgery. Fluoroscopic abnormalities were scored from 0–2, and patients were categorized into four neobladder morphology grades based on total scores for profile, vesical-to-ileal residual ratio, anastomosis width, and opacification uniformity (Grade I: ≤1; Grade II: ≤3; Grade III: ≤5; Grade IV: >5). Presence of vesico-ureteral reflux (VUR) was noted as R. Urodynamic outcomes residual detrusor pressure, compliance, and persistent VUR were assessed, along with

any use of antimuscarinic or botulinum toxin treatments. The primary endpoint was the statistical correlation between grading scores and bladder compliance.
Results: Of 36 patients evaluated following BA, 26 (8 females, 18 males; mean age 36.89 years) were included in the study, with 92% presenting with spinal cord injury. Robotic-assisted BA was performed in 6 patients (23%), and among those with VUR, 2 out of 5 underwent ureteral reimplantation. Postoperative results demonstrated an improvement in bladder compliance from 9.25 to 43.88 mL/cmH2O. Resolution of VUR was observed in 2 patients (40%) after surgery. Patient grading distribution was as follows: 9 (35%) grade I, 5 (19%) grade II, 5 (19%) grade III, and 7 (27%) grade IV. Persistent detrusor overactivity (defined as Pileoves ≥20 cmH2O) was identified in 65% of cases, with shape types III and IV associated with more than double the risk (RR 2.14; 95% CI 1.19–3.86; $p = 0.006$). These types had a notably higher risk for Pileoves ≥ 40 cmH2O (RR 10.5; 95% CI 1.6–68.8; $p < 0.001$). Gradine score correlated significantly with pressure during filling ileocystometry ($r = +0.43$; $p = 0.03$) and compliance ($r = -0.56$; $p = 0.003$).
Interpretation of results: Laplace's law shows that a spherical neobladder maintains low pressure, improving compliance and reducing contractions. However, fibrotic detrusor muscle can stiffen the anastomosis and change bladder function. VD grading effectively predicts outcomes and helps assess risk after BA or surveillance. According to our findings, grades III and IV are linked to high-pressure reservoirs.
Conclusions: This is the first study developing a reliable grading system for BA. The clinical significance of this grading system and the usability also for orthotopic neobladder should be further investigated

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31 - Which minimally invasive surgical therapy (MIST) is the most suitable? A comparison between clinical decision-making and Artificial Intelligence recommendations.

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Introduction and aim of the study: To compare clinical decision-making and Artificial Intelligence (AI) recommendations for men candidates to minimally invasive surgical therapy (MIST).
Materials and methods: Data of patients undergone Water Vapor Therapy (WVT) in our Center in the last two years were provided to the open AI system ChatGPT 5.2. Patient's history, data of office evaluation, comorbidities, rectal examination, PSA, urinary symptoms, sexual function/ejaculation, UF, PVR, prostate volume were included. Clinical indications to WVT were compared to AI recommendations for the surgical management and AI was asked what surgical treatments would be suggested for these patients after conservative ones.
Results: Data were completed on 63 males with mean age 67.3 yrs, IPPS 14.6, IIEF-5 11.9, Qmax 9.8, PVR 128ml, PSA 2.2 ng/ml, prostate volume 52.1 cc. AI recommended WVT in 34 (53%) patients, Prostatic Urethral Lift (PUL) in 12 (19%), Temporary Implanted Nitinol Device (I-TIND) in 3/63 (4.7%), Aquablation in 2 (3.3%), and major prostate ablative surgery in the remaining 12/63 (19%). AI suggested the use of major ablative procedure (TURP, HOlEP) or WVT in candidates with low IIEF-5 and high IPSS score. In case of high IIEF-5 and high IPSS score, PUL and Aquablation were the favorite surgeries for AI. Males with low IPPS score regardless of erectile function were mainly recommended for WVT.
Interpretation of results: A low concordance was found between our indications to WVT and AI suggestions. AI recommended VWT or major ablative surgery in the same cluster of patients with poor erectile function and severe urinary symptoms. Aquablation and PUL were the preferred treatments in case of good erectile function and severe urinary symptoms, likely because these procedures are known to be the most preserving ejaculation. So, these two latter procedures were suggested in males with the most conserved sexual activity. In case of mild/moderate urinary symptoms regardless of erectile function, WVT was the AI choice, likely for the good success of WVT to relief mild/moderate urinary symptoms with poor interference with erectile function/ejaculation. AI based the choice of treatment mainly on the severity of urinary symptoms and sexual function/ejaculation. Interestingly, in a not negligible rate of cases, AI suggested major surgeries.
Conclusions: Severity of urinary symptoms and sexual function/ejaculation were the parameters most used by AI for the choice of treatment. Concordance between clinical decision-making and AI recommendations was low.

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32- From Barriers to Solutions: A Delphi Study on Clean Intermittent Catheterization Implementation in Italy

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Introduction and aim of the study: Clean intermittent catheterization (CIC) is the gold standard for chronic urinary retention management, particularly in neurogenic dysfunction. Despite evidence supporting its superiority over indwelling catheters, real-world implementation remains inconsistent due to inadequate training, limited resources, and cultural barriers. This study explored current practices and achieved expert consensus on organizational and educational objectives for optimizing CIC implementation.
Materials and methods: A mixed-methods study was conducted with 13 healthcare professionals (12 urologists, 1 gynaecologist) from Lazio, Italy. Phase 1 involved a cross-sectional survey following CHERRIES guidelines, assessing current CIC practices, barriers, and improvement strategies. Phase 2 employed a two-round Delphi process. Round 1 participants rated agreement with statements on CIC prioritization, training standardization, organizational barriers, healthcare professional education, patient awareness, and service establishment using a 5-point Likert scale, providing qualitative feedback. Round 2 redistributed refined statements to achieve consensus (predefined as ≥70% agreement). Data were analysed descriptively.
Results: Survey results showed heterogeneous CIC usage: 53.8% recommended CIC occasionally, 30.8% multiple times weekly. CIC was prescribed for neurogenic dysfunction (100%), chronic retention (76.9%), and post-surgical issues (61.5%). Primary barriers included limited training time (61.5%), inadequate professional training (61.5%), and lack of dedicated personnel (53.8%). The Delphi process achieved six consensus recommendations (all ≥85% agreement): prioritize CIC over indwelling catheters (≥85%), implement standardized training in all urology facilities (≥90%), ensure adequate trained personnel (≥90%), utilize hands-on mentorship and in-person training (≥85%), establish dedicated services in tertiary centres (≥90%), and conduct patient awareness campaigns (≥85%).
Interpretation of results: High consensus validates the need for systematic organizational and educational interventions. The emphasis on hands-on training reflects CIC education's experiential nature, where practical competence develops through direct mentorship. Support for dedicated specialized services acknowledges complex neurogenic patients require expert-led care. Findings align with international literature while defining specific consensus-based priorities for Italian healthcare contexts.
Conclusions: This study established expert consensus on six core principles for enhancing CIC implementation, addressing gaps in standardization, training, and service organization. These recommendations provide a foundation for developing evidence-based guidelines to improve CIC delivery across Italy and potentially internationally.

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33- Characterization of the Urinary Microbiome in Neurogenic Lower Urinary Tract Dysfunction and clinical implications

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Introduction and aim of the study: Recent evidence has challenged the paradigm of sterile urine, demonstrating the presence of a resident urinary microbiome (urobiome) in both healthy individuals and patients with lower urinary tract symptoms. Patients with neurogenic lower urinary tract dysfunctions (NLUTDs) represent a high-risk population for microbiome alterations, asymptomatic bacteriuria, and urinary tract infections (UTIs); however, data based on enhanced quantitative urine culture (EQUC) remain limited. The objectives of this study were to characterize urinary microbiome alterations in patients with neurogenic bladder using EQUC, to compare different NLUTD phenotypes with non-neurogenic controls, and to evaluate associations between microbiological patterns, catheterization, and UTI status using advanced multivariate approaches.
Materials & methods: In this prospective observational study, urine samples from patients with NLUTDs and non-neurogenic LUTS controls were analysed using EQUC. Patients were stratified according to clinical phenotype (overactive bladder, OAB, vs chronic urinary retention, CUR), clean intermittent catheterization (CIC), and UTI status (standard culture-negative, asymptomatic bacteriuria, symptomatic UTI). Statistical analysis included univariate comparisons, multivariate models based on predefined microbiological indices (polymicrobial profile, Gram-positive predominance, uropathogen dominance, commensal-rich profile), and penalized logistic regression (LASSO).
Results: A total of 130 patients were included (NLUTDs n=100; controls n=30). EQUC detected at least one bacterial taxon in 92.3% of NLUTD patients and 86.7% of controls, identifying more than 120 distinct taxa overall. Escherichia coli was more frequently detected in NLUTD patients than in controls (32.0% vs 16.7%). Within the NLUTD cohort, polymicrobial growth (≥2 species) was more common in CUR than in OAB (61.5% vs 38.9%) and was highest among patients performing CIC (76.9% vs 54.2% in non-catheterized CUR patients). Stratification by UTI status revealed a progressive microbiome shift from standard culture-negative patients to asymptomatic bacteriuria and symptomatic UTI, the latter characterized by uropathogen dominance.
Interpretation of results: Overall, urinary microbiome alterations were better explained by changes in global microbial patterns rather than by single bacterial taxa. Microbiological indices allowed meaningful biological interpretation of EQUC data, while LASSO regression confirmed that only a limited subset of microbial features independently contributed to clinical outcomes, supporting a continuum model from colonization to infection.
Conclusions: Urinary microbiome alterations in neurogenic bladder are primarily driven by ecosystem-level changes rather than individual pathogens. The integration of EQUC with microbiological indices and penalized regression supports an ecosystem-based model of urinary tract dysbiosis, with potential implications for risk stratification and personalized management.

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34 - LONG TERM RESULTS OF PUDENDAL NERVE PULSED RADIOFREQUENCY(PN-PRF) UNDER NEUROPHYSIOLOGICAL GUIDANCE TO TREAT GENUINE PUDENDAL NEURALGIA (G-PN)

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Introduction and aim of the study: G-PN is a commonly overlooked and misdiagnosed condition when evaluating chronic pelvic and genital pain disorders.The aim of this retrospective study is to report long term results of a new procedure for the treatment of persistent and/or resistant G-PN not due to concomitant or underlying diseases.
Materials and methods: 57 pts (30 male, 37 F, mean age 46.4) out of 266 affected by genuine pudendal neuralgia meeting Nantes criteria, not responsive to 6 months conservative therapy, underwent PN-PRF. All were selected after a successful pudendal nerve block on the side where biothesiometry and physical evaluation were pathological. A complete pain relief for at least 6-12 hours after the trial block was the basic requirement for the PRF ablation. PRF was delivered under neurophysiological guidance and local anesthesia through a posterior transgluteal approach, after a replicable, consistent BCR was found at 1mA or below intensity. A 2 Hz, 42°C, 70 V, 720-seconds protocol was used for nerve ablation. Clinical evaluation was scheduled during a 60-months follow-up period every 1,3,6,12 months during the first year, then every 6 months considering pain recurrence (VAS > 5) as an outcome measure for relapse and a new PRF.
Results: 52/57 pts (91,2%) experienced a significant and persistent improvement in pain after PRF treatment with no side effects or complications at a mean follow-up of 27.6 months. 15 patients underwent a second PRF treatment at 6 months time due to a relapse of pain. 24 pts discontinued their drug therapy in 6 months after the PRF. The median pre-procedural VAS score was 5.82/10 whereas the average follow up VAS score was 1.57/10. Patients' satisfaction rate was 96%.
Interpretation of results: Clinical results are consistent and aligned with literature data, with most patients experiencing almost complete relief of pain lasting six months or more after one or two treatments. Neurophysiological guide ensures a precise delivery of energy in the nerve's proximity, minimizing the risk of anatomical variability-related failures or collateral damages and maximizing the outcome. Compared to pudendal nerve block, PRF provides similar pain control with a longer-lasting efficacy. The procedure was performed with no complications or side effects.
Conclusions: PN-PRF can represent the future of minimally invasive therapy of CPP due to genuine pudendal neuropathy. It is safe and more effective than pudendal block. It could serve as a transitional step between initial conservative therapy and the more invasive sacral root neuromodulation. The neurophysiological guide is an original aspect of this study as there is no evidence in current literature of PRF pudendal nerve ablation using this technique. It improves the accuracy and efficacy of the procedure by ensuring a great anatomical proximity of the probe tip to the nerve, utilizing both thermal and electromagnetic properties of PRF delivered with a long-time, high-voltage protocol. It is at our knowledge the biggest case series in current literature with the longer follow up.

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35 - From Development to Clinical validation of the "MyBladderControl" app in clean intermittent catheterization.

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Introduction and aim of the study: Clean intermittent catheterization (CIC) is a widely adopted technique for bladder management in patients with various urological conditions. Compared to indwelling transurethral and suprapubic catheters, CIC significantly reduces complications, but its effectiveness depends on adherence to a correct and consistent catheterization regimen. With the increasing availability of digital health solutions, mobile applications may support patients in the self-management of bladder care. This study aimed to design and develop a mobile application (MyBladderControl - MBC) to support CIC self-management and to evaluate its functionality and usability.
Materials and methods: MBC was developed with expert urologists and biomedical engineers and the latest development is its full compatibility with both computers and mobile devices. It records daily data, including number of catheterizations, urine volume per catheterization, spontaneous voiding, and adverse events. Alerts are generated for urine volumes <150 ml or >500 ml. Weekly reports highlight abnormal values and adverse events and provide suggestions to optimize CIC management, such as adjusting daily catheterization frequency based on the median catheterized volume. The app was tested for at least two weeks, followed by a dedicated user survey.
Results: Five patients used the app for a median of 2 weeks (generating 2 weekly reports per patient). Alerts for urine volumes outside the optimal range (<150 mL or >500 mL) were recorded in 31 catheterizations, of which 30 involved volumes exceeding 500 mL. An excessive or insufficient number of daily catheterizations was identified in 80% of patients. Based on the median weekly catheterized volume, the app suggested an increase in daily catheterizations in

20% of patients (median volume >600 mL), whereas a reduction was not suggested for any patient (median volume <100 mL).
At the end of the evaluation period, 100% of patients reported that the app was easy to use and helpful in managing their CIC regimen.
Specialist review showed concordance between the app's recommendations and clinical judgment in 100% of cases.
Interpretation of results: One of the main objectives of the study was to define an algorithm capable of translating the urologist's clinical reasoning into modulation of the number of catheterizations. Therefore, analysis of the reports generated during the first two weeks of use played a central role. Specialist review showed a high level of concordance between the app's recommendations and clinical indications, suggesting that the algorithm is able to reliably reproduce the urologist's decision- making process in a preliminary estimation of the catheterization needs.
Conclusions: Patients starting CIC can use the app daily to develop correct habits and learn from weekly reports, while long-time CIC users may benefit from ongoing monitoring. The MBC app represents a modern and interactive alternative to traditional urine diaries and handwritten records, offering a more structured and comprehensive approach to CIC management.

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36 - Long-Term Renal and Urodynamic Outcomes of Detrusorotomy and Detrusorectomy in Children with Neurogenic Bladder Dysfunction

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Introduction and aim of the study: Neurogenic bladder dysfunction in children is associated with impaired bladder compliance (C) and capacity, elevated intravesical pressures, and risk of progressive renal damage. When conservative management fails, detrusor-sparing surgery such as detrusorotomy and detrusorectomy represent potential alternatives to augmentation enterocystoplasty. However, data on long-term renal safety and temporal evolution of urodynamic outcomes remain limited. The aim of this study was to assess renal and urodynamic outcomes following detrusorotomy and detrusorectomy in pediatric patients with refractory neurogenic bladder dysfunction.
Materials and methods: A retrospective bicentric study included 51 pediatric patients treated between 2004 and 2024. Detrusorotomy was performed in Paris (n=36), using open or robotic approaches, and detrusorectomy in Dublin (n=15) via an open extraperitoneal technique. Indications included overactive or low-C bladder and/or upper urinary tract deterioration refractory to medical therapy, including antimuscarinics, intradetrusor botulinum toxin injections, and clean intermittent catheterization. Renal outcomes were assessed using serum creatinine trends, normalized percentiles and eGFR when available. Urodynamic evaluation followed ICS standards and included maximum cystometric capacity (MCC) and bladder C, assessed at three time points: preoperative, early postoperative (approximately 6–18 months), and last available follow-up. The rate, timing, and indication for subsequent augmentation enterocystoplasty were also analyzed.
Results: Median renal follow-up was 4.6 years. Overall renal outcome was favorable in 45/51 patients (88.2%), with no significant differences between the considered centers. MCC showed a significant increase from preoperative to early postoperative assessment (p=0.001), with a further significant improvement at last follow-up (p<0.001), indicating both an immediate and sustained effect. Bladder C did not demonstrate a significant early postoperative improvement but showed a marked and clinically relevant increase at long-term follow-up compared with preoperative values (p<0.001), with continued improvement between early and late postoperative assessments. Twelve patients (23.5%) underwent subsequent augmentation enterocystoplasty, predominantly for persistent urinary incontinence or reduced bladder capacity; renal deterioration represented a minority of indications.
Interpretation of results: Detrusor-sparing surgery results in a rapid improvement in bladder capacity, while improvement in C appears delayed and progressive, consistent with gradual detrusorial remodeling rather than an immediate postoperative effect. Renal function remained stable in the majority of patients.
Conclusions: Detrusorotomy and detrusorectomy are safe and effective intermediate surgical options for children with refractory neurogenic bladder dysfunction. These techniques provide durable urodynamic improvement across different postoperative time periods, preserve renal function, and may delay or reduce the need for augmentation enterocystoplasty in selected patients.

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37 - Long-term efficacy of sacral neuromodulation in patients with overactive bladder: A single center 15-year experience

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Introduction and aim of the study: To evaluate long-term efficacy and quality of life in patients treated with sacral neuromodulation for overactive bladder resistant to prior treatments. Secondary aim: to determine incidence and characteristics of perioperative and long-term complications.
Materials and methods: This was a retrospective analysis on 90 patients with OAB who underwent SNM over a 15-year period. Data on diagnosis, prior treatments, surgical stages, outcomes and complications were collected from outpatient visits, medical records and follow-up visits (1, 3, 6, 12 months postoperatively, then annually). First stage success was defined as ≥50% improvement of urinary parameters from baseline. Daily voids and nocturia were obtained from voiding diaries and 24h pad test results were also considered. Quality of life was assessed using ICIQ-OABqol, ICIQ-MLUTS and ICIQ-FLUTS questionnaires, administered by a single operator preoperatively and, only for patients with SNM still in place, through telephone interviews in August 2025. Statistical analyses were performed with SPSS 26.0 using paired t-test and McNemar's test (p<0.05).
Results: Mean age at the time of the procedure was 60 years (range 25–81); mean symptom duration 91 months (range 12-480). OAB was idiopathic in 26 patients, neurologic in 34, and post-pelvic surgery in 30. All the patients had undergone at least one prior treatment, including pelvic floor physiotherapy (10), different antimuscarinics (54), mirabegron (16) and intradetrusorial injection of botulinum toxin (10). 8 patients (9%) did not proceed to the second stage, and 10 (12%) required explantation after second stage, mainly due to loss of efficacy or minor complications. Data refer to the remaining 80% with active SNM, with mean follow-up of 62 months (range 3-168). Compared to baseline, reductions ≥50% were still present in daily voids (14%), nocturia (61%), and pad test results (92.3%). A statistically significant (p<0.001) reduction was observed in daily number of voids, nocturia and pad test results, as well as in the questionnaires' scores, both globally and divided into the different subscales. More specifically, there was an average reduction of 5 daily voids, 1.6 nocturnal voids and 301 g of urine loss on the pad test. The mean reduction in the LUTS questionnaires' scores was 7.7 points, with minimal variation between the two sexes, while the OABqol score mean reduction was of 21.7 points. Among those who kept the SNM, complications occurred in 8.3%, all classified as Clavien-Dindo grade I (mild-moderate pain in different areas or abnormal sensations at implant site).
Interpretation of results: This study shows that SNM was associated with significant long-term improvement in urinary symptoms and quality of life, with an acceptable complication rate and no life-threatening events, in line with previous reports.
Conclusions: Results support long-term reliability and safety of sacral neuromodulation in overactive bladder refractory to prior treatments, demonstrating sustained efficacy and patient satisfaction.

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38 - Transanal Irrigation and Its Role in Reducing Recurrent Urinary Tract Infections: A Functional and Preventive Approach

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Introduction and aim of the study: Recurrent urinary tract infections (r-UTIs) represent a significant clinical burden, particularly in patients with bowel dysfunction, neurogenic bladder or pelvic floor disorders. A close functional interaction between bowel and lower urinary tract function has been increasingly recognized, supporting integrated management strategies. Transanal irrigation (TAI) is an established treatment for chronic constipation, Low Anterior Resection Syndrome (LARS), faecal incontinence and neurogenic bowel disfunctions, however, its potential role in reducing r-UTIs remains underexplored. The aim of this study was to evaluate the impact of TAI on r-UTI frequency in patients with concomitant bowel dysfunction.
Materials and methods: Patients with a history of r-UTIs confirmed by positive urine cultures and associated with chronic constipation or neurogenic bowel dysfunction were enrolled in a structured TAI program. Baseline evaluation included medical history, r-UTI frequency, urinalysis, urine culture, antibiotics and laxative consumption, Wexner constipation score, Bristol Stool Form Scale, and VAS score (to evaluate constipation-related quality of life-QoL). Patients underwent, as complementary examinations, a complete proctological evaluation, including anoscopy, and an endoscopic evaluation with rectosigmoidoscopy or colonoscopy to exclude colorectal neoplasia or diverticular disease. Follow- up evaluations were conducted at 1, 3 and 6 months, assessing clinical outcomes and treatment adherence.
Results: Twenty patients (6 males, 14 females; mean age: 61.4 ± 18.8 y.o.) were enrolled, with a mean baseline r-UTI frequency of 6 episodes/year. Chronic constipation was present in 8 patients and neurogenic bowel dysfunction in 12. After initiation of the TAI, a significant reduction in r-UTIs was observed, with mean episodes decreasing to 2.1 at 1 month, 1.4 at 3 months, and 0.9 at 6 months ($p < 0.001$). Bowel function improved significantly, with Wexner score reduction from 18.2 ± 4.6 to 7.1 ± 3.9 at 6 months ($p < 0.001$). Stool consistency normalized in 16/20 patients (80%). Antibiotic consumption decreased in 15/20 cases (75%), while VAS score improved from 7.2 ± 1.4 to 3.1 ± 1.6 at 6 months ($p < 0.001$). Treatment adherence remained high (85%). No major adverse events were reported.
Interpretation of results: The marked reduction in r-UTIs in patients who underwent TAI appears closely related to improved bowel emptying and reduced fecal retention. By restoring effective bowel function, TAI may decrease mechanical and functional factors favouring urinary infections, particularly in patients with neurogenic or functional disorders. Reduced antibiotic use suggests a potential preventive role of TAI with implications for antimicrobial stewardship.
Conclusions: TAI was associated with a significant reduction in r-UTIs, improved bowel function, and decreased antibiotic consumption. These findings highlight the importance of an integrated bowel-bladder approach and suggest TAI as a valuable adjunctive strategy in the prevention and functional management of r-UTIs. Further studies on larger cohorts are warranted.

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39- Urological symptoms due to vaginal foreign bodies in pediatric patients

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Introduction and aim of the study: We present the case of two girls with urological problems due to foreign bodies retained in the vagina for long periods.
Materials and methods: CASE 1: A 13-year-old girl presented to the clinic for episodes of significant and involuntary urine leakage. A urinalysis, urine culture, nephrology examination, blood tests, abdominal ultrasound, neuropsychiatric examination, urology examination with uroflowmetry, and lumbosacral spinal MRI were performed. A voiding cystography revealed a foreign body with a vesicovaginal fistula. The patient then underwent removal of the foreign body (a spray dispenser) and vaginal closure of the defect, with a persistent fistula. She is awaiting trans-vesical surgery.
CASE 2: A 16-year-old girl underwent an ultrasound scan (follow-up for a previous liver transplant) which showed multiple solid lesions in the bladder floor. Cystoscopy confirmed the lesion and histological examination revealed chronic inflammation, features of cystic/polypoid cystitis and hyperplasia of von Brunn's nests. Six months later, a second cystoscopy with biopsies revealed areas of nephrogenic adenoma. An MRI was scheduled, documenting the presence of a vaginal foreign body (a deodorant cup), subsequently removed, responsible for the bladder changes. Cystoscopy performed 9 months later revealed reduction of the lesion, with persistent areas of cystic and glandular cystitis, fibrosis of the lamina propria, squamous metaplasia of the urothelium, and papillary hyperplasia.
Results: Both patients had a long-standing big vaginal foreign body, not visible on ultrasound.
Interpretation of results: The consequences of decubitus from undetected intravaginal foreign bodies may manifest with urological symptoms. Young women's embarrassment leads to a serious delay in diagnosis, with repercussions on therapeutic management.
Conclusions: Young women may be embarrassed to disclose the presence of a retained vaginal foreign body. The physician should not ignore this possibility.

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40 - Urinary Retention as First Presentation of Spinal Dural Arteriovenous Fistula: A Case Report

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Introduction and aim of the study: Spinal dural arteriovenous fistula (SDAVF) represents an arteriovenous abnormality where the connection between arteries and veins is located within the dural context of the spinal cord. This vascular malformation can induce abnormal flow from the arterial to the venous system, leading to hypertension and venous occlusion, intramedullary oedema, and progressive ischemic myelopathy. SDAVFs are rare entities often misdiagnosed, due to initial nonspecific symptoms, which include walking disturbances, sensory-motor deficits, paraesthesia, and radicular pain. Sacral area dysfunctions more often manifest in the late stage of the disease and it is uncommon to find urinary dysfunctions as the first clinical sign of the pathology.
Materials and methods: We describe a rare case report of a man with SDAVF who presenting primarily with difficulty in urination.
Results: A 49-year-old man initially experienced worsening urinary difficulties, culminating in acute urinary retention requiring catheterization. Urological investigations ruled out typical causes like obstruction or stenosis. After catheter removal, voiding remained difficult with a sensation of incomplete emptying. Three months later, perineal pain, lower limb paresthesia, saddle and lower limb hypoesthesia, and walking difficulties developed. An MRI revealed signal alterations in the spinal cord, and an Angio-MRI confirmed an SDAVF fed by the left intercostal artery.
The patient underwent surgery to close the fistula. Post-operatively, he was admitted to our Spinal Unit in Rehabilitation hospital. Bladder function was monitored, revealing resumed diuresis with abdominal straining and variable post-micturition residue. Uroflowmetry confirmed incomplete emptying with significant residual volume, prompting intermittent catheterization. An urodynamic study showed a normoesthetic hyporeflexic bladder requiring marked abdominal straining for voiding, leading to high intra-abdominal pressures. Consequently, bladder emptying was managed solely with intermittent self-catheterization five times daily. At follow up after 12 months, an ultrasound confirmed normal bladder and upper urinary tract, and blood tests showed normal renal function.
Interpretation of results: SDAVF can form at different points of the vertebral column with different symptoms depending on the level involved. This makes diagnosis difficult because some forms can remain asymptomatic for a long time or initially show nonspecific symptoms. Symptoms affecting the sacral area, such as urinary dysfunctions, fecal evacuation deficits as well as sexual disfunction are initially absent, underestimated, or poorly reported by patients themselves. To our knowledge, there are few cases described in the literature of patients with SDAVF presenting primarily with difficulty in urination.
Conclusions: This clinical case aims to emphasize the importance of considering this etiology among the neurogenic causes of otherwise unexplained lower urinary tract dysfunction. It also aims to emphasize how a rehabilitative approach is effective in managing bladder dysfunction, improving quality of life, and preventing complications.

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41 - Functional outcomes of benign prostatic hyperplasia surgery in octogenarians: the role of minimally invasive techniques

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Introduction and aim of the study: To evaluate functional outcomes of benign prostatic hyperplasia in patients older than 80 years old and to compare outcomes in patients undergoing minimally invasive techniques (MISTs) against classic techniques.
Materials and methods: A retrospective analysis, of patients with LUTS-BPE who underwent BPH surgery was performed in four centers. Patients underwent either MISTs: water vapor thermal therapy, prostatic urethral lift and prostatic artery embolization or ablative classic techniques including: TURP, robotic simple protatectomy or HoLep. All patients were assessed using the international prostate symptom score (IPSS) screening tool, uroflowmetry, and a transrectal ultrasound to measure prostate volume (TRUS). The assessment of outcomes was based on the trifecta favorable outcome, defined as meeting all of the following criteria: (1) absence of perioperative complications, (2) a postoperative IPSS of less than eight, and (3) a postoperative maximum urinary flow rate (Qmax) greater than 15 mL/s. Follow up was evaluated 6 months after surgery. Patients undergoing MISTs were compared to patients undergoing classic techniques.
Results: A total of 203 patients were included, with a median age of 82 years (interquartile range 80-85). 49% of the patients presented an indwelling catheter. Of these, 55% reached an IPSS less than 8, 22% reached a Qmax greater than 15ml/s and 90% presented no major complications. Only, 15% of the patients reached a trifecta outcomes however only 12/203 patients could not remove the catheter. Out of 203 patients, 111 (55%) underwent a minimally invasive technique. Patients undergoing a MIST presented worse outcomes when compared to patients undergoing classic techniques in terms of flow and symptoms (Table).
Interpretation of results: Patients undergoing a MIST presented worse outcomes in Qmax and IPSS score when compared to patients undergoing classic techniques.
Conclusions: Functional outcomes in octogenarians are poor after BPH surgery with very few patients reaching the trifecta. Minimally invasive techniques carry a higher risk of poor outcomes.

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42 - Pudendal Neuralgia: diagnosis, management and rehabilitation of a young woman with pubic pain

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Introduction and aim of the study: Pudendal neuralgia (PN) is an underrecognized neuropathy of S2–S4 roots of the pudendal nerve. Diagnosis is mainly clinical, with EMG as key test. PN should be suspected in patients reporting burning pain in the clitoris/penis, vulva/scrotum, perineum, or rectum meeting Nantes criteria. Causes include nerve compression or stretching related to constipation, childbirth, or trauma. We report a case of a woman with clitoral pain and burning endovaginal paresthesias, focusing on management and rehabilitation.
Materials & methods: A 30-year-old woman presented with pubic pain mainly while sitting, mild vaginal paresthesia without dyspareunia, severe clitoral pain worsened by underwear and constipation. In November 2024 hysteroscopy and biopsy showed chronic endometritis. In September 2025 hip and pelvic X-ray showed mild sclerosis of pubic symphysis and sacroiliac joints while lumbosacral MRI showed diffuse radiculopathy not explaining S3–S4 symptoms. Neuropathic pain was treated with Laroxyl 40 mg (8 drops/day) and gabapentin 100 mg twice daily without benefit. Physical examination showed vulvar tenderness, pain on deep palpation of lower abdominal quadrants, mainly right iliac fossa, severe bilateral adductor contracture. Endovaginal evaluation showed clitoral pain improvement during ischemic compression, tender points at 9 and 6 o'clock and at ELA level. Gabapentin was reduced and Movicol introduced. Hospitalization with rheumatologic consultation and pelvic MRI was recommended for suspected immunological ileitis and adductor–gluteal tendinitis. The patient started psychotherapy, pelvic floor rehabilitation with reverse Kegel and abdominal breathing. Extracavitary TECAR therapy was prescribed. Scores showed Visual Analogue Scale: 9/10, Female Sexual Function Index: alteration, Short Form Health Survey 36: mental and physical health indices 51/100 and 70/100, Tampa Scale of Kinesiophobia: 62/68.
Results: After two months, VAS 3/10 with improvement in FSFI, SF-36 maximum for ICF and ICM, TSK 27/68. Pelvic MRI showed sacroiliitis with bilateral adductor tendinopathy, subchondral bone edema, enthesopathy of gluteus minimus and medius, trochanteric bursitis and Douglas pouch effusion. EMG confirmed nerve conduction abnormalities. Clitoral pain improved while pubic pain persisted with sharp pain at pudendal nerve insertion.
Interpretation of results: Rheumatologic disease was excluded. Seronegative arthritis and pubic symphysitis associated with pudendal neuralgia were diagnosed. Nerve stretching due to straining from constipation was considered. Gabapentin was discontinued, Lyrica 75 mg twice daily introduced and Laroxyl increased to 15 drops/day, resolving vaginal burning paresthesias. Shock wave therapy was started for persistent pubic pain.
Conclusions: The pudendal nerve is a mixed nerve running through Alcock's canal and dividing into dorsal, perineal and inferior anal branches. Pudendal neuralgia is clinically diagnosed based on pain in pudendal territory, sitting predominance, absence of nocturnal pain and sensory loss and response to anesthetic block. EMG is crucial. Combined pelvic floor physiotherapy, psychotherapy and pharmacological management is effective, while surgery is reserved for refractory cases.

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43 - High uterosacral ligaments suspension by transvaginal natural orifice transluminal endoscopic surgery: a pilot study on surgical outcomes

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Introduction and aim of the study: The aim of this study was to evaluate the initial feasibility safety and perioperative outcomes of high uterosacral ligament suspension performed by transvaginal natural orifice transluminal endoscopic surgery vNOTES.
Materials and methods: All women undergoing vNOTES hysterectomy with or without salpingo oophorectomy and concomitant high uterosacral ligament suspension for symptomatic apical prolapse at our institution between January 2021 and August 2025 were included in this retrospective analysis
Procedures were performed using the Alexis retractor and VPath Gel port system Applied Medical Perioperative variables including operative time intraoperative complications conversion rate and length of hospital stay were collected Functional outcomes included isolated apical prolapse in 21 cases 60 percent anterior associated apical prolapse in 9 cases 25 7 percent and elongatio colli in 5 cases 14 28 percent. The mean operative time was 84 minutes and the mean postoperative hospital stay was 21 hours All patients underwent hysterectomy with high uterosacral ligament suspension In 31 patients 88 57 percent this was the only surgical procedure performed while 3 patients 8 57 percent also underwent fascial cystopexy and 1 patient 2 85 percent underwent fascial rectopexy. No intraoperative complications or ureteral injuries were observed Conversion from the vNOTES technique to conventional laparoscopy was required in 1 case 2 85 percent.
Interpretation of results: These results indicate that vNOTES high uterosacral ligament suspension is a feasible and safe approach for the management of symptomatic apical prolapse with low perioperative morbidity and short hospital stay The absence of ureteral injuries and the low conversion rate support the safety of the technique while postoperative pain and patient satisfaction

appear comparable to previously published data
Conclusions: Our initial experience suggests that the vNOTES technique for high uterosacral ligament suspension is a feasible and safe surgical option for the treatment of apical prolapse with a low rate of operative complications and no observed ureteral injuries

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44 - #PrevenSURVEY: Multidisciplinary Collaboration in the Prevention and Management of Pelvic Floor Dysfunction- A National Survey

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Introduction and aim of the study: Pelvic floor dysfunctions (PFDs) represent a major public health issue, with prevention and long-term management strongly relying on effective multidisciplinary collaboration. Although multidisciplinary care is widely recommended, its real-world organization and implementation remain poorly defined. #PrevenSURVEY aimed to investigate current models of multidisciplinary collaboration in pelvic floor care, perceived effectiveness, organizational barriers and unmet needs among healthcare professionals.
Materials and methods: #PrevenSURVEY is a national, cross-sectional, online survey promoted within the SIUD network. Urologists, gynecologists, physiatrists, physiotherapists, nurses, midwives and proctologists were invited. The questionnaire assessed access to multidisciplinary teams, presence of structured diagnostic-therapeutic pathways (PDTA), perceived usefulness of collaboration, organizational barriers and priorities for improvement. Descriptive statistics were performed. Comparative analyses were conducted using chi-square tests, with perceived effectiveness analyzed across groups.
Results: A total of 224 respondents completed the survey. Participants were mainly urologists (37%), physiotherapists (18%), nurses (17%) and gynecologists (12%), mostly working in public hospitals (76%). Only 30% reported access to a structured multidisciplinary team, while 31% relied on informal collaboration and 39% had no access to any team. A formal PDTA was reported by <20% of respondents. Access to multidisciplinary teams significantly differed across professional categories ($p<0.05$), with lower access reported by physiotherapists and nurses. Among respondents reporting regular collaboration, the most frequently involved professionals were urologists (63%), gynecologists (59%), and proctologists (3%). Overall, 99% of respondents considered shared multidisciplinary pathways essential for effective prevention and management of PFDs. The clinical scenario in which a multidisciplinary approach was perceived as most relevant were pelvic floor dysfunction in neurological patients, chronic pelvic pain and post- surgical rehabilitation. Main barriers included organizational constraints (70%), lack of institutional pathways (65%) and insufficient interprofessional communication (60%). Respondents without access to a team reported significantly lower perceived effectiveness of care ($p<0.01$). Priority needs included structured PDTA, shared guidelines and institutional support.
Interpretation of results: The survey reveals a substantial mismatch between the strong conceptual endorsement of multidisciplinary pelvic floor care and its fragmented implementation in routine practice. Informal collaboration and the absence of structured pathways remain prevalent, suggesting that organizational factors play a decisive role in limiting effective prevention strategies.
Conclusions: #PrevenSURVEY provides real-world evidence that multidisciplinary prevention of pelvic floor dysfunction is widely recognized but inconsistently organized. These findings support the need for development of standardized multidisciplinary models and may inform future institutional and educational strategies aimed at strengthening prevention-oriented pelvic floor care.

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45 - Superselective Angioplasty of Pudendal Arteries with Sirolimus-Coated Balloon: Percutaneous Intervention for Arteriogenic Erectile Dysfunction

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Introduction and aim of the study: This study aimed to assess the effectiveness of superselective arteriography of the pudendal arteries, followed by angioplasty using a sirolimus-coated drug-eluting balloon (MagicTouch, Concept Medical), as a novel treatment for arteriogenic erectile dysfunction (ED).
Materials and methods: From January 2023 to October 2024, a prospective single-arm study was conducted to evaluate patients with ED symptoms, including those unresponsive to conventional medical therapy and presenting multiple cardiovascular risk factors. Eligibility screening involved the five-item International Index of Erectile Function (IIEF-5), physical examination for secondary sexual characteristics and peripheral pulses, comprehensive blood tests (including metabolic and hormonal profiles), and dynamic penile Doppler ultrasound with Peak Systolic Velocity (PSV) assessment. Patients with IIEF-5 scores above 15, metabolic or hormonal abnormalities, or PSV greater than 25 cm/sec were excluded. Eligible participants underwent superselective pudendal artery angiography via a transfemoral percutaneous approach. A stenosis exceeding 70% was deemed significant and treated with sirolimus-coated balloon angioplasty for three minutes. Patient demographics, procedural details, and complications (classified using the Clavien-Dindo system) were documented. Clinical outcomes were evaluated based on IIEF-5 scores and changes in medical therapy requirements at 1, 3, and 6 months post-procedure. Radiological success was determined through penile Doppler ultrasound and PSV reassessment at 3 months.
Results: Out of 43 patients screened, one was excluded due to radiological criteria (bilateral PSV >25 cm/sec). The remaining 42 underwent angiography, with 11 (26%) excluded for non-significant atherosclerotic disease after intra-arterial nitroprusside administration and 3 (7.2%) deemed unsuitable for angioplasty due to critical stenosis. A total of 28 patients proceeded with angioplasty (16 bilateral, 12 unilateral). One patient (3.5%) experienced an intraoperative complication (arteriovenous fistula), classified as Clavien-Dindo grade 1. A significant improvement in IIEF-5 scores was observed at all follow-up points, peaking at a mean increase of $+7$ (± 3.2) points at 6 months ($p < 0.05$). Additionally, treatment responsiveness improved, with the number of responders rising from 0 at baseline to 5 across all follow-up periods ($p < 0.05$). Radiological success, defined as PSV >25 cm/sec, was observed in 9 of 28 (32.1%) cases at the 3-month ultrasonography assessment.
Interpretation of results: Clinical improvement despite partial radiological success suggests symptom relief may precede hemodynamic normalization, supporting angioplasty as a promising functional therapy for arteriogenic ED.
Conclusions: Superselective pudendal artery arteriography followed by sirolimus-coated balloon angioplasty is a safe and effective interventional approach for treating arteriogenic ED in patients with significant pudendal artery stenosis, demonstrating both clinical and radiological benefits.

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46 - Evaluation of the Efficacy and Safety of Micronized AT Obtained with the Matrigen Device for the Treatment of Patients with Interstitial Cystitis and Bladder Pain Syndrome

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Introduction and aim of the study: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic inflammatory condition characterized by pelvic pain and storage lower urinary tract symptoms, often refractory to conventional therapies. Regenerative strategies using adipose-derived mesenchymal stromal cells have shown potential benefits, but their clinical use is limited by regulatory constraints. Mechanical microfragmentation of autologous adipose tissue enables intraoperative delivery of a stromal cell-rich product that complies with minimal-manipulation regulations. The aim of this study was to evaluate the safety and efficacy of transurethral injections of autologous micronized adipose tissue (MAT) in patients with refractory IC/BPS.
Materials and methods: A single-center pilot study was conducted, including patients with refractory IC/BPS treated between April and October 2024. Autologous adipose tissue was harvested by tumescent liposuction, mechanically micronized using a closed system, and injected transurethrally into the bladder submucosa during the same procedure. Clinical evaluation included validated questionnaires (ICSI/ICPI, SF-36, MOS Sexual Functioning scale), pain and urgency verbal rating scales (VRS), UDS, cystoscopy, and physical examination. Follow-up was performed at 1, 3, and 6 months. Responders were defined as those with≥50% improvement in pain and/or urgency, or a positive global response.
Results: Twenty refractory IC/BPS patients with a median age of 48.5 years (IQR 36.5–57.5), 85% female, underwent a successful procedure. Short-term complications included 20% transient urethral discomfort and 5% hematuria. Long-term issues occurred in 10% (one hematoma, one lymphangitis), all managed conservatively. At 6 months, 65% met responder criteria. IC Problem Index decreased from 15.0 to 12.0 ($p=0.0027$), pain VRS from 7 to 6 ($p=0.0027$), urgency VRS from 8.5 to 7 ($p=0.0028$). Sexual function improved (MOS from 12.0 to 8.0; $p=0.0015$), QoL scores from 100.5 to 91.5 ($p=0.0016$). UDS showed increased cystometric capacity (275 to 325 mL; $p=0.0002$), reduced residual volume (80 to 40 mL; $p<0.001$). Cystoscopy revealed decreased inflammatory changes (≥grade 3 from 60% to 10%; $p<0.001$), with 40% showing grade 1 mucosa. Bladder tenderness reduced from 60% to 30% ($p=0.0018$). Non-responders had 100% preoperative trigger-point tenderness; responders had 38.5%.
Interpretation of results: The observed clinical, functional, and endoscopic improvements suggest that micronized autologous adipose tissue may exert a disease-modifying effect in IC/BPS through immunomodulatory and regenerative mechanisms rather than providing only symptomatic relief. The association between severe somatic pain phenotype and treatment failure highlights the importance of patient selection and suggests that central sensitization may limit the efficacy of local regenerative therapies.
Conclusions: MAT injections seem to be a safe, feasible treatment for refractory IC/BPS, offering lasting symptom and function improvements. These preliminary results warrant larger, controlled studies with longer follow-up to confirm efficacy, durability, and optimal patient selection.

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47 - Accuracy, readability, and understandability of EAU guidelines bot for female LUTS.

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Introduction and aim of the study: Recently the EAU guidelines presented the eau guidelines bot to assist urologists in the reading of the guidelines however up to date no external validation is available. Aim of our study is to assess accuracy, completeness, and clarity of the guidelines bot for female LUTS.
Materials and methods: A total of 204 questions based on the EAU female LUTS guidelines recommendations were developped. Each question was inputed to the EAU guidelines bot and the response was assessed by two expert urologist to assess the accuracy, completeness, and clarity. A a 5-point Likert scale was used as a score and in case of discrepancies a third urology was queried. Accuracy, completeness and clarity was assessed per chapter and per grade of recommendation. All questions and answers were recorded in an excel file.
Results: Overall 204 questions were developed. In terms of accuracy 180/204 (89%) were defined as accurate (score-4-5), 17/204 (8%) presented a fair accuracy (score 3) while 7/204 were deemed not accurate. In terms of completeness, 192/204 (93%) were defined as complete(score-4-5), 11/204 (5%) presented a fair completeness (score 3) while 1/204 (1%) were deemed not complete. Finally in terms of clarity, 193/204 (94%) were defined as clear(score-4-5), 10/204 (5%) presented a fair clarity (score 3) while 1/204 (1%) were deemed not clear. When comparing strong and week recommendations no differences were recorded.
Interpretation of results: Overall guidelines bot for female LUTS showed high accuracy, completeness, and clarity. Only a small proportion showed intermediate quality, while very few were considered inadequate across these domains. No differences were observed between strong and weak recommendations.
Conclusions: EAU guidelines bot represents an accurate tool for female LUTS. Some fine tuning is needed to improve readability and clarity.

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48 - Natural Autologous Tissue Repairing (N.A.Tu.Re.) Thecnique: a new vaginal collagenopietic approach to the treatment of pelvic floor prolapse

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Introduction: The Integral Theory describes how the balance of forces of the pelvic floor connective tissue is essential for normal pelvic function. In 2024 Integral Theory Paradigm present a radical change in thinking, based on the discovery that control of the functions of the bladder and anus-rectumIs not into the organs themeselves, but into the pelvic muscles that contract against the external ligaments. The integrity of the collagen, combined with the binary cortical and peripherical muscle/ligaments control, is essential for the correct function of this system. The collagen alterations are the key to understanding pathogenesis of the prolapse and its symptoms . The pivot of the surgical approach should therefore be the restoration of the collagen tissue.The new frontier in the treatment of female pelvic floor dysfunction is a“Collagenopoietic Surgery”, which uses a synthetic or biological mesh as a matrix to stimulate neo collagenasis.
Materials and methods: An equilateral triangle patch of vaginal mucosal is prepared, the apex is fixed under the bladder neck, and the basal angles are solidified with the uterosacral stumbs and sacrospinous ligaments with auxilium of a device – the richter technique.
Results: 40 women underwent the procedure under spinal anesthesia. Mean age: 55.9 years, Mean parity: 2.4, Preoperative POP-Q Ba measurement: 3.6 cm, Preoperative vaginal apex (Point C): 2 cm, PFDI-20 Quality of Life Score Preoperative: POPDI 2.26; CRAD 1.268; 2.43UDI, Median hospital stay: 2 days. Complications: 1 case of perivesical hematoma, treated conservatively. No other major intraoperative or immediate postoperative complications documented. Comorbidities: 11 Diabetes, 4 Smokers, 20 underwent concomitant vaginal hysterectomy. PFDI-20 Quality of Life Score: Postoperative: POP DI 0.9; CRAD 0.785; UDI 1.15. POP-Q at follow up: Ba measurement: -3 cm, Vaginal apex (Point C): -7 cm, Mean follow-up: 17.6 months.
Interpretation of results: N.A.Tu.Re. Technique restores pelvic support system, based on reimplantation of vaginal pacth, considered a good matrix and the best tissue to stimulate a new collagenopoiesis.
Conclusions: Mid-term follow-up suggest that the collagenopoietinc surgery based on autologous matrix can be the new way to resolve the for pelvic floor

disfunction. A controled long-term follow-up is needed to confirm the durability, safety, and efficacy of this approach.

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49 - Long-Term Follow-Up of Trans-Obturator Vaginal Tape for Stress Urinary Incontinence: A Single-Center Retrospective Study

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Introduction and aim of the study: Stress urinary incontinence (SUI) is common in postmenopausal women. When conservative treatments fail, surgical intervention is often required. Among surgical options, the trans-obturator tape (TOT) procedure is preferred for its safety, but long follow-up data on TOT outcomes remain limited. This study evaluates the long-term efficacy and safety of the "out-in" TOT procedure using the InGyneS Dipromed device.
Materials and methods: All women treated with the TOT procedure at our institution between 2011 and 2023 were included. Medical history, pelvic examination, stress test, and urodynamic tests were considered, along with the Patient Global Impression of Improvement (PGI-I) scale, patient satisfaction scale, and the Incontinence-Quality of Life (I-QoL) questionnaire. A total of 43 patients were enrolled and divided into two groups based on the length of follow-up (more or less than 5 years). The objective cure was defined as the absence of urine leakage during a cough stress test performed at a bladder volume of at least 250 ml.The subjective cure was defined as a PGI-I score ≤ 2 and a patient satisfaction score >7. Complications such as groin pain, mesh erosion and voiding dysfunction were evaluated.
Results: Objective cure rates were 62.5% in the short follow-up group (Group 1) and 63.2% in the long follow-up group (Group 2). Considering both objective cure and significant improvements in symptoms, the overall success rate was 79.2% in Group 1 and 84.2% in Group 2. The subjective success rates alone were 83.4% and 73.7%, respectively. Groin pain was reported in 8.3% of patients in Group 1 (n=2) and 5.2% in Group 2 (n=1, p=0.69), while mesh erosion occurred in one patient for each group (4% of patients in Group 1 and 5.9% of patients in Group 2, p=0.86), but none required mesh removal. No major complications were observed. De novo urge urinary incontinence (UUI) occurred in 3 and 4 patients in Group 1 and Group 2, respectively (16% and 27%, p=0.68). The I-QoL score was 90.5% for Group 1 and 92% for Group 2.
Interpretation of results: No significant difference in objective success rate was observed in the two cohorts of patients, indicating that the efficacy of the TOT procedure does not decrease over time irrespectively from patients aging, with high patient satisfaction rate, evident in the subjective cure rates. Regarding the complications, we observed no differences between the two study groups. De novo UUI was slightly increase in percentage among patients in group 2 that could be partially explained by the increase in age of the patients. The I-QoL scores indicated a high quality of life in both groups, despite the lack of pre-operative baseline data.
Conclusions: The "out-in" TOT procedure for SUI is well-tolerated, with high success rates and low complication rates. This study, although based on a small sample, demonstrates that the benefits of the procedure are maintained over the long term.

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50 - PIEZO-ELECTRIC EXTRACORPOREAL TREATMENT WITH LOW INTENSITY SHOCK-WAVE THERAPY (LI-ESWT) IN THE MANAGEMENT OF ERECTILE DYSFUNCTION: A SINGLE-CENTER EXPERIENCE

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Background: Erectile dysfunction (ED) is a prevalent condition affecting male sexual health, with a multifactorial etiology. Low-intensity extracorporeal shock wave therapy (LI-ESWT) has emerged as a potential regenerative treatment option. This study evaluates the efficacy of LI-ESWT using a piezoelectric generator in a single-center cohort.
Methods: A retrospective analysis was conducted on patients treated with LI-ESWT for ED at our center. Inclusion criteria: males aged 30–80 years, ED for at least 6 months, baseline IIEF-EF score between 11 and 25, serum testosterone between 300–1,000 ng/dL, and HbA1c $\leq$7.5% in diabetic patients. Exclusion criteria: neurologic or psychogenic ED, untreated hypogonadism, penile anatomical abnormalities or prior penile surgery, hemophilia, high thrombotic risk, active penile neoplasm, or history of major pelvic surgery. All patients received 8 weekly sessions, each delivering 10,000 shocks at 15 Hz and 90 mJ. Efficacy was assessed via pre- and post-treatment (8-week) scores using the Sexual Health Inventory for Men (SHIM), International Index of Erectile Function (IIEF-5), and Erection Hardness Score (EHS). Statistical analysis was performed to evaluate changes over time.
Results: A total of 94 men were included in the analysis. Mean (sd) increase the in score of questionnaires evaluated at 8-week was clinically and statistically significant with an overall improvement of + 5.49, + 5.47 and +1.18 points (p-value <0,0001) in IIEF-5, SHIM, EHS questionnaires, respectively.
At the 12-month follow-up, 80 patients (85%) completed the evaluation, while 14 (15%) were lost to follow-up. No statistically significant changes were recorded at 12 months, with questionnaire stability and final scores of 16.38 (IIEF-5), 15.32 (SHIM), and 2.87 (EHS). Treatment effects remained substantially improved from baseline. Only 8% of patients had retreatment.
Conclusions: According to the **European Association of Urology (EAU)** and **Società Italiana di Andrologia (SIA)** guidelines, LI-ESWT may be considered for selected patients with vasculogenic ED, particularly those who are not responsive or only partially responsive to phosphodiesterase type 5 inhibitors (PDE5i). LI-ESWT using a piezoelectric generator demonstrated significant and sustained improvements in erectile function, as measured by validated scientific questionnaires. The therapy appears to be a promising non-invasive option for patients with ED, with long-term benefits observed up to 12 months post-treatment.

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51 - Robotic versus Laparoscopic Sacrocolpopexy: A Monocentric Observational Comparative Study

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Introduction and aim of the study: Sacrocolpopexy is considered the gold standard surgical treatment for apical pelvic organ prolapse (POP). The increasing diffusion of robotic-assisted surgery has raised interest in its potential advantages compared with conventional laparoscopy; however, evidence regarding differences in anatomical, functional and quality-of-life outcomes remains limited.
The aim of this study was to compare short-term outcomes following laparoscopic versus robotic-assisted sacrocolpopexy.
Materials and methods: A monocentric observational comparative study was conducted. Patients undergoing sacrocolpopexy associated with supracervical hysterectomy and exclusive correction of the antero-apical compartment were included. Subjects were divided into two groups according to the surgical approach (laparoscopic or robotic-assisted). Anatomical outcomes were assessed using the Pelvic Organ Prolapse Quantification (POP-Q) system. Quality of life was evaluated using the Prolapse Quality of Life (P-QOL) questionnaire. De novo stress urinary incontinence and early postoperative pain, measured by Visual Analog Scale (VAS) at 24 hours, were also analyzed. Follow-up was set at 6 months.
Results: Both surgical approaches resulted in a significant improvement in anatomical support and P-QOL scores at follow-up. No statistically significant differences were observed between groups for most anatomical and functional outcomes. Early postoperative pain scores were lower in the robotic-assisted group, representing the main differentiating parameter between techniques. Rates of de novo stress urinary incontinence were comparable between groups.
Interpretation of results: The absence of significant differences in anatomical and functional outcomes suggests comparable effectiveness between laparoscopic and robotic-assisted sacrocolpopexy in the short term. Reduced early postoperative pain observed in the robotic-assisted group may reflect differences related to surgical ergonomics and tissue handling rather than long-term functional superiority.

Conclusions: Laparoscopic and robotic-assisted sacrocolpopexy demonstrated comparable short-term anatomical and functional outcomes, with similar improvements in quality of life. Robotic-assisted surgery was associated with reduced early postoperative pain, while overall effectiveness remained equivalent. Both approaches represent valid options for the surgical management of apical POP, with the choice of technique guided by clinical, organizational and economic considerations.

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52 - Bulking agents in adult vesicoureteral reflux with concomitant bladder dysfunction: impact on success rates

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Introduction: Endoscopic injection of bulking agents is a well-established, minimally invasive treatment for vesicoureteral reflux (VUR). However, evidence in adults remains limited, and factors influencing success are not fully understood. Bladder dysfunction (BD) including detrusor overactivity, impaired emptying, or neurogenic bladder may negatively affect outcomes by altering bladder dynamics and reflux pressure.

This study aimed to evaluate whether concomitant BD influences radiologic and clinical success following endoscopic bulking treatment for adult VUR.

Materials and methods: We retrospectively analysed 15 adult patients (≥18 years) treated for VUR between 2022 and 2025 at a single tertiary referral centre. All patients underwent subureteric injection (STING or HIT technique). Bulking agents included dextranomer/hyaluronic acid (Dx/HA, n = 7), polyacrylate–polyalcohol copolymer (PPC, n = 4), and Bulkamid® (n = 2).

BD was defined as urodynamically confirmed detrusor overactivity, post-void residual >100 mL, or neurogenic lower urinary tract dysfunction.

Primary endpoints were radiologic success (absence of reflux on postoperative VCUG) and clinical success (absence of recurrent febrile urinary tract infections). Statistical comparisons between BD and non-BD groups were performed using Fisher's exact test.

Results: Eight patients (61.5%) presented with BD, and five had normal bladder function. Median follow-up was 24 months (range 6–60).

Overall radiologic success was 61.5% (8/13), and clinical success 69.2% (9/13). Among patients with BD, radiologic success was 50% (4/8) versus 80% (4/5) in those without BD (p = 0.56). Mean injected volume was 1.6 mL in BD patients and 1.0 mL in non-BD.

Two transient complications (15%) occurred: one mild ureteral obstruction managed with temporary stenting and one transient hydronephrosis under observation. No febrile UTIs were recorded beyond three months of follow-up. Although statistical significance was not reached, a consistent trend toward lower efficacy was observed in patients with BD.

Conclusions: Endoscopic bulking therapy achieved encouraging but moderate success in adults with VUR. Concomitant bladder dysfunction appeared to reduce radiologic cure rates, suggesting that lower urinary tract optimisation before treatment through behavioural, pharmacologic, or urodynamic-guided management may improve outcomes.

Endoscopic injection remains a safe, minimally invasive alternative to ureteral reimplantation. Further prospective studies with larger cohorts are needed to confirm predictive factors, refine patient selection, and standardise injection protocols for the adult population.

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53 - Efficacy of Transcutaneous Tibial Nerve Stimulation in Spinal Cord Injury with Neurogenic Bladder: acute vs chronic

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Introduction and aim of the study: Transcutaneous posterior tibial nerve stimulation (TTNS) is a noninvasive neuromodulation technique that has shown beneficial effects in the treatment of neurogenic urinary incontinence; however, evidence in patients with spinal cord injury (SCI) is limited, particularly regarding differences in response between the acute and chronic phases. This study aims to evaluate the effects of TTNS on urinary incontinence in patients with SCI, comparing subjects in the acute and chronic phases.

Materials & methods: This prospective experimental clinical trial included 18 patients with SCI with neurogenic bladder >18 years of age, allocated into two parallel groups: acute (≤ 4 weeks post-injury, n = 9) and chronic (≥ 4 weeks post-injury, n = 9). Both groups received the same TTNS protocol, administered three times per week for four weeks with physiokinetic pelvic floor therapy. Patients were evaluated through physiatric examination and urodynamic examination. ASIA score and SCIM were assessed during the objective examination. Urinary incontinence symptoms and their impact on quality of life were evaluated using the Qualiveen-SF and the International Consultation on Incontinence Questionnaire–Short Form (ICIQ-SF) questionnaires. All outcome measures were taken at baseline and after 1 months of treatment. Cohen's effect size (d) and P valve (p) were calculated.

Results: The population studied has an average age of 44.06 years. 27.78% of them have spinal cord lesions in the cervical region, 33.33% in the thoracic region and 38.89% in the lumbar region. All of them have incomplete spinal cord injuries. After 1 month of treatment there were the following results in acute and chronic groups respectively: ASIA score improved in 90% and 44,44%, SCIM (p0,25; d2,37)(p0,017;d0.94),Qualiveen-SF(p0,024;d0,62)(p0,085;d0,52), ICIQ-SF(p0,68;d0,49)(p0,03; d0,57).

Interpretation of results: TTNS combined with physiokinetic pelvic floor therapy show beneficial effects on urinary incontinence and functional outcomes in patients with spinal cord injury, with different outcomes between the acute and chronic phases. Patients treated in the acute phase showed a higher rate of neurological improvement and a greater impact on quality of life related to urinary symptoms. Patients in the chronic phase exhibited more significant improvements in functional independence and urinary incontinence severity. Although not all outcomes reached statistical significance, moderate to large effect sizes suggest clinically meaningful benefits of TTNS in both groups.

Conclusions: TTNS appears to be a safe and promising noninvasive treatment for neurogenic urinary incontinence in patients with spinal cord injury. Early application in the acute phase may enhance neurological recovery and quality of life, while chronic patients may still experience improvements in urinary symptoms and functional independence. Larger randomized controlled trials with longer follow-up are needed to confirm these preliminary findings and to better define the optimal timing of TTNS intervention.

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54 - A new season for vaginal mesh in pelvic organ prolapse: medium-term results of a retrospective analysis using an ultralight six-points fixation polypropylene mesh for treatment of vault prolapse

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Introduction and aim of the study: The aim of this study was to evaluate the medium-term safety and efficacy of a single-incision, six-point fixation, ultra-lightweight vaginal mesh for the treatment of vault pelvic organ prolapse (POP) in women previously treated with vaginal surgery for POP.
Materials & methods: A retrospective analysis was performed at the end of 2025 on 34 women with symptomatic stage III–IV vault prolapse who underwent POP repair using an InGYNious transvaginal mesh. The surgical technique included suspension of the central-anterior compartment to the sacrospinous ligament, restoration of lateral support to the tendinous arch of the pelvic fascia, and mesh fixation at the third level according to DeLancey's pelvic support system. All patients underwent physical examination and prolapse staging using the IUGA-ICS Pelvic Organ Prolapse Quantification (POP-Q) system. Anatomical success was defined as POP-Q stage ≤ 2, while clinical success was defined as improvement of POP-related symptoms. Outcome measures included POP-Q stage, patient satisfaction assessed by the Patient Global Impression (PGI) scale, postoperative complications, lower urinary tract symptoms (LUTS), mesh exposure, reinterventions, and recurrence at follow-up.
Results: Sixteen out of 34 women agreed to attend a follow-up visit after telephone contact. All completed questionnaires and underwent vaginal and ultrasound evaluation. PGI assessment showed that 6 patients were "extremely improved" and 10 were "much improved." POP-Q evaluation revealed stage 1 prolapse in 6 patients and stage 2 in 10 patients. Persistence of preoperative voiding symptoms was reported by one patient, while de novo stress urinary incontinence occurred in one case. All other patients reported resolution of previous LUTS. No pelvic pain was reported. Dyspareunia could not be assessed as patients were not sexually active. One asymptomatic millimetric vaginal mesh exposure was detected with no mesh extrusions.
Interpretation of results: New-generation meshes appear to have a favourable safety profile due to their ultra-lightweight structure compared with older polypropylene meshes, resulting in very low erosion rates and absence of chronic pelvic pain associated with earlier mesh generations, which led to the abandonment of vaginal mesh procedures. Despite the limited sample size, all patients in this study were treated for recurrent prolapse, which remains an accepted indication for vaginal mesh use. The short operative time and feasibility under locoregional anaesthesia make this approach valuable for frail elderly patients with comorbidities.
Conclusions: Overall, patient satisfaction was high among women undergoing vaginal mesh surgery for vault prolapse. At medium-term follow-up, both objective and subjective outcomes were excellent, with very low rates of mesh-related complications and no need for reoperation due to recurrent POP. These results confirm that new-generation lightweight meshes can be safely used via the vaginal approach for the repair of vault prolapse.

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55 - Iatrogenic NLUTD: When Urinary Continence Management Represents a Surgical Challenge

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Introduction and aim of the study: Urinary incontinence (UI) is a debilitating condition with a profound psychosocial impact. In neurogenic bladder (NB) cases, management is complicated by the need to preserve renal function. When NB is of iatrogenic origin in multi-operated patients, accurate diagnosis and a patient-tailored approach are paramount. We present a complex case of iatrogenic UI and its definitive surgical resolution.
Materials & methods: A 17-year-old female presented to our attention for clean intermittent catheterization (CIC) training, exhibiting an non-catheterizable urethra and refractory UI. Her history included a left duplex system with an ectopic urether ck and bilateral VUR. After neonatal endoscopic puncture, she underwent bilateral intravesical ureteral reimplantation at age of 2, complicated by vesicovaginal fistula. Despite multiple fistula closure procedures, bladder neck reconstructions, and multiple bulking agent (Vantris) injections, pseudo-incontinence persisted. At age 14, a sacral neuromodulator (SNM) was implanted, causing paradoxical symptom worsening and severe psychological distress. Upon referral, video-urodynamics revealed poor bladder compliance and capacity, detrusor areflexia due to multiple vesical surgeries and irreversible urethral/trigonal impairment with stasis-induced urolithiasis.
Results: Following multidisciplinary evaluation, we performed SNM removal, augmentation ileocystoplasty bladder neck closure and continent urinary diversion (Mitrofanoff) for CIC. Postoperatively, complete continence was achieved. The patient reached autonomous bladder emptying, stable renal function, and a significant improvement in quality of life.
Interpretation of results: Surgical management of ectopic ureters at the bladder neck is challenging; intravesical dissection can lead to trigonal/urethral injuries or fistulae. Extravesical isolation during reimplantation may better preserve sphincter integrity. In pediatric NLUTD with myofibrotic low-compliance bladders, SNM indication must be carefully weighed, as it can be deleterious without adequate bladder capacity.
Conclusions: Surgical management of ectopic ureters at the bladder neck is challenging; intravesical dissection can lead to trigonal/urethral injuries or fistulae. Extravesical isolation during reimplantation may better preserve sphincter integrity. In pediatric NLUTD with myofibrotic low-compliance bladders, SNM indication must be carefully weighed, as it can be deleterious without adequate bladder capacity. Augmentation ileocystoplasty and the Mitrofanoff procedure remain the gold standard when the native urethra is non-viable, or bladder neck closure is required for dryness.

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56 - Prostatic enucleation provides the best outcomes in patients with BPH/LUTS and an indwelling catheter : a trifecta analysis.

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Introduction and aim of the study: The management of patients with an indwelling catheter remains a significant clinical challenge in the treatment of benign prostatic hyperplasia (BPH). This study aimed to evaluate surgical outcomes in patients with lower urinary tract symptoms (LUTS) due to BPH who underwent surgery while catheter-dependent.
Materials and methods: From 2022 onward, consecutive patients with LUTS secondary to benign prostatic enlargement (BPE) who underwent surgical treatment were prospectively included. Surgical approaches were selected according to surgeon preference and included robotic-assisted simple prostatectomy (RASP), aquablation, transurethral resection of the prostate (TURP), and holmium laser enucleation of the prostate (HoLEP). Outcomes were assessed according to the trifecta favorable outcome, defined as meeting all of the following: (1) absence of perioperative complications, (2) postoperative International Prostate Symptom Score (IPSS) < 8, and (3) postoperative maximum urinary flow rate (Qmax) > 15 mL/s.
Results: A total of 167 patients were included, with a mean follow-up of 21 ± 23 months. Surgical techniques were distributed as follows: RASP in 48 (29%), aquablation in 23 (14%), HoLEP in 60 (36%), and TURP in 36 (22%) cases. The overall trifecta rate was achieved in 106/167 patients (64%). Specifically, 128 (76%) experienced no complications, 105 (63%) achieved Qmax > 15 mL/s, and 118 (71%) reached an IPSS < 8. On univariate analysis, both prostate volume and surgical technique were associated with trifecta success. On multivariate analysis, HoLEP (OR $= 7.0$; $p < 0.05$) and RASP (OR $= 20.0$; $p < 0.05$) were independent predictors of trifecta achievement compared with TURP, whereas prostate volume was not significant.

Interpretation of results: The study shows that trifecta was achieved in most patients, in particular for what concerns the absence of post-operative complications. The success of the trifecta was influenced by the type of surgical technique used, whereas prostate size did not independently affect outcomes. Among the procedures analyzed, HoLEP and RASP demonstrated superior performance in achieving optimal results compared with TURP, highlighting the relevance of surgical approach in determining overall treatment success.
Conclusions: Patients with an indwelling catheter represent a complex subset of BPH cases, often with suboptimal outcomes. Among available techniques, HoLEP and RASP demonstrated the highest likelihood of achieving favorable functional and perioperative outcomes.

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57 - Prevalence and risk factors for postpartum levator ani muscle trauma in primiparous women: a prospective transperineal ultrasound study

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Introduction and aim of the study: Postpartum levator ani muscle (LAM) trauma is a frequent but often clinically occult consequence of vaginal delivery and may contribute to pelvic floor dysfunction. Using 3D/4D transperineal ultrasound, LAM trauma can be differentiated into macrotrauma (avulsion) and microtrauma (hiatal ballooning), which may represent distinct injury phenotypes. This study aimed to estimate the prevalence of postpartum LAM trauma in primiparous women and to identify associated obstetric risk factors and functional symptoms.
Materials and methods: This prospective, longitudinal, observational study included primiparous women after vaginal delivery. All participants underwent standardized urogynecological examination, validated symptom questionnaires, and 3D/4D transperineal ultrasound. Macrotrauma was defined as partial or complete LAM avulsion detected by tomographic ultrasound imaging, while microtrauma was defined as hiatal ballooning with genital hiatus area >25 cm^2 at maximal Valsalva. Multivariable logistic regression models were used to identify independent predictors of each trauma phenotype.
Results: A total of 213 eligible women were contacted, and 68 were included in the final analysis. Mean maternal age was 33.6 $\pm$ 4.8 years. Participants were assessed at a median of 7 months postpartum (IQR 7–8 months). LAM macrotrauma was detected in 17.6% (12/68), exclusively as partial avulsions, while microtrauma occurred in 38.2% (26/68); all women with macrotrauma also presented microtrauma. Macrotrauma was independently associated with longer expulsive-stage duration (OR 1.02 per minute, 95% CI 1.00–1.03) and higher maternal age (OR 1.30 per year, 95% CI 1.08–1.65). Microtrauma was independently associated with longer expulsive-stage duration (OR 1.03, 95% CI 1.01–1.05), whereas spontaneous vaginal delivery was protective compared with operative delivery (OR 0.12, 95% CI 0.01–0.75). Although the ORs per minute were small, the cumulative effect of prolonged expulsive phases was clinically meaningful, with each additional minute increasing the odds of LAM trauma. Both trauma phenotypes were associated with higher urinary and fecal incontinence scores, while impaired sexual function was mainly observed in women with macrotrauma.
Interpretation of results: Micro- and macrotrauma represent a continuum of childbirth-related LAM injury with overlapping but partially distinct obstetric determinants and differential functional impact. Microtrauma may represent an earlier or milder stage of injury, while avulsion identifies a subgroup at higher risk of persistent functional impairment.
Conclusions: Postpartum LAM trauma is common and frequently undetected by clinical examination. Microtrauma is more prevalent than avulsion, and specific obstetric factors influence each injury phenotype. 3D/4D transperineal ultrasound allows objective postpartum assessment and may help identify women who could benefit from targeted surveillance and early pelvic floor interventions.

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58 - NBCI-guided management versus standard therapy in men with Nocturia: a prospective comparative study

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Introduction and aim of the study: Nocturia is a frequent and clinically relevant symptom in men with BPH, driven by heterogeneous underlying mechanisms. The Nocturnal Bladder Capacity Index (NBCI) is a validated diagnostic tool that enables differentiation between nocturnal polyuria (NP) and reduced nocturnal bladder capacity (NBC), thereby supporting mechanism-based therapeutic strategies. This study aimed to compare clinical outcomes of an NBCI-guided management approach versus a non-stratified standard treatment strategy in men with BPH-associated nocturia.
Materials and methods: This prospective study enrolled men aged 45-65 years with LUTS secondary to BPH and clinically significant nocturia ($\geq$3 voids/night). Patients were allocated to an NBCI-guided treatment group or a non-NBCI group. In the NBCI-guided group, treatment was individualized based on NBCI values. Patients with NBCI$>$1.3, consistent with reduced NBC, received combination therapy with tamsulosin (0.4 mg/day) and solifenacin (5 mg/day). Patients with NBCI$\leq$1.3 underwent further evaluation with frequency-volume charts and nocturnal urine volume assessment to identify NP or other bladder dysfunctions. Patients diagnosed with NP were treated with desmopressin, while those without NP received diagnosis-specific therapy. The non-NBCI group was treated with tamsulosin. Outcomes were assessed at 6 and 12 months and included NVF and IPSS.
Results: A total of 206 patients were included, with 103 per group. At 6 months, the NBCI-guided group showed a mean NVF reduction from 3.7 to 1.7 voids/night (54.1%), whereas the non-NBCI group decreased from 3.6 to 2.6 voids/night (both $p<0.001$). IPSS improved from 22.9 to 14.2 in the NBCI-guided group ($p<0.001$), compared with a reduction from 22.7 to 17.6 in the non-NBCI group ($p=0.08$). At 12 months, improvements were stable in the NBCI-guided group, with NVF maintained at 1.8 voids/night, while the non-NBCI group showed NVF of 2.7 voids/night ($p<0.001$). IPSS reduction at 12 months remained clinically significant in the NBCI-guided group; no additional improvement was observed in the non-NBCI group (13.9 vs.17.7, respectively). Within the NBCI-guided cohort, patients diagnosed with NP experienced a reduction in NVF from 3.6 to 1.6 voids/night ($p<0.001$). Patients without NP but with NBCI$\leq$1.3 showed a reduction from 3.5 to 1.9 voids/night ($p<0.01$). Patients with NBCI$>$1.3 treated with tamsulosin-solifenacin showed a reduction in NVF from 3.9 to 2.3 voids/night ($p<0.01$), which persisted at 12 months.
Interpretation of results: NBCI-guided management led to significantly greater and more durable reductions in NVF and IPSS than non-stratified therapy. By enabling etiological differentiation between NP and reduced NBC, the NBCI facilitated targeted, mechanism-based interventions, with desmopressin showing the greatest efficacy in patients with NP.
Conclusions: NBCI-guided management of nocturia in men with BPH leads to significantly greater and more sustained improvements in NVF and LUTS compared with non-stratified therapy. By enabling mechanism-based treatment selection, the NBCI optimizes therapeutic outcomes and supports its routine use in clinical practice.

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59 - Impact of mesh position in the vesicovaginal space on anterior prolapse recurrence after lateral suspension

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Introduction and aim of the study: Laparoscopic lateral suspension (LLS) with mesh is an established minimally invasive technique for the correction of anterior and apical pelvic organ prolapse, showing high anatomical success rates. However, outcomes for the anterior compartment remain heterogeneous, potentially due to variability in vesicovaginal dissection and the caudal extent of mesh fixation. Postoperative ultrasonographic assessment of mesh position may provide an objective surrogate for surgical technique and help predict long-term outcomes.
Materials and methods: A retrospective case–control study was conducted including women who underwent laparoscopic or robot-assisted LLS with mesh between January 2018 and December 2022 with a minimum follow-up of 24 months. All participants underwent standardized clinical evaluation and transvaginal ultrasound. The distance between the most caudal portion of the mesh and the bladder neck (mesh-to–bladder neck distance, MBN) was measured in the midsagittal plane. Anterior prolapse recurrence was defined as symptomatic prolapse of POP-Q stage $\geq$ II. The primary outcome was the association between MBN distance and anterior compartment recurrence. Secondary outcomes included patient-reported outcomes, postoperative complications, and recurrence-free survival.
Results: Forty-eight women were included; 7 (14.6%) experienced anterior compartment recurrence. The median time to recurrence was 24 months (IQR 18–36), while the median overall follow-up was 48 months (IQR 24–79.5).
Baseline demographic and preoperative prolapse characteristics did not differ significantly between groups. The mean MBN distance was significantly shorter in women without recurrence compared with those with recurrence (8.0 ± 0.4 mm vs. 17.6 ± 1.9 mm, $p < 0.001$). Increasing MBN distance correlated strongly with recurrence risk (Spearman $R = 0.59$, $p < 0.001$). Logistic regression demonstrated a significantly increased risk of recurrence for each additional millimeter of MBN distance (OR 2.19, 95% CI 1.25–3.83; $p = 0.006$). Kaplan–Meier analysis showed that all recurrences occurred in the highest MBN quartile (log-rank $p < 0.001$), with Cox regression confirming a time-dependent increase in recurrence risk (HR 1.29, 95% CI 1.15–1.45; $p < 0.001$). Women without recurrence reported significantly better quality of life and greater subjective improvement, while complication rates were low and comparable between groups.
Interpretation of results: After minimally invasive LLS, a greater mesh-to-–bladder neck distance assessed by transvaginal ultrasound is associated with an increased risk of anterior compartment recurrence, without an increase in perioperative or postoperative complications. Ultrasonographic evaluation of mesh position may represent a valuable tool for assessing surgical adequacy and guiding standardization of vesicovaginal dissection in anterior prolapse repair
Conclusions: A shorter mesh-to–bladder neck distance after minimally invasive lateral suspension is associated with a reduced risk of anterior compartment recurrence.

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60 - GUILT, PSYCHOLOGICAL CORRELATIONS IN CHRONIC PELVIC PAIN

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Introduction and aim of the study: The well-known correlation between chronic pelvic pain (CPP) and the patient's psychological condition is the starting point for further research into the relationship between patient guilt and pain symptoms. The aim of the study is to demonstrate that the latter is linked to specific patient experiences, initially blaming and then punishing, and to the very reason for the ongoing problem.
Materials and methods: The study evaluated 27 patients (19 females and 8 males) with an average age of 42.3 years (21-67). All patients received a diagnosis of CPP and received conventional therapeutic interventions according to international guidelines. The study population is characterized by persistent pain symptoms despite conventional treatments (lifestyle changes, oral therapies, intravesical therapies). Patients underwent three standardized tests: Cognitive Behavioural Assessment (CBA 2.0), Sexual Evaluation Schedule Assessment Monitoring (SESAMO) and Minnesota Multiphasic Personality Inventory 2 (MMPI-2). Furthermore, the Quality of Life Index (QLindex) and Visual Analogue Scale (VAS) score were also assessed. The subjects involved in the study underwent one orientation interview, three in-depth settings, one feedback interview, and 12 weekly psychotherapy sessions.
Results: The study highlighted that 7 F and 3 M suffered sexual abuse between the ages of 5 and 18, 8 F and 2 M suffered sexual abuse after the age of 18, 5 F and 3 M reported sexual behaviors considered inappropriate, 6 F highlighted guilty feelings towards abortions, 10 F and 5 M expressed difficulties in a new emotional investment following the traumatic end of a relationship due to fear and/or as a consequence of devaluing feelings, 5 F highlighted a sense of inadequacy for not having had children, 2 F felt inadequate in their parental role, 4 F and 1 M experienced a sense of guilt towards their parents.
Interpretation of results: CPP's pain symptoms are closely related to patients' experiences. These experiences can lead to feelings of guilt and punishment toward the patient (sexuality, abortion, affection, motherhood), producing painful symptoms. The symptom is related to a specific experience and, as a result, persists despite the use of conventional therapies, even over time.
Conclusions: In conclusion, CPP pain symptoms appear to be closely related to patients' experiences, highlighting the importance of considering subjective factors in both assessment and treatment. An integrated and patient-centered approach may therefore improve clinical outcomes.

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61 - Patient satisfaction and decision regret in patientsundergone Temporary Implantable Nitinol Device (iTIND) procedure: an Italian, real life, multicenter Study

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Background: The temporary implantable nitinol device (iTIND) has emerged as a minimally invasive surgical technique aimed at improving symptoms while preserving erectile and ejaculatory function. Although functional outcomes and safety have been extensively studied, no previous research has specifically evaluated patient satisfaction and treatment regret.
Objective: To assess functional outcomes, treatment satisfaction, and decision regret in patients undergoing iTIND implantation in a real-life multicenter setting.
Methods: We retrospectively analyzed prospectively collected data from 140 patients treated with iTIND at seven institutions between January 2022 and December 2023. Baseline evaluations included IPSS, IPSS-QoL, Qmax, PVR, and IIEF5. Antegrade ejaculation was recorded before and after treatment. Adverse events and retreatments were monitored. At 12 months, decision regret was assessed using the validated Decision Regret Scale (DRS). Logistic regression and LASSO models were applied to identify predictors of high regret (DRS >25).
Results: Median age was 52 years and median prostate volume 30 ml. All procedures were successfully completed with same-day discharge. Functional outcomes significantly improved: IPSS decreased from 20 to 10 ($p<0.001$), QoL from 4 to 2 ($p<0.001$), Qmax increased from 8.5 to 13 ml/s ($p<0.001$), and PVR from 52.5 to 20 ml ($p=0.013$). Erectile function remained stable (IIEF5: 24 vs 26, $p=0.38$), and antegrade ejaculation was preserved in most patients (78% vs 81%). At 12 months, 32% of patients (45/140) experienced high regret, while 68% (95/140) reported low regret. In multivariate analysis, early complications and retreatments were strong predictors of regret, whereas higher baseline

Qmax was protective.
Conclusions: iTIND provides significant clinical improvement with preservation of sexual function in men with LUTS/BPO. However, approximately one-third of patients reported high regret at 12 months, mainly linked to complications and retreatments. These findings stress the importance of integrating patient-reported outcomes, including regret, into the evaluation of minimally invasive therapies.

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62 - Low volume prostate: is it a risk factor for Water Vapor Therapy?

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Introduction and aim of the study: To evaluate whether prostate size is a risk factor for complications in males underwent Water Vapor Therapy (WVT).
Materials and methods: We prospectively assessed early complications after WVT in our Center according to prostate size. We compared complications in patients with smaller prostate to men with larger ones. Group A (GA) included males with low volume prostate <40cc, Group B (GB) greater prostate size >40cc. All procedures were performed by the same skilled surgeon between 2022 and 2026. Clavien-Dindo classification was used. Follow-up was considered at 3 months.
Results: Data were completed in 157 males, mean age 70.3 yrs, mean prostate volume 49cc. GA comprised 65 patients, mean age 68.3 yrs, mean prostate size 34.5cc. The remaining 92 men were in GB, mean age 72.2 yrs, mean prostate volume 60.6cc. Clavien-Dindo complications grade I occurred in 9 pts (14%) of GA and in 13 pts (14%) of GB. Grade II Clavien-Dindo complications were documented in 10 males (15%) of GA and in 17 men (18%) of GB. In GB, 1 patient presented haematuria that required surgical treatment and was the only patient with Clavien-Dindo >2 (Grade III). The other complications included transitory urinary retention resolved by catheterization, haematuria needing catheterization but not surgery, urinary tract infection managed by antibiotics and not requiring hospitalization. In GA urinary retention occurred in 7 males, haematuria in 12. In GB urinary retention was documented in 14 men, haematuria in 10 and urinary tract infection in 6.
Interpretation of results: WVT indication comprises prostate volume ranging from 30 to 80 cc. However, due to the 1 cm length of the needle inserted into the prostate and the surrounding area where the steam is delivered, it is argued that small prostates may be at greater risk of complications and damage to the capsule. Our study demonstrated that no greater rate or higher severity of complications occurred in patients with smaller prostate. Therefore, our data confirmed that WVT is a safe procedure also in case of smaller prostate. However, in these latter patients, great care must be taken with the angulation and compression of the WVT device on the prostate to reduce the risk of over-insertion of the needle and reaching the prostatic capsule.
Conclusions: WVT procedure was safe also in patients with smaller prostate lower than 40cc.

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63 - Single-Port Robotic Burch Colposuspension with the Da Vinci SP System

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Introduction and aim of the study: Retropubic colposuspension according to Burch is a surgical procedure for the treatment of stress urinary incontinence (SUI). The aim of this study is to provide a standardized description of the Burch technique performed via an extraperitoneal robot-assisted approach using the da Vinci SP system, highlighting its key anatomical and functional landmarks.
Materials and methods: The patient is placed in the Lloyd-Davies position, with a nasogastric tube and urinary catheter, removed on the first postoperative day according to the ERAS protocol. A transverse suprapubic midline incision of approximately 2.7 cm is made, about 3 cm from the pubic symphysis, followed by careful dissection of the anatomical planes up to, but not beyond, the peritoneal layer. After digital muscular mobilization, access to the Retzius space is achieved via a crescent-shaped digital dissection directed toward the pubic symphysis. The access port is positioned, and the robotic system is docked.
Initially, monopolar scissors, bipolar instruments, cadiere forceps, and a Cobra-mode scope are used. Exploration of the Retzius space is performed along the posterior surface of the pubis until the latero-inferior pubocervical fascia of the urethra is identified, which serves as the site for suture placement. The Cooper's ligaments are identified bilaterally as stable anchoring points. The bladder neck and urethrovesical junction are identified using a Foley catheter or mild bladder distension. The vagina is mobilized laterally to reduce anterior prolapse.
During the suturing phase, two robotic needle drivers, bipolar forceps, and the scope are employed. Two non-absorbable sutures (Etibond or TiCron 2/0) per side are placed laterally on the robust pubocervical fascia, avoiding the midline. The distal suture provides primary support, while the proximal suture stabilizes the bladder neck. Sutures are anchored to the Cooper's ligaments, resulting in elevation and anteriorization of the anterior vaginal wall and restoration of the urethrovesical angle.
Correct suture tension and symmetry are verified, followed by meticulous hemostasis, desufflation, removal of the access ports, and closure of fascia and skin.
Results: The technique allows symmetrical elevation of the anterior vaginal wall, restoration of the urethrovesical angle, and stabilization of the proximal urethra. The use of multiple sutures at two levels ensures stable support and contributes to the reduction of mild anterior cystoceles.
Interpretation of results: The robotic approach to the Burch procedure provides excellent anatomical visualization and precision in suture placement. Respecting fascial planes and anchoring to the Cooper's ligaments reproduces adequate pelvic support and reduces the risk of functional complications.
Conclusions: The robotic approach to the Burch procedure provides excellent anatomical visualization and precision in suture placement. Respecting fascial planes and anchoring to the Cooper's ligaments reproduces adequate pelvic support and reduces the risk of functional complications

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64 - Hypermobility, autonomic dysfunction and signs of Heritable connective tissude disorders in cohort of patients with Endometriosis

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Introduction and aim of the study: Following the COVID-19 pandemic, diagnoses of acquired autonomic dysfunctions (predominantly post-viral), hypermobility-related disorders, and hereditary collagen diseases have increased; these populations are at higher risk of autonomic dysfunction (dysautonomia) and various gynecological comorbidities. Patients with hypermobile Ehlers-Danlos Syndrome (hEDS) and Hypermobility Spectrum Disorder (HSD) show higher dysautonomia prevalence and greater endometriosis risk compared to unaffected groups. Women with endometriosis frequently report systemic symptoms like dizziness, pre-syncope, sweating alterations, fatigue, and pelvic autonomic issues.Literature confirms autonomic nervous system involvement in endometriosis, EDS, Sjögren's disease, and other autoimmune conditions, driving scientific interest in associated comorbidities. This study investigates joint hypermobility, potential hereditary collagenopathy signs, and autonomic dysfunction in endometriosis patients at our pelvic floor rehabilitation outpatient clinic.
Materials and methods: Case series on 38 women with endometriosis seen at our Pelvic Floor Physiotherapy clinic (2020-2022).Assessments:COMPASS-31 for autonomic symptoms; Beighton Score for hypermobility; collagenopathy signs (Marfanoid habitus, bilateral heel piezogenic papules,soft/velvety/ hyperextensible skin, atrophic scars) via 2017 hEDS criteria
Results: Ages: 23-45 years (mean 34.05). 21/38 (>50%) had Beighton >5/9; 26/38 (68%) had COMPASS-31 >38 (cut-off); 18/21 hypermobile women had highest COMPASS-31 scores. 27/38 (71%) showed collagenopathy/

hypermobility features (including 21 with Beighton ≥5/9); of these, 11 referred to genetics (5 met hEDS criteria, 6 HSD).

Interpretation of results: This case series demonstrates high autonomic dysfunction (68%, COMPASS-31 >38) and hypermobility (55%, Beighton >5/9) prevalence in pelvic floor therapy patients with endometriosis, consistent with post-COVID dysautonomia trends and endometriosis-autonomic symptom links (dizziness, fatigue, pelvic dysfunction). Notably, 86% (18/21) of hypermobile women had the worst COMPASS-31 scores, indicating strong hypermobility-dysautonomia correlation. 71% showed collagenopathy signs (e.g., Marfanoid habitus, piezogenic papules, hyperextensible skin), supporting elevated hEDS/HSD risk in endometriosis; 11 referrals (5 hEDS, 6 HSD) highlight clinical impact and bidirectional connective tissue-dysautonomia-endometriosis associations.

Conclusions: The results of this study highlight underestimated comorbidities in pelvic rehabilitation cohorts and in women with endometriosis, calling for integrated and more comprehensive screening in these patient populations. Furthermore, although the higher risk of endometriosis in populations with hereditary collagenopathies has been investigated and documented, there are currently no studies such as this one that investigate the prevalence of joint hypermobility and signs of hereditary collagenopathy in women with endometriosis.

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65 - Comparison of Early and Late Complications After Δ-Shaped vs Y-Shaped Robotic Intracorporeal Orthotopic Neobladder Reconstruction

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Introduction and aim of the study: Robotic intracorporeal orthotopic ileal neobladders (ICONBs) replicate open urinary diversion techniques through a minimally invasive approach. Among the available reconstructions, the Y-shaped and Δ-shaped configurations are widely used, yet comparative data on their complication profiles remain limited. The aim of this study was to compare early and late postoperative complications between patients undergoing robot-assisted radical cystectomy with either a Δ-shaped or Y-shaped intracorporeal neobladder.

Materials and methods: A retrospective analysis was conducted on consecutive patients treated between January 2015 and June 2025 at San Luigi Gonzaga University Hospital. All procedures were performed by a single high-volume surgeon. Early (≤30 days) and late (≤90 days) complications were recorded and graded according to Clavien–Dindo classification.

Results: 67 consecutive patients were assessed (Y: 52; Δ: 15). Overall perioperative outcomes were comparable (Table 1). Gastrointestinal complications were infrequent: bowel obstruction occurred only in Y-shaped cases (3.8%), and ileus was slightly more common in the Y group (9.6% vs. 6.6%). Sepsis was similar between groups (Y: 7.6%; Δ: 6.6%), while epididymitis appeared exclusively in Y-shaped patients (7.6%). Hematologic complications were mostly mild, with anemia affecting both cohorts (Y: 15.3%; Δ: 13.3%) and hematoma/bleeding reported in 21.2% of Y cases.

Genitourinary events included acute urinary retention only in Δ patients (6.6%), and ureteroenteric stricture only in Y cases (3.8%). Lymphocele was the most frequent genitourinary complication in both groups (≈13%). Other events included acute renal failure (Y: 13.4%; Δ: 6.6%), postoperative fever (Y: 17.3%; Δ: 20.0%), and deep vein thrombosis only in Y-shaped patients (7.6%).

Interpretation of results: The observed differences in complication patterns suggest that neobladder geometry may influence specific postoperative risks rather than overall morbidity. The higher rate of gastrointestinal, hematologic, and infectious events in Y-shaped reconstructions may reflect greater bowel manipulation and reservoir configuration, whereas urinary retention in Δ-shaped neobladders could be related to outlet dynamics. Despite these variations, the overall safety of both techniques supports their use, with complication profiles potentially guiding individualized surgical choice.

Conclusions: Both neobladder configurations demonstrated acceptable safety profiles with distinct complication patterns. The Δ shape was associated with urinary retention, while gastrointestinal, hematologic, and infectious complications were more frequent in Y-shaped reconstructions.

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66 - Combined Suprapubic and Endocavitary Radiofrequency Therapy for Mild-to-Moderate Stress Urinary Incontinence after Robot-Assisted Radical Prostatectomy: A Pilot Prospective Study

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Introduction and aim of the study: Stress urinary incontinence (SUI) remains a frequent complication after robot-assisted radical prostatectomy (RARP) often impacting patients' quality of life. Radiofrequency (RF) energy has recently emerged as a minimally invasive modality aimed at promoting pelvic floor tissue remodeling and sphincteric function. This study evaluated the efficacy and safety of a combined suprapubic and endocavitary RF protocol in men with mild-to-moderate post-prostatectomy SUI.

Materials and methods: Ten male patients (mean age 66.8 ± 5.1 years) with mild-to-moderate SUI (24-h PAD test <100 mL) after RARP for prostate adenocarcinoma were prospectively enrolled. All underwent ten 20-minute sessions of RF therapy (10 minutes suprapubic, 10 minutes endocavitary).

Sessions 1–5 were performed in athermia at 500 Hz, while sessions 6–10 in thermia mode with a maximum output of 45 V. The endocavitary session included 5 minutes of Kegel exercises.

Primary endpoint: change in 24-h PAD test.

Secondary endpoints: tissue impedance variation, International Consultation on Incontinence

Questionnaire (ICIQ-SF), and patient satisfaction (VAS 0–10).

Results: All patients completed treatment without adverse events.

Mean PAD test improved from 84.2 ± 12.5 mL at baseline to 34.7 ± 15.9 mL post-treatment ($p < 0.001$). One patient achieved complete continence (0 mL). Mean ICIQ-SF score decreased from 15.1 ± 3.2 to 7.3 ± 2.9 ($p = 0.002$), and mean VAS satisfaction increased from 4.8 ± 1.1 to 8.5 ± 0.9. Tissue impedance significantly decreased from 410 ± 95 Ω in the first session to 360 ± 72 Ω at the end ($p < 0.001$), suggesting improved tissue conductivity and hydration. No burns, pain, or urinary retention were reported.

Conclusions: Combined suprapubic and endocavitary RF therapy appears safe and effective in improving mild-to-moderate SUI following RARP.

This non-invasive approach may enhance pelvic floor recovery by modulating tissue impedance and collagen remodeling. Larger randomized studies are warranted to validate these preliminary findings.

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Continence 17 (2026) 102404

67 - Outcomes and Complications of Advance X Sling in Standard and Complex Patients with Male Stress Urinary Incontinence

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Introduction and aim of the study: Advance X Sling is a safe and effective treatment for male iatrogenic stress urinary incontinence. Our tertiary centre is a referral centre managing a high volume of these patients. The ideal candidate is a patient with moderate to severe incontinence with no history of radiotherapy (RT), diabetes, or high body mass index (BMI). However, data regarding less strictly selected patients are limited. The aim of the study is to compare functional outcomes and complications in these more complex patients.

Materials & methods: From January 2023 to November 2025, all patients treated with Advance X Sling for IUS after prostatectomy or other prostate surgery at our tertiary referral centre were retrospectively identified. All procedures were performed by two experienced surgeons. Demographic and clinical data were collected. Patients were divided into two groups based on whether they received RT and compared in terms of functional outcomes (number of pads, subjective improvement) and postoperative complications based on Clavien-Dindo score. Statistical analysis was performed using SPSS software.

Results: A total of 63 patients was eligible; 4 were excluded intraoperatively due to severe adhesions/ and anatomical difficulties following RT. Overall 57 patents were included with a median follow up of 12 months.
Ten patients (17.5%) had diabetes mellitus, median BMI was 26 kg/m^2 (IQR 24.3–28.8). Eight patients (14.0%) were previously treated with locoregional RT, almost half had unsuccessfully tried pelvic floor rehabilitation. According to AUA classification, 13 patients (22.8%) had mild, 28 (49.1%) moderate, and 16 (28.1%) severe incontinence.
Interpretation of results: Postoperative complications occurred in 7 patients (12.3%), while 50 (87.7%) had an uneventful postoperative course (surgical site infections and subsequent urethral stricture). Perioperative urinary retention occurred in 12 (21.1%).
At 3 and 6 months, 4 patients (7.0%) showed no clinical improvement; increased at 6 patients (10.5%) at 12 months. Three patients (5.3%) required reoperation (2 re-Advances and 1 artificial aphincter).
No significant differences in postoperative complications or functional outcome were observed between patients with or without prior RT (Fisher's exact test p = 1.0). A trend toward worse outcomes at 12 months was observed in patients with severe incontinence (p=0.055).
These results should be interpreted with caution given the limited sample size and considering that our follow-up is limited.
Conclusions: Careful preoperative patient's selection is mandatory, with particular attention to severity of urinary incontinence. Previous RT, although sometimes might make an intraoperative challenging, does not appear to limit functional outcomes or increase postoperative complications.

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68 - Laparoscopic pudendal nerve release: our experience and results

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Introduction and aim of the study: Pudendal neuralgia is a rare but severely disabling cause of chronic pelvic pain, frequently associated with urinary, sexual, and defecatory dysfunctions. In patients refractory to conservative management, surgical decompression of the pudendal nerve represents a valid and often definitive therapeutic option. The laparoscopic approach allows direct visualization of deep pelvic neural structures and targeted neurolysis. The aim of this study was to evaluate the clinical effectiveness, safety, and functional outcomes of laparoscopic pudendal nerve neurolysis.
Materials & methods: A total of 95 patients diagnosed with pudendal neuralgia who underwent laparoscopic pudendal nerve neurolysis between January 2014 and June 2024 were included. Sixty-seven patients (70.5%) were female. Diagnosis was primarily based on the Nantes criteria (88.4%), with pelvic magnetic resonance imaging performed in selected cases (11.6%). Pain intensity was assessed using the Visual Analogue Scale (VAS) preoperatively and at 3, 12, and 24 months postoperatively. Urinary symptoms, sexual function, surgical complications, and the interval between symptom onset and surgery were also analyzed.
Results: The mean interval between symptom onset and surgery was 22 months (range 5–46). Mean operative time was 55 minutes (48–85), with a mean hospital stay of 2 days (2–3). No major complications (Clavien–Dindo $\geq$ III) were reported. A pain reduction of $\geq$3 VAS points at 3 months was observed in 65 patients (68.4%), predominantly in those treated within 6 months from symptom onset. At 12 and 24 months, pain reduction was observed in 10.5% and 17.9% of patients, respectively, mainly among those undergoing delayed surgery. Improvement in urinary symptoms and sexual function was reported in 64.2% of patients at 3 months, with later benefits observed in patients treated more than 24 months after symptom onset. Three patients (3.2%) showed no clinical improvement.
Interpretation of results: A pain reduction of $\geq$3 points on the VAS observed in 68.4% of patients at 3 months confirms the early effectiveness of laparoscopic decompression, while the progressive consolidation of clinical benefit at subsequent follow-up evaluations suggests a gradual functional recovery of the pudendal nerve. Surgical timing appears to be a key determinant of clinical outcome, suggesting that early intervention may significantly enhance therapeutic results.
Conclusions: Laparoscopic pudendal nerve neurolysis is a safe and effective procedure for the treatment of pudendal neuralgia refractory to medical therapy, providing significant pain relief and improvement in urinary and sexual function.

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69 - Functional outcomes of primary Optilume® for bladder neck sclerosis after AEEP and RARP:a single-center case series with 12 months follow up

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Introduction and aim of the study: Bladder neck sclerosis (BNS) occurs in approximately 1–5% of patients after anatomical endoscopic enucleation of the prostate (AEEP) and in 5–15% after robot-assisted radical prostatectomy (RARP),with recurrence rates of up to 30–50% following bladder neck incision or resection. BNS after AEEP is primarily associated with fibrosis induced by thermal injury, whereas post-RARP BNS is mainly driven by ischemia and anastomotic tension at the vesicourethral anastomosis, potentially affecting treatment response.The aim of this study was to evaluate the short-term efficacy and safety of primary paclitaxel-coated balloon dilation for BNS after AEEP or RARP and to explore potential differences between these two clinical settings.
Materials and methods: We retrospectively analyzed a consecutive series of 24 patients treated with direct Optilume dilation for BNS between January 2024 and January 2025.Patients were stratified according to the index procedure (12 AEEP vs 12 RARP).All patients underwent primary balloon dilation without prior bladder neck incision or resection.The primary endpoints were improvement in maximum urinary flow rate (Qmax) and reduction of post-void residual (PVR). Secondary endpoints included changes in the International Prostate Symptom Score (IPSS) and IPSS quality of life (IPSS-QoL) and recurrence-free rate at 12-months follow-up.
Results: At 12 months,clinically meaningful improvements in urinary flow and symptoms were observed in both groups.Qmax increased after AEEP [median 7.1 ml/s (IQR 5.2-9) to 16.4 (13.1-17), $p < 0.001$] and after RARP [6.4 (4.7-8) to 14.8 (12-15.5), $p < 0.001$]. PVR decreased after AEEP [55ml (43-65) to 25 (15-30), $p < 0.001$] and after RARP [58 (40-68) to 18 (15-23), $p < 0.001$]. IPSS and IPSS-QoL improved after both AEEP [29 (22-32) + 4 (3-5) to 10 (8-15) +2 (0-3), $p < 0.001$] and after RARP [31 (27-33) +4 (3-5) to 12 (9-14) +2 (1-3), $p < 0.001$].Overall, 79% of patients remained recurrence-free at 12 months, with recurrence-free rates of 83% after AEEP and 75% after RARP (p=0.05).No Clavien–Dindo grade $\geq$ II complications, de-novo urinary incontinence, or paclitaxel-related adverse events were observed.
Interpretation of results: Paclitaxel-coated balloon dilation resulted in clinically meaningful functional and symptomatic improvement after both AEEP and RARP.Recurrence-free rates were favourable compared with standard endoscopic series, with a numerical trend toward higher durability after AEEP, possibly reflecting different stenosis mechanisms.
Conclusions: Primary paclitaxel-coated balloon dilation appears to be a safe and effective minimally invasive treatment for BNS after both AEEP and RARP, providing meaningful short-term functional and symptomatic improvement. These outcomes were achieved using direct balloon dilation as a first line treatment, supporting its feasibility as a standalone endoscopic approach,with a numerical trend toward greater durability after AEEP.Larger prospective studies with longer follow-up are warranted.

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70 - Is Neonatal Head Circumference a Risk Factor for Pelvic Floor Dysfunction in Primiparas?

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Introduction and aim of the study: Neonatal head circumference, routinely measured postpartum, has been associated with adverse obstetric outcomes; however, it is rarely considered a risk factor for pelvic floor dysfunction. This study evaluates whether increased neonatal head circumference alone may serve

as a simple indicator of maternal pelvic floor dysfunction risk and support the identification of patients eligible for personalized management strategies.

Materials and methods: We conducted a single-center observational study of primiparous women delivering between January 2022 and March 2025. Participants, according to pelvic floor dysfunction card (PFDC) were divided into cases (neonatal head circumference >350 mm as the only recorded risk factor, group 1) and controls (no documented risk factors). Exclusion criteria included multiparity, diabetes, VBAC, preterm delivery, major comorbidities, missing or inconsistent data. Postpartum assessment ≥6 months after delivery included clinical–functional evaluation and validated questionnaires for urinary, anorectal, sexual function, and perineal pain.

Results: Of the eligible population (25 in Group 1, 64 in Group 2) represented in figure 1, participation was 36% and 33%, respectively. Patient characteristics were comparable except for higher neonatal birth weight in Group 1, and no differences were observed between groups in symptom scores. Obstetric characteristics and questionnaire results are shown in Tables 1 and 2.

Interpretation of results: 36% of Group 1 and 29% of Group 2 declined participation, likely due to absence of symptoms. Higher neonatal weight in Group 1 was expected based on fetal biometry. First-degree obstetric lacerations were unexpectedly frequent in this study population.

Conclusions: In the analyzed population, increased neonatal head circumference is not an independent factor associated with increased pelvic floor dysfunction symptoms in healthy primiparous women.

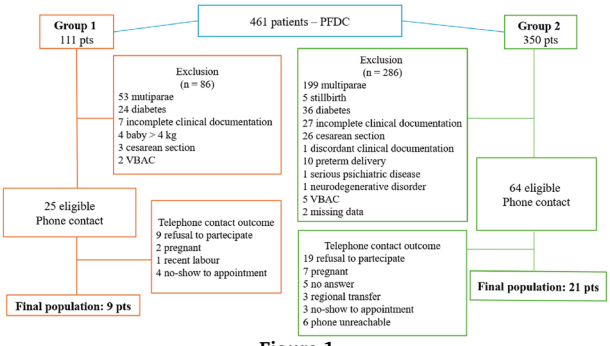

Figure 1.

Table 1

	Group 1 (n=9)	Group (n=21)	p-value
Maternal age at delivery (y)	28 (24–33)	30 (26–32)	0,964
Gestational age (w)	40,3 (40,0–40,6)	39,3 (38,4–40,2)	0,103
Neonatal fetal weight (g)	3632 (3434–3720)	3162 (2954–3380)	<0,001
Induction of labor, n/N (%)	0/9 (0,0)	6/21 (28,6)	0,141
Vaginal tear (□≥II degree), n/N (%)	9/9 (100)	17/21 (81,0)	0,287

Table 2

	Group 1	Group 2	p-value
Urinary incontinence n/N (%)	6/9 (66,7%)	9/21 (42,9%)	0,427
ICIQ-SF (0–21)	4 (0–5) [n=9]	0 (0–4) [n=21]	0,227
C-Wexner score (0–30)	0 (0–7) [n=9]	0 (0–0) [n=21]	0,244
Constipation (score>0), n/N (%)	3/9 (33,3%)	3/21 (14,3%)	0,329
Vaginal bulging, n/N (%)	0/9 (0,0)	2/21 (9,5%)	1,000
Pain, n/N (%)	2/9 (22,2%)	5/21(23,8%)	1,000
Sexually active, n/N (%)	8/9 (88,9%)	21/21 (100%)	0,300
Sexual pain, n/N (%)	2/8 (25,0%)	8/21 (38,1%)	0,666

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71 - Efficacy of polyacrylamide hydrogel in intrinsic sphincter deficiency: does urethral mobility really matter?

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Introduction and aim of the study: Urethral bulking agents are increasingly used in the treatment of female stress urinary incontinence (SUI), particularly in women with intrinsic sphincter deficiency (ISD). Although bulking therapy has traditionally been considered more effective in patients with fixed urethra, its role in women with urethral hypermobility remains debated. The aim of this study was to evaluate the efficacy and durability of polyacrylamide hydrogel (PAHG, Bulkamid®) in women with ISD according to urethral mobility

Materials and methods: This prospective study was conducted at a level III urogynecology center. Urethral mobility was assessed by translabial dynamic urological ultrasound. Patients were stratified into two groups: fixed urethra and hypermobile urethra. Clinical success was defined as cure. Cure was defined as the absence of stress urinary leakage on cough stress test and complete patient-reported continence. Improvement was defined as a clinically relevant reduction of stress urinary leakage associated with patient-reported symptomatic benefit and no need for additional treatment. Functional outcomes were evaluated at 1,3,6 and 12 months. Statistical analysis: chi-square, Fisher's exact test. A multivariable logistic regression analysis was performed to identify independent predictors of clinical success.

Results: Fifty women with SUI and ISD were treated with PAHG injection, 27 with fixed urethra and 23 with hypermobile urethra. At 1-month follow-up, clinical success was achieved in 42/50 patients (84%). Outcomes were comparable between women with fixed urethra (23/27, 85%) and those with hypermobile urethra (19/23, 83%), with no statistically significant difference between groups (p=0.78).A gradual reduction in efficacy was observed over time. At 12 months, overall clinical success was observed in 34/50 patients (68%), with similar outcomes in the fixed urethra group (18/27, 67%) and the hypermobile urethra group (16/23, 70%), again without significant differences (p=0.84).At multivariable logistic regression analysis, urethral mobility was not independently associated with treatment failure (adjusted OR 0.94, 95% CI 0.52–1.68; p=0.84). Correct mid-urethral placement of the bulking agent was the only independent predictor of clinical success (adjusted OR 2.31, 95% CI 1.18–4.52; p=0.01).

Interpretation of results: These findings demonstrate that the efficacy of PAHG in women with ISD is independent of urethral mobility as assessed by dynamic ultrasound. The progressive decline in success over time appears related to the intrinsic mechanism of bulking therapy rather than to anatomical differences.

Conclusions: Polyacrylamide hydrogel is an effective and safe treatment for female SUI associated with ISD, achieving high short-term success with acceptable mid-term durability. Comparable outcomes in women with fixed and hypermobile urethra support the use of bulking therapy independently of urethral mobility, emphasizing the importance of accurate mid-urethral injection technique.

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72 - Do we operate to late? decisional regret in patients undergoing BPH surgery with very large prostates (>150 cc)

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Introduction and aim of the study: Management of large prostates still represents a major challenge in the management of benign prostatic hyperplasia. The purpose of this study was to assess treatment regret in in patients undergoing surgery for LUTS/BPH with very large prostates.

Materials and methods: We performed an analysis of prospectively collected data of consecutive patients undergoing LUTS/BPH surgery in 5 primary care Italian urology centers. Only patients with prostate volume >150cc were included in the study. All patients underwent detailed clinical history and physical examination, preoperative, perioperative and postoperative characteristics were recorded. Decision regret and satisfaction was evaluated with the decision regret scale. A significative regret was defined as >25%.

Results: Overall, 161 patients were enrolled. 68/161 (42%) underwent robotic simple prostatectomy, 18/161(11%) underwent laparoscopic simple

prostatectomy, 38/162 (24%) an open simple prostatectomy and 36/162 (22%) a HoLep. Mean regret was 12% (16). Mean prostate volume was 160 (25) ml. Overall, 26/161 (16%) patients presented a significative regret. Preoperatively, on binary logistic regression analysis, older age (OR= 1,08; p=0,039) and low IPSS score (OR=0,87; p=0,007) were predictors of regret. Postoperatively, poor flow (OR=0,86; p= 0,008) and poor IPSS (1,62; p=0,001) were predictors of regret. Surgical technique was not associated with decision regret.
Interpretation of results: In this cohort, patients underwent different surgical approaches for benign prostatic enlargement, including robotic, laparoscopic, open procedures and HoLEP. Overall decision regret was low, although a minority of patients reported clinically significant regret. Older age and lower symptom burden before surgery were associated with regret, while worse urinary flow and symptom scores after surgery were postoperative predictors. Surgical technique itself was not associated with decision regret.
Conclusions: Patients with large prostate have some regret after BPH surgery. Higher age and poor surgical outcomes are predictors of decisional regret in patients with large prostates.

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73 - Transcutaneous Tibial Nerve Stimulation as a therapeutic option for refractory Overactive Bladder: medium-term clinical outcomes.

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Introduction and aim of the study: Transcutaneous posterior tibial nerve stimulation (T-PTNS) is a non-invasive neuromodulation technique that may facilitate a more accessible management of urinary disorders. Aim of this study was to assess the clinical safety and therapeutic efficacy of T-PTNS in patients with overactive bladder (OAB) refractory to previous conservative treatments, evaluating outcomes over a medium-term follow-up period.
Materials and methods: This single-centre prospective study included male and female OAB patients non-responsive to pharmacological therapy. Baseline evaluation comprised a 3-day bladder diary, urodynamics (UD), Visual Analogue Scale (VAS, 0= worse; 10= best) to score urinary symptom bother, and Overactive Bladder questionnaire- Short Form (OAB-q SF). After a face-to-face training session, patients performed T-PTNS (Tensi + ®) at home, 20 minutes daily (as per protocol). Baseline evaluation was repeated at 1, 3, 6, and 12-months; UD was repeated at the 12-mos f-up. Treatment success was defined as $\geq$ 50% reduction in urgency episodes (with or without urgency incontinence) or $\geq$ 30% reduction in 24-hour voiding frequency.
Results: Thirty-two OAB patients (6 males, 26 females; mean age: 61.4 $\pm$ 18.8 y.o.) were enrolled. Mean $\pm$ SD duration of OAB symptoms was 5.9 $\pm$ 3.9 years. No patient was receiving OAB medication at baseline and all had post-void residual volume (PVR) $<$ 50 mL. All patients experienced clinically meaningful symptoms improvement. At 3-mos f-up, urgency episodes decreased in all subjects; 28/32 (87.5%) improved day- and night-time urinary frequency and 24/32 (75%) reported reduced urgency incontinence episodes. Benefits were maintained at the 12-mos f-up. At 12-mos UD f-up, patients showed an increase in maximum cystomanometric capacity and in the volume at first uninhibited detrusor contraction ($p<0.001$), while PVR remained stable ($p>0.1$). OAB-q SF total scores significantly improved ($p<0.001$), and patient satisfaction assessed by VAS increased and remained stable at last f-up ($p<0.001$). Overall treatment success rate was 95%. Among three patients with associated chronic pelvic pain, pain intensity significantly decreased at 3-mos f-up (VAS, $p<0.001$). No significant adverse events occurred.
Interpretation of results: T-PTNS proved safe and effective in OAB patients refractory to previous therapy, with urinary symptoms improvement evident within approximately 6 weeks and sustained over time. The main advantages of T-PTNS include its non-invasiveness, good tolerability, and the possibility of home-based administration, which may improve patient compliance and accessibility to treatment. A potential limitation of T-PTNS is the need for repeated treatment cycles to maintain long-term efficacy. However, the encouraging results observed may represent an effective step in the therapeutic pathway of OAB, particularly in patients who are unsuitable for or reluctant to undergo invasive treatments. A further challenging question may be its use as a potential alternative initial therapy.
Conclusions: The home-based stimulation device (T-PTNS, Tensi + ®) offers a safe, well-tolerated, and effective treatment for patients with OAB, leading to significant symptom improvement and enhanced quality of life.

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Continence 17 (2026) 102411
74 - Miniaturized laser enucleation of the prostate (MiLEP) is feasible and safe: 12-month follow-up, real-life, prospective multicenter study

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Background: Holmium laser enucleation of the prostate (HoLEP) is considered one of the option for the treatment of men with bothersome lower urinary tract symptoms (LUTS) related to Benign Prostatic Obstruction (BPO). HoLEP is performed with 26Ch instruments, which can cause urethral trauma, strictures, transient incontinence. Recent miniaturized 22Ch tools (MiLEP) aim to reduce morbidity without compromising efficacy.
Methods: This is a prospective multicenter study on men underwent MiLEP. Preoperative assessment included IPSS, uroflowmetry, PSA, prostate volume and urinary continence. The MiLEP were performed en-bloc with early apical release. Follow-up assessed subjective and objective outcomes together with complications and patient satisfaction. Clinical success was defined as Trifecta.
Results: 65 men were enrolled. No major intraoperative complications occurred; median catheterisation and hospital stay were 2 and 2 days, respectively. Overall complication rate was 18.4%, mostly Clavien–Dindo grade I–II. Late complications were urethral stricture in 4.6% and persistent stress incontinence in 1.5%. At 12months, mean IPSS , IPSS QoL, Qmax, PSA significantly improved (all $p<0.001$). Overall satisfaction was very high (96.8%). Trifecta was achieved in 61.5 % of cases. Logistic regression identified lower pre operative Qmax as the only predictor of Trifecta achievement.
Conclusions: MiLEP appears feasible and safe in this preliminary series, with perioperative and functional outcomes consistent with enucleation-like goals. Significant improvements in symptom scores, flow rate and PSA were sustained at 12 months with low morbidity and high continence preservation. Larger appropriate trials and longer follow up are needed to confirm our data.

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75 - Disobstructive effect of transperineal laser ablation of prostate (TPLA) and correlation with symptom relief

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Introduction and aim of the study: Obstruction relief of minimally invasive surgical treatment (MIST) can be evaluated by comparison of preoperative and postoperative uroflowmetry, and this can be enough in clinical practice. In an experimental setting we have prospectically performed invasive urodynamics before and six months after administration of transperineal laser ablation (TPLA) in patients suffering from lower urinary tract symptomps due to obstructive benign prostatic hyperplasia. Hereby we present the preliminar data of this ongoing evaluation, aiming to understand if correlation exists between rate of obstrucion relief and amount of symptom relief.
Materials & methods: Clinical data from consecutive patients undergoing TPLA at our institution from March 2024 to May 2025 were prospectively collected in a 6-month follow up period.
The following parameters were collected and correlated: preoperative and postoperative BOOI and IPSS score. Noteworthy, BOOI did not determine the indication to TPLA, as Urodynamics are not routinely performed in clinical practice.
Primary endpoint was rating the efficacy of the procedure in terms of obstruction

and symptoms relief.
In agreement with ICS categorization of severity of obstruction, a subanalysis was permerformed by dividing patients according their pre-operative BOOI in 3 gropus: mild [20<BOOI<40], moderate [40<BOOI<60] and sever [BOOI>60] obstruction.
Results: Overall, 29 consecutive patients underwent the TPLA after a pre-operative urodynamic evaluation, performed within one month prior to the procedure.
Median age and pre-operative prostate volume were 64 (IQR 56-69) years and 46 (IQR 36-67) ml.
No patients had an indwelling catheter before surgery.
After 6 months, BOOI significantly improved (62 vs 39.5, p=0.001), so as IPSS score (20 vs 9, p<0.0001).
Next, patients were divided in 3 groups based on the BOOI (10 patients in group 1 [20<BOOI<40], 6 patients in group 2 [40<BOOI<60], 13 patients in group 3 [BOOI>60]).
A 6-month follow-up, a higher reduction of BOOI is observed in patients with preoperative BOOI>60 [ΔBOOI: -1.215 vs -8 vs -24, p=0.045].
Although there is a major obstruction rate improvement in patients whose BOOI>60, a better improvement of BOOI in percentage has been observed in patients with BOOI between 40 and 60.
BOOI decrease of 15,70% in group 1 (20<BOOI<40);
BOOI decrease of 37,50% in group 2 (40<BOOI<60);
BOOI decrease of 30,69% in group 3 (BOOI>60).
In terms of symptoms relief, IPSS changes at 6 months were similar, regardless the percentage reduction in BOOI [ΔIPSS -10 vs -11 vs -10, p=0.99].
Interpretation of results: The greater the obstruction level, the greater the rate of BOOI reductio. However the patients shifting from obstructed to non-obstructed category are almost exclusively those affected by mild obstruction.
No correlation was found between rate of BOOI reduction and rate of symptom relief.
Conclusions: Transperineal laser ablation (TPLA) asserts itself as a safe and valid treatment for well selected patients capable of improving obstruction and symptoms relief and therefore patients' quality of life.

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Continence 17 (2026) 102413
76 - Mid-Term Functional Evolution After Transperineal Laser Ablation for BPH: Are We Missing Something?

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Introduction and aim of the study: Transperineal Laser Ablation (TPLA) is a minimally invasive technique for the treatment of benign prostatic hyperplasia (BPH), increasingly proposed also in relatively young and sexually active patients. The aim of this study is to evaluate mid-term functional outcomes after TPLA and to analyze the evolution of urinary function over time, with particular attention to the long term impact on urinary function.
Materials and methods: A consecutive series of 36 patients with symptomatic BPH undergoing TPLA was analyzed. Mean age was 64 ± 6 years. All patients underwent a comprehensive preoperative evaluation including urodynamic examination and cystoscopy. Cystoscopy was performed to exclude the presence of a significantly elevated or stenotic bladder neck and a prostatic median lobe >15 mm. Inclusion criteria were IPSS ≥12 and prostate volume between 30 and 100 ml. Clinical and functional assessments were performed preoperatively and at 12-month follow-up using IPSS, QoL score, Qmax and post-void residual (PVR). In case of clinical worsening, patients were offered surgical treatment with transurethral resection of the prostate (TURP). Complications were classified according to the Clavien-Dindo system.
Results: Mean prostate volume was 58 ± 15 ml. At 12 months of follow-up, 37% of patients showed a worsening of urinary function compared to early post-operative assessments, with an increase in mean IPSS and a reduction in Qmax. Specifically, mean IPSS increased from 10.8 ± 3.7 to 17.6 ± 5.2, while Qmax decreased from 15.2 ± 4.0 ml/s to 9.8 ± 3.3 ml/s. An increase in PVR was observed in 20 patients. Patients with clinically relevant worsening underwent TURP, with subsequent improvement of urinary symptoms. No major complications (Clavien-Dindo ≥ III) were recorded.
Interpretation of results: Despite accurate preoperative selection including urodynamic and endoscopic evaluation, a relevant proportion of patients experienced functional deterioration at mid-term follow-up. This finding suggests that, beyond anatomical factors and relief of bladder outlet obstruction, time-dependent changes in detrusor function may influence clinical outcomes. Repeat urodynamic assessment may help clarify the underlying mechanisms in patients with loss of functional benefit.
Conclusions: In our experience, TPLA is confirmed as a safe procedure; however, mid-term functional outcomes underline the importance of better understanding the potential long-term effects of the technique on bladder outlet functionality. A structured functional and urodynamic follow-up may contribute to improved patient treatment and management strategies.

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77 – Surgical Treatment of Pelvic Organ Prolapse and Overactive Bladder: A Systematic Review and Meta-Analysis

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Introduction and aim of the study: Pelvic organ prolapse affects 40-50% of parous women, frequently coexisting with overactive bladder symptoms. Proposed mechanisms include mechanical bladder outlet obstruction, anatomical distortion compromising innervation, and detrusor dysfunction. This metanalysis aimed to quantify overactive bladder resolution following prolapse surgery, compare surgical techniques, evaluate de novo incidence, and identify predictive factors.
Materials and methods: Search of MEDLINE, Embase, Scopus, Cochrane CENTRAL through December 2024. Inclusion: women with symptomatic prolapse (POP Q II). Three reviewers extracted data. Random-effects meta-analyses with Freeman-Tukey transformation. Quality assessment: Cochrane Risk of Bias 2.0, Newcastle Ottawa Scale, GRADE. Subgroup analyses by approach, mesh, compartment, design, follow-up.
Results: The analysis included twenty-four studies (eight randomized controlled trials and sixteen observational studies) encompassing a total of 7,739 women, of whom 7,095 completed follow-up. Studies were published between 2003 and 2025, with sample sizes ranging from 43 to 2,569 participants (median 126). Mean patient age ranged from 53.3 to 76.0 years, BMI from 22.98 to 29.8 kg/m^2, while parity varied from 2 to 5. The majority of patients presented with POP-Q stage III-IV prolapse (68%). Follow-up duration extended from 1.5 to 75 months, with a median of 12 months. The overall resolution rate was 58.0% (95% CI: 55.9-60.1%), although substantial heterogeneity was observed across studies (I^2=83.0%, τ^2=0.031, Q=66.34, p<0.001). No significant differences emerged when comparing the vaginal approach (69.4%, 95% CI: 56.8-63.9%), laparoscopic/robotic approach (58.7%, 95% CI: 53.2-64.0%), and abdominal approach (54.2%, 95% CI: 46.1-62.1%; p=0.62). Similarly, mesh-augmented procedures demonstrated comparable outcomes to native tissue repairs (61.3% versus 58.2%, p=0.48; risk ratio 1.05, 95% CI: 0.91-1.22). Compartment-stratified analysis revealed that anterior/apical compartment repairs achieved significantly higher resolution rates (75.8%, 95% CI: 73.2-78.3%) compared to isolated posterior compartment repairs (28.3%, 95% CI: 20.1-37.9%; p<0.001) and multi-compartment procedures (57.1%, 95% CI: 51.4-62.7%). Compartment stratification substantially reduced heterogeneity (I^2=42.3% versus 83.0%). Six studies documented a de novo incidence ranging from 0 to 14.3%. Multivariate meta-regression explained 68% of variance (R^2=0.68), with compartment as sole significant predictor (p<0.001).
Interpretation of results: Anatomical compartment is one of the strongest predictor of overactive bladder resolution. Superior anterior/apical outcomes suggest mechanical obstruction through urethral kinking or trigonal distortion and nerve stretching disrupting innervation as mechanisms. Surgical approach and mesh do not influence outcomes.
Conclusions: Prolapse surgery resolves overactive bladder in 50%. Anterior/apical repair superior to posterior, independent of approach/mesh, supporting anatomically-directed planning.

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78 - Urodynamic and Functional Outcomes After Δ-Shaped Versus Y-Shaped Robotic Intracorporeal Orthotopic Neobladder Reconstruction

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Introduction and aim of the study: Robotic intracorporeal orthotopic ileal neobladders (ICONBs) reproduce the principles of open urinary diversion through a minimally invasive approach. The Y-shaped configuration is widely adopted, whereas the Δ-shaped model was recently introduced to optimize reservoir geometry and functional performance. This study aimed to compare urodynamic parameters and functional outcomes in patients undergoing radical cystectomy with either a Δ-shaped or Y-shaped robotic intracorporeal neobladder.

Materials and methods: A retrospective analysis of consecutive patients who underwent robot-assisted radical cystectomy with ICONB between January 2015 and June 2025 at San Luigi Gonzaga University Hospital was conducted. All patients underwent multichannel urodynamic evaluation 3–4 months postoperatively as part of a standardized follow-up protocol. Continence was assessed through structured interviews and three-day voiding diaries. Daytime continence was defined as the use of ≤1 pad during waking hours, nighttime continence as ≤1 pad during sleep, and complete continence as the absence of pad use. Clean intermittent catheterization (CIC) and acute urinary retention (AUR) were recorded when present.

Results: 67 consecutive patients were assessed (Y: 52; Δ: 15). Median cystometric capacity was significantly higher in the Δ-shaped group (350 mL [IQR 304–378]) compared to the Y-shaped group (245 mL [200–290]; $p < 0.001$). Compliance, first sensation, and voiding pressures were similar. Daytime continence was achieved in 73.3% (Δ) vs 67.3% (Y), and complete 24-hour continence in 60% vs 30%, respectively. Nighttime continence rates were comparable (40% vs 42.3%). CIC was required in 15.3% of Y-shaped patients and in none of the Δ group. Kaplan–Meier analysis showed no significant difference in daytime ($p = 0.298$) or nighttime ($p = 0.530$) continence recovery between groups (Figure 1).

Interpretation of results: The larger cystometric capacity observed in Δ-shaped neobladders suggests improved reservoir geometry, which may contribute to better urine storage and higher complete continence rates. Similar compliance and voiding pressures indicate preserved emptying dynamics, while the absence of CIC in the Δ group supports a favorable balance between storage and voiding function.

Conclusions: Both configurations achieved satisfactory urodynamic and continence outcomes. The Δ-shaped neobladder demonstrated superior cystometric capacity and a trend toward improved overall continence without increased voiding dysfunction.

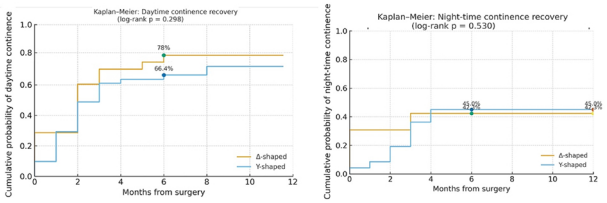

Figure 1.

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79: TPLA in daily practice: early complications

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Introduction and aim of the study: Transperineal laser ablation (TPLA) is a novel minimally-invasive treatment option for patients with lower urinary tract symptomps secondary to benign prostatic obstruction. After a pilot evaluation of short and long term safety and efficacy, TPLA is routinely performed at our institution since March 2024. Acute urinary retention, urinary tract infections and prostatic abscess represent common postoperative complications. We report the 30-day postoperative complications after TPLA at our institution.

Materials & methods: Clinical data from consecutive patients undergoing TPLA at our institution from March 2024 to March 2025 were prospectively collected. Primary endpoint was the rate of 30-day postoperative complications, defined according to Clavien-Dindo classification.

Results: Overall, 43 consecutive patients underwent the procedure. Median age and prostate volume were 62 (IQR 56-67) years and 46 (IQR 36-64) ml, respectively. Baseline median PSA was 1.1 (0.73-2.8) ng/ml. No patients had an indwelling catheter before surgery. At the time of TPLA, 36 (83.7%) and 19 (44.2%) patients were under α-blockers or 5-ARI, while 16 (37.2%) patients were receiving a combined treatment. No intraoperative complications occurred and all patients (100%) were discharged on POD1 without interrupting the preoperative medical treatment for 30 days.

Interpretation of results: The median catheterization time was 7 (6-8) days as 5 patients experienced acute urinary retentions and required a longer catheterization (Clavien Dindo grade 1).

Three (7.0%) patients developed prostatic abscesses requiring antibiotic therapy and percutaneous drainage (Clavien Dindo grade 3a).

Conclusions: TPLA is a safe outpatient option for well-informed and well-selected patients. Randomized studies are warranted to further confirm its surgical and functional outcomes.

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80: Prospective observational evaluation of a pollen extract–based oral supplement in women with urge urinary incontinence

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Introduction and aim of the study: Urgency urinary incontinence and overactive bladder (OAB) are common conditions in women and are usually managed with conservative measures as first-line treatment. However, symptoms often persist despite initial management. Pollen extract–based phytotherapeutic supplements have been used in lower urinary tract symptoms with reported effects on bladder function. The aim of this prospective observational study was to evaluate clinical outcomes and tolerability of an oral supplement based on standardized pollen extract in women with urgency urinary incontinence or OAB.

Materials and methods: This was a prospective observational study including women referred for urgency-related urinary symptoms. Inclusion criteria were urinary urgency with or without urgency urinary incontinence, absence of pelvic organ prolapse ≥ stage II, and no pharmacological treatment for OAB at enrollment. All patients received an oral supplement containing standardized pollen extract for 12 weeks. Clinical assessment was performed at baseline and follow-up using the International Consultation on Incontinence Questionnaire–Short Form (ICIQ-SF), weekly number of urgency urinary incontinence episodes, and patient-reported global impression of change. Adverse events were recorded during follow-up.

Results: Thirty-eight women were included. Mean age was 55.8 ± 7.6 years. Urinary urgency was present in all patients, while urgency urinary incontinence episodes were reported by 24 patients (63.2%) at baseline. After 12 weeks, the mean ICIQ-SF score decreased from 13.0 ± 2.7 to 10.3 ± 3.0, with a mean reduction of 2.7 points. A reduction of at least 30% in weekly urgency urinary incontinence episodes was observed in 17 patients (44.7%). Complete resolution of urgency urinary incontinence was reported by 4 patients (10.5%). Overall, 21 patients (55.3%) reported an improvement in urinary symptoms. No serious adverse events occurred. Mild gastrointestinal discomfort was reported by three patients (7.9%) and did not require treatment discontinuation.

Interpretation of results: In this prospective observational cohort, treatment with a pollen extract–based supplement was associated with a limited but measurable improvement in urgency-related symptoms. The magnitude of change observed is comparable to what has been reported in previous clinical studies on pollen extract–based phytotherapy for lower urinary tract symptoms.

Conclusions: In women with urgency urinary incontinence or OAB, a

standardized pollen extract–based oral supplement was well tolerated and associated with modest symptom improvement. In line with the existing literature, this approach may be considered a first-line conservative option in selected patients.

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81: Optilume drug-coated balloon for urethral stricture after holmium enucleation of prostate: a prospective monocentirc study.

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Background: Urethral stricture is a complication after holmium enucleation of prostate (HoLEP), significantly affecting patients' quality of life. This study aimed to evaluate the efficacy and the safety of Optilume drug-coated balloon in this condition.
Methods: This prospective monocentric study enrolled 19 patients undergoing HoLEP in the last two years. All patients (pts) reported a weak urinary stream and completed the International Prostatic Symptoms Score (IPSS) (T0). We performed a urethrocystoscopy that showed a urethral stricture (68.4% in bulbar urethra, 31.6% in distal urethra) and a uroflowmetry study (UFS). All pts were treated with Optilume and discharged the same day. No complications occured. The catheter was removed within 4 hours after the procedure. All subjects were evaluated after 4 weeks (T1) and 3 months (T2) with IPSS and UFS.
Results: At T0 IPSS was 22 (SD: 0.4), max flow 8.3 ml/s (SD: 2.1), post-voided volume 155 ml (SD: 83). The mean time for the procedure was 16 minutes (SD: 1.3), no complications were reported. At T1 IPSS was 9 (SD: 1.7), max flow 16.2 ml/s (SD: 3.3), post-voided volume 25 ml (SD: 17). At T2 IPSS was 7 (SD: 3.4), max flow 20.3 ml/s (SD: 2.1), post-voided volume 22 ml (SD: 43). Only one patient had a recurrence that consisted of a bladder neck stricture (5.6%).
Conclusions: This study shows the safety and efficacy (only one recurrence) for the drug-coated balloon in pts with urethral stricture post HoLEP. The main limitation of the study is the number of sample size and the short followup evaluation.

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Continence 17 (2026) 102419

82 - Sustained Efficacy of the ATOMS Implant in Male Stress Urinary Incontinence: A Long-Term Follow-Up Study

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Introduction and aim of the study: Male stress urinary incontinence (SUI) remains a relevant postoperative complication after prostate surgery, despite ongoing technological advancements. This study aims to evaluate the long-term efficacy and safety of ATOMS® system implantation in a single-center cohort.
Materials and methods: All male patients referred to our institution for postoperative stress urinary incontinence and treated with the ATOMS® system between 01/2015 and 04/2025 were included. Preoperative assessment comprised medical history, 24-hour pad test and pad count, physical examination, urodynamic study, and completion of the ICIQ-UI SF questionnaire. Patients presenting with reduced bladder capacity or compliance, as well as uncontrolled detrusor overactivity, were excluded. Continence was defined as complete dryness or the use of a single safety pad (social continence). Results are displayed as median and interquartile range.
Results: We treated 264 patients with median age 78 years (73-82). Most patients had undergone surgery for prostate cancer (86%). 76% of patients had undergone radiotherapy (RT); 99 patients had undergone previous incontinence surgery (PIS: 69 ProACT, 12 sling, 7 AUS, 3 bulking, 3 ProACT + AUS, 3 Pro-ACT + bulking, 2 ProACT + sling). Preoperative median 24hpad test was 355g (250-500g) and pad count 4 (3-6). Median follow-up was 57 months (34-91). Patients underwent a median 2 refills of the cushion, with median volume 12ml (6-18). We had a significant reduction of the pad test (30g, 0-100g, $p<0.01$), pad count (1, 0-2, $p<0.01$) and ICIQ-UI SF (from 17; 15-29 to 7; 4-11, $p<0.01$). 72 (21.9%) patients were dry and 177 (67%) reached social continence. Dry rate and social continence rates for RT/noRT patients were 15.8%/31.9%($p=0.13$) and 51.3/73.4%($p=0.017$) respectively; for PIS/noPIS they were 27.3%/27.3% ($p.=1$) and 61.6%/70.3% ($p=0.71$). We had 87 complications in 82 patients (31.1%), but only 47 complications required surgery (17.8%: 10 port surgical revions, 9 port removals, 12 device removal and immediate reimplant, 5 device removal for pain, 11 device removal for malfunction). At PGI-I questionnaire 59.1% reported very much better, 19.3% much better and 13.3% a little better.
Interpretation of results: Our findings demonstrate favorable continence outcomes with the ATOMS device, as assessed by pad test results and validated subjective questionnaires. The majority of patients reported satisfaction with postoperative continence. Previous incontinence surgery did not adversely affect continence outcomes. Although radiotherapy was associated with a reduced rate of social continence, it did not significantly impact the dry rate. The overall complication rate was relatively high; however, most events were mild (Clavien–Dindo grade I). At the end of follow-up, complete device explantation due to pain or malfunction was required in only 6% of patients. Among reimplanted devices, only one required subsequent removal.
Conclusions: ATOMS® system represents an effective and safe treatment for postoperative male SUI, with satisfying results with a long term follow-up.

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83 - SAFETY, FEASIBILITY AND PATIENT'S SUBJECTIVE SATISFACTION OF INTRADETRUSORIAL ONABOTULINUMTOXIN A TREATMENT IN OUTPATIENT CLINIC SETTING IN A LONG- TERM FOLLOW- UP

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Introduction and aim of the study: Intradetrusor injections of OnabotulinumtoxinA (Onabot/A) are an established treatment for overactive bladder (OAB), usually performed in inpatient setting. Aim of the study was to evaluate the feasibility, safety and patient's reported satisfaction of intradetrusor Onabot/A injections performed in an outpatient clinic setting in patients with idiopathic (iOAB) and neurogenic (nOAB), with long-term follow-up.
Materials and methods: From July 2019 to January 2026, patients with iOAB or nOAB underwent intradetrusor Onabot/A injections in an outpatient clinic (100 U for iOAB, 200 U for nOAB). Exclusion criteria were spinal cord injury at or above T6 and recurrent urinary tract infections (UTIs). Baseline and follow-up evaluation included a 3-day voiding diary, urinalyses and urine culture, uroflowmetry, and post-void residual volume (PVR). The procedure was performed under intravesical local anesthesia using 2% lidocaine diluted in 50 ml of saline, instilled for 20 min. Antibiotic prophylaxis was prescribed for 3 days, and patients were observed for 60 minutes post- procedure. Intra- and postoperative complications were recorded. Patient satisfaction (VAS#1), and procedural pain (VAS#2) were assessed using visual analogue scale. Follow-up visits were scheduled at 1 and 3 months, and every 6 months thereafter. Safety and feasibility were defined as the absence of major complications. High satisfaction was defined as VAS score >6 (0:worse; 10:best). Patients were also asked whether they would repeat the procedure using the same protocol.
Results: 142 patients were treated (91 females, 51 males), with a mean ± SD age was 45.8 ± 13.6 years; 93/142 (65.5%) had iOAB. Mean follow- up was 75.2 ± 5.3 months. All clinical parameters showed significant improvement at last follow-up (Table). Repeated Onabot/A treatments were performed in 86/142 patients (60.6%), with a mean of 4.9 ± 0.3 treatment cycles. Mean VAS#1 and VAS#2 scores at last follow- up were 7.7 ± 0.4 and 4.9 ± 1.2, respectively. Satisfaction was significantly higher in patients undergoing repeated injections ($p< 0.001$), with no differences between iOAB and nOAB. 29/142 (20.4%) previously treated in an inpatient setting reported higher satisfaction with the outpatient protocol ($p< 0.001$). No major complications occurred. All the patients declared willingness to repeat the procedure under local anesthesia.
Interpretation of results: Our findings confirm that intradetrusor Onabot/A injections can be safely delivered in an outpatient clinic setting, with excellent long-term outcomes. The low pain perception, high satisfaction rates, and absence of major complications support the feasibility of this protocol, even in

patients requiring repeated treatments. Compared to inpatient administration, the outpatient approach appears to improve patient experience while maintaining efficacy and safety, potentially optimizing healthcare resource utilization.
Conclusions: Intradetrusor Onabot/A injections performed in an outpatient clinic setting are feasible, safe, and well tolerated in both idiopathic and neurogenic OAB. This protocol represents a reliable and patient-centered alternative to inpatient management, also in the long term.

Table. Baseline and last follow-up results.

	Baseline (mean ± SD)	Last Follow- up (mean ± SD)	p
Idiopathic OAB (100U) (93/142 pts)			
Day- time urinary frequency	12.4 ± 3.5	6.3 ± 3.3	0.000
Night- time urinary frequency	4.6 ± 1.6	1.8 ± 1.7	0.000
Urgency episodes/day	9.1 ± 2.6	3.6 ± 1.2	0.000
UI episodes/ day	5.9 ± 1.4	2.1 ± 1.3	0.000
Qmax (ml)	28.5 ± 2.2	21.7 ± 3.5	0.000
PVR (ml)	18.6 ± 12.4	60.2 ± 44.5	0.000
Neuropathic OAB (200 U) (49/142 pts)			
CIC/ die (no)	3.3 ± 1.3	4.3 ± 1.2	0.06
Urgency episodes/day	8.4 ± 1.3	1.6 ± 1.7	0.000
UI episodes/ day	6.2 ± 1.1	0.7 ± 1.2	0.000

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Continence 17 (2026) 102421

84 - Long-Term Outcomes of Robotic and Laparoscopic Sacrocolpopexy: A 9-Year Extended Follow-Up of a Randomized Study

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Introduction and aim of the study: Robotic-assisted sacrocolpopexy (RASC) and laparoscopic sacrocolpopexy (LASC) are established procedures for high-grade pelvicorgan prolapse (POP). Long-term randomized evidence is limited.
Materials and methods: This report provides the long-term update of our original randomized trial comparing RASC and LASC. The initial cohort of 100women was prospectively followed with standardized visits at 1, 3, 6, and 12 months and annually thereafter through January 2025to assess anatomical outcomes, urinary and sexual function, and late complications.The trial was approved by local ethicscommittee.All calculations were performed with IBM® SPSS®, version 22.0.
Results: Ninety-six patients were available for final analysis.Mean follow-up was 106±3.4 months.Apical success was 95.8% afterRASC vs 93.8% after LASC, with 2 apical recurrences in the RASC group and 3 in the LASC group. One recurrence in each grouprequired reoperation; others were stage II and asymptomatic. This difference was not statistically significant (p = 1.0).Two additionalanterior stage-II recurrences occurred only in the LASC group, both asymptomatic without voiding dysfunction.De-novo stressurinary incontinence occurred in 15 RASC (31.3%) vs 12 LASC (25.0%) (p = 0.65). De-novo urgency incontinence occurred in 10RASC (20.8%) vs 18 LASC (37.5%) (p = 0.12).Mesh exposure remained rare (2 RASC, 3 LASC) and was recorded exclusively inthe early postoperative period up to 2017. No additional mesh-related events or other major late complications occurred during long-term follow-up. Pelvic floor, urinary, sexual, and anorectal function improvements were sustained in both groups.
Interpretation of results: This long-term randomized study shows that both robotic-assisted and laparoscopic sacrocolpopexy provide durable and comparable anatomical and functional outcomes in women with advanced pelvic organ prolapse. The high apical success rates and low recurrence and reoperation rates observed after nearly nine years suggest that long-term efficacy depends more on surgical principles and expertise than on the access modality.The absence of additional mesh-related complications during extended follow-up indicates that mesh-related adverse events are predominantly early and do not increase over time. Functional improvements in pelvic floor, urinary, sexual, and anorectal domains were sustained in both groups, supporting the long-term safety and effectiveness of both approaches.
Conclusions: This extended follow-up of our randomized trial demonstrates that robotic-assisted and laparoscopic sacrocolpopexy provide similarly durable anatomical and functional outcomes for advanced pelvic organ prolapse. These findings confirm that, in experienced hands, robotic and laparoscopic sacrocolpopexy are equally effective and safe long-term surgical options for the management of high-stage prolapse

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85 - Impact of Robotic-Assisted Sacrocolpopexy on Irritative Lower Urinary Tract Symptoms: Clinical Validation of the Integral Theory in a Large Urological Cohort

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Introduction and aim of the study: Pelvic Organ Prolapse (POP) is frequently associated with irritative Lower Urinary Tract Symptoms (LUTS), such as urgency and frequency, defined as Overactive Bladder (OAB) syndrome. The pathophysiology remains debated, often attributed to mechanical traction on the bladder trigone and pelvic nerve plexuses. According to Petros' "Integral Theory," restoring apical support should stabilize the bladder base and "silence" abnormal stretch-receptor firing. While Robotic-Assisted Sacrocolpopexy (RASC) is the gold standard for anatomical correction, its functional impact on OAB is less documented. This study evaluates the medium-to-long-term efficacy of RASC in resolving irritative symptoms.
Materials and methods: We retrospectively analyzed 102 patients with symptomatic POP (Stage II) treated with RASC between 2021 and 2025. Preoperative assessment included LUTS history, POP-Q staging, and urodynamic study (UDS). Follow-up (median 24 months) included clinical examination, pad count, and validated questionnaires. Statistical analysis employed Wilcoxon signed-rank and McNemar's tests; logistic regression identified predictors of symptom persistence.
Results: At baseline, OAB symptoms were present in 47.1% (48/102) of patients and 38.2% (39/102) suffered from urge incontinence Following RASC, the incidence of OAB symptoms dropped significantly to 16.7% (p<0.0001). Specifically, urgency and frequency resolved in 64.5% of previously symptomatic women. Furthermore, a significant clinical improvement was observed in patients suffering from Urge Urinary Incontinence (UUI), which decreased from 38.2% to 9.8% (P < 0.0001); this was objectively confirmed by a significant reduction in the median daily pad count, which dropped from 1 to 0 (P=0.0115). However, multivariate analysis revealed that the presence of preoperative Detrusor Overactivity (DOA) during UDS was the strongest independent predictor of OAB symptoms persistence (OR 8,44; P=0,0003).
Interpretation of results: The reduction in irritative symptoms suggests that apical stabilization is crucial for lower urinary tract symptoms relief. Resolution in nearly two-thirds of patients supports the Integral Theory: restoring Level I (DeLancey) anatomy normalizes vesicovaginal fascia tension, preventing premature micturition reflex activation. Symptom persistence in the DOA subgroup indicates that while RASC corrects "structural" OAB, "neuropathic" or "myogenic" overactivity may require adjunctive pharmacological or rehabilitative therapy.
Conclusions: Robotic-Assisted Sacrocolpopexy is an highly effective procedure that goes "beyond anatomy," offering a robust resolution of irritative urological symptoms. These findings confirm that apical prolapse repair is a functional intervention as much as a reconstructive one. Preoperative urodynamics remain essential to counsel patients regarding the likelihood of symptom persistence, particularly in cases of established detrusor overactivity.

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86 - Ultrasound-Based Predictors of Polyacrylamide Hydrogel Injection Success in Female Stress Urinary Incontinence: A Longitudinal Single-Surgeon Study

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Introduction and aim of the study: Bulking agents are a well-established therapeutic option for female stress urinary incontinence (SUI), although reported outcomes remain heterogeneous. Beyond patient-related factors, technical aspects such as implant location and morphology may play a crucial role in treatment success. This study aimed to evaluate whether translabial ultrasound can identify anatomical predictors of failure after polyacrylamide hydrogel (PAHG, Bulkamid®) injection
Materials and methods: This prospective longitudinal study included women aged 18–80 years with mild-to-moderate SUI treated at a tertiary urogynecology center. All procedures were performed by a single experienced urogynecologic surgeon who had completed the learning curve for PAHG injection before study initiation, ensuring technical standardization. Exclusion criteria were previous anti-incontinence surgery, pelvic organ prolapse > stage II, and neurogenic bladder. Baseline evaluation included clinical assessment, urodynamic testing, and dynamic translabial ultrasound. Follow-up visits were scheduled at 1, 3, 6, and 12 months and annually thereafter. At 6 months, translabial ultrasound assessed PAHG position along urethral length (proximal 0–40%, mid-urethral 40–60%, distal 60–100%), implant morphology (spherical vs oblong), and bladder neck status (open vs closed). Statistical analysis included chi-square or Fisher's exact test and logistic regression; $p<0.05$ was considered statistically significant.
Results: Fifty women were included, with a mean follow-up of 15 ± 2.4 months. Objective continence rates were 84% at 1 month, 56% at 6 months, and 36% at final follow-up. Treatment failure was strongly associated with distal PAHG placement (70% vs 4.2%, $p<0.0001$; OR 65.10, 95% CI 10.12–376.49) and oblong implant morphology (65% vs 3.4%, $p<0.0001$; OR 93.00, 95% CI 13.16–524.11). A persistently open bladder neck was also significantly associated with failure (78% vs 10.2%, $p<0.0001$; OR 5.88, 95% CI 1.51–17.89). On multivariate analysis, distal PAHG placement (OR 2.42, $p=0.03$) and open bladder neck (OR 5.23, $p<0.0001$) remained independent predictors of failure, whereas implant morphology did not retain statistical significance ($p=0.07$).
Interpretation of results: These findings suggest that the efficacy of PAHG injection is strongly influenced by anatomical and technical factors detectable by translabial ultrasound. Proximal implant positioning appears essential to achieve effective urethral coaptation, while distal placement may fail to adequately support the continence mechanism. Furthermore, a persistently open bladder neck likely reflects underlying intrinsic sphincter deficiency or insufficient functional support, limiting the effectiveness of bulking therapy.
Conclusions: Translabial ultrasound is a valuable tool for postoperative assessment and interpretation of bulking agent outcomes. Proximal PAHG placement combined with a closed bladder neck is associated with superior continence results, whereas distal injection and persistent bladder neck opening are strong independent predictors of treatment failure.

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87 - Transobturator Mid Urethral Sling for female SUI: results of IN-OUT and OUT-IN routes at 5-year and predictive value of preoperative detrusor overactivity. A retrospective study.

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Introduction and aim of the study: Mid-Urethral Sling Trans Obturator Tension Free is a widely used surgical therapy for female Stress Urinary Incontinence (SUI). Aim of the study is to compare retrospectively clinical results (efficacy, complications) of IN-OUT vs OUT-IN routes, and to evaluate if pre operative Detrusor Overactivity (DO) would be predictive for De Novo Urgency.
Materials and methods: Fifty-eight women,mean age 58 years (range 41-71), 51 SUI and 7 Mixed Urinary Incontinence (MUI) with prevalent Stress, with Hypermobile Urethra (Q Tip > 30°), underwent Transobturator MUS from 2017 to 2021, by the same surgeon. Thirty-two were menopausal. Twenty-eight underwent IN-OUT (TVT-O Gynecare®), 30 OUT-IN (Dynamesh®-SIS soft). Six patients were subjected to previous anti-incontinence surgery (3 Burch, 3 TVT), 7 already performed hysterectomy.
Pre-surgical evaluation:clinical history, urogynaecological examination, Q-tip test, Stress Test, International Conference on Incontinence Questionnaire-Short Form (ICIQ-SF), Urodynamic Studies. Follow up: subjective SUI, ICIQ-SF and Global Impression of Improvement for Incontinence (PGI-I), Stress Test to evaluate objective SUI regression.
Statisical analyses: Chi-square test; t-test. Statistical significance $p<0.05$.
Results: Mean follow up: 68 months (range 35-92).
Satisfied patients (PGI-I "very much better" + "much better") were 44/58 (76%), of whom 23/28 (82.1%) in IN-OUT group and 21/30 (70%) in OUT-IN group (OR 1.97; CI 0.987, 3.975; $p = 0.06$).
In IN-OUT group mean ICIQ-SF decreased from 20.07 ± 2.57 to 2.89 ± 4.02 ($p<0.001$). In OUT-IN group mean pre-operative ICIQ-SF decreased from 20.4 ± 1.35, to 6.6 ± 7 ($p<0.001$). Difference between IN-OUT and OUT-IN groups was not significant ($p>0.05$).
Objective SUI regression was 93% in IN-OUT and 86,7% in OUT-IN group ($p=0.220$).
Six out fifty eight (10,3%) patients complained voiding LUTS after surgery, 4/28 (14,3%) in IN-OUT and 2/30 (6,6%) OUT-IN group ($p=0,396$). Two patients were treated with CIC, 1 with sling incision.
One case of sling extrusion occured in IN-OUT group.
Urge "de novo" was complained by 11/51 (21,5%) patients with SUI, 4/25 (16%) in IN-OUT and 7/26 (27%) in OUT-IN group ($p=0.333$).
Nine out fifty-one (17%) patients with SUI had pre-operative DO. Urge "de novo" occurs in 5/9 (55%) patients with pre-operative DO and in 6/42 (14%) patients without pre-operative DO (OR 7.5, CI95% 1.549, 36.065, $p=0.0057$).
Inguino-crural pain or discomfort occurred in 4/28 (14.3%) IN-OUT and 2/30 (6.6%) OUT-IN patients ($p=0.399$), with slight impact in quality of life.
Interpretation of results: Transobturator MUSs are very effective and safe in female SUI treatment, with slight, and not significanti, difference between IN-OUT and OUT-in technique. DO, if present in patient without urgency (pure SUI), correlates with urge "de novo". Pot operative inguino crural pain in most of cases disappears by time.
Conclusions: There are no significant differences between "IN-OUT" and "OUT-IN" in terms of efficacy and complications. Pre-operative DO, seems to predict urge de novo.

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88 - Beyond Outcomes: Decision Regret Following GreenLight PVP Versus TURP

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Introduction and aim of the study: In BPO surgery, patient-centered outcomes such as decisional satisfaction and postoperative regret have been less frequently evaluated, despite their growing relevance in shared decision-making. This study aimed to compare postoperative regret between patients undergoing PVP and those undergoing TURP, matched for key preoperative characteristics.
Materials and methods: We conducted a match pair analysis study including 40 consecutive patients treated with PVP compared to a reference database of 360 patients who underwent TURP at our institution between 2022–2024. TURP patients were matched 1:1 to the PVP cohort based on age (±3 years), prostate volume (±10 mL), baseline IPSS (±3 points) and Qmax (±2 points). Preoperative demographic and clinical variables were recorded. Postoperative follow-up was performed at 12 months.The primary outcome was decision regret, assessed using the Decision Regret Scale (DRS, range 0–100), with severe regret >25% mild regret [10-20%], mild/no regret <10%.
Results: Overall, 80 patients were enrolled with a median age of 75 years and a median BMI of 25,5 kg/m2. Overall, median IPSS was 20 (19/22) and median Qmax was 3,7 ml (1-6,3). No differences at baseline were recorded in terms of age, IPSS, PV and Qmax. Overall median regret was 20 (5/20): 4/80 (5%) patients presented severe regret, 52/80 (65%) presented mild regret and 24/80

(30%) mild/no regret. Patients undergoing green-light presented higher post-operative symptoms when compared to patients undergoing TURP (median IPSS = 5 vs 3; p<0,05). As well patients presented a higher median regret (median regret = 20 vs 5, p<0,05). No significant differences were recorded in terms of postoperative Qmax. No severe complications (Clavien >II) were recorded in both groups.
Interpretation of results: Patients undergoing PVP presented higher post-operative symptoms when compared to patients undergoing TURP. As well patients presented a higher median regret. No significant differences were recorded in terms of postoperative Qmax. No severe complications (Clavien >II) were recorded in both groups.
Conclusions: Patients undergoing greenlight vaporization of the prostate may have higher regret when compared to patients undergoing TURP. Adequate counseling is important in these patients before choosing surgical technique.

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89 - Urinary incontinence and other lower urinary tract symptoms (LUTS) in health care workers

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Introduction and aim of the study: Lower urinary tract symptoms (LUTS), especially urinary incontinence (UI), may influence quality of life of affected individuals.
Some risk factors have been associated with LUTS, including advanced age, higher parity, higher body mass index (BMI), and physical exertion.
Some group of women working in the medical field, such as nurses, may be at risk for LUTS due to behaviours in the workplace such as poor bladder habits, inadequate liquid consumption and high physical activity levels leading to increased abdominal pressure witch damage pelvic floor muscles.
In this study we aimed to investigate the prevalence of LUTS and its associated factors among women working in the medical field.
Materials and methods: A cross sectional study was conducted among health care workers in 4 hospitals from March to December 2025 and was approved by the local ethics committee. Written informed consent was obtained from all subjects.
All women were asked to fill in the International Consultation on Incontinence Questionnaire for Female Lower Urinary Tract Symptoms (ICIQ-FLUTS long form).
The ICIQ-FLUTS has no established cut-off points. We considered a cut-off of total score ≥3 as positive for having the symptom.
Results: One hundred thirty-six women answered the questionnaire: 17(12.5%) were physicians, 56(41.2%) nurses, 21(15.4%) nursing assistants, 35(25.7%) technicians, 7(5.2%) administrative. The mean age was 45.5 years, 90 (66%) had ever a delivery (and the median number of deliveries was 2 -IQ range 1-2) and 53 (38.9%) were in menopausal status.
One-hundred of 136 subjects (73.5%) reported some kind of LUTS.
The results of the ICIQ-FLUTS are presented in table1, except those for urinary retention, that was reported in only one women, and ability to stop urine flow, impossible for 14.
Parity and age showed a positive correlation with LUTS (p≤0.05).
Interpretation of results: The prevalence of LUTS in our study (73.5%) was higher than other studies on general women which ranges from 25.0% to 61.1% , but was similar to other studies on nurses (from 15.2% to 90.5%): this could be explained because most subjects in our study were nurses and nursing assistants . Futhermore, most women reported stress UI (42%) than urge UI (21%), in agreement with other studies.
Only parity and age were associated with LUTS. However, there was no evidence to suggest that these or other factors are more frequently related to women working in the medical field than to workers of other professions.
Conclusions: Our study showed that 73.5% of subjects had LUTS.
Women working in the medical field should be screened for LUTS and educational programs including pelvic floor muscle training should be performed.

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90 - Incidence of urinary tract infections following urodynamic investigations in spinal unit patients, with or without antibiotic prophylaxis according to the internal protocol.

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Introduction and aim of the study: Urodynamics (UDS) is used in the Spinal Unit to assess urinary tract dysfunction. There has been great controversy over the use of antibiotics avoid urinary tract infections (UTIs) after UDS and the development of bacterial resistance. The aim of our study was to investigate the incidence of UTI in patients with neurogenic bladder after UDS. Patients with spinal cord injury (SCI/D) evaluated at our center according to risk class division performed antibiotic prophylaxis before UDS.
Materials and methods: For statistical purposes, we continued the single-centre prospective observational study initiated in 2024, including 203 patients admitted to the Spinal Unit, with SCI/D of any etiological nature, grade AIS A, B, C and D, and any neurological level, undergoing UDS investigation. We used an internal protocol with guidelines for antibiotic prophylaxis, based on data from a previous collection on the incidence of infections at our facility. Based on infectious risk, nephro-vesical complications and comorbidities/age (Charlson index), patients were divided into 3 risk classes (low-R1, medium-R2, high-R3). Based on the risk class, the need for antibiotic prophylaxis prior to UDS was assessed. Symptomatic UTIs within 48-72 hours after the investigation were recorded. Patients undergoing prophylaxis had a follow-up urinalysis 10 days after the UDS to assess the occurrence of any antibiotic resistance.
Results: The 203 patients, classified as AIS A 24 (11.8%), B 43 (21.2%), C 57 (28.1%), D 115 (56.7%), were divided according to risk class as follows: 127 (62.5%) were classified as low risk (R1), 42 (20.7%) as medium risk (R2) and 34 (16.8%) as high risk (R3). Evaluated at 72 hours after the UDS, 4 of the patients (2.0%, 2 R1, 2 R3) presented symptoms of UTI (1 R1 was not prophylaxed). Urine cultures performed at 10 days after USD showed: occurrence of antibiotic resistance in 10 patients (4.9%); 6 belonged to group R2 and 4 to group R3. 11 patients in group R1 took antibiotic therapy before UDS for other reasons, which may have prevented the occurrence of UTI after the test; one of them had a symptomatic UTI within 72 h.
Interpretation of results: The preliminary results showing that the incidence of UTIs after UDS is very low at both 72 hours, demonstrating the validity of the prophylaxis protocol adopted, are confirmed. We observed a trend towards a "worsening" resistance profile in 10% of patients.
Conclusions: Appropriate stratification of patients with NLUTD secondary to UDS, according to risk categories and comorbidities unrelated to the spinal cord injury, is a promising strategy that well identifies patients at risk of developing symptomatic UTI after UDS. This stratification currently appears to have the potential to reduce the incidence of symptomatic UTI after UDS, while the numbers remain relatively low for assessing the variables that influence antibiotic resistance (time between prophylaxis and the various sampling procedures and other biases to be better identified). The use of the protocol therefore allows us to select patients for treatment by balancing the cost-effectiveness of antibiotic prophylaxis.

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91 - Accuracy, readability, and understandability of EAU guidelines bot for urethral strictures guidelines

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Introduction and aim of the study: Recently the EAU guidelines presented the

eau guidelines bot to assist urologists in the reading of the guidelines however up to date no external validation is available. Aim of our study is to assess accuracy, completeness, and clarity of the guidelines bot in urethral strictures.
Materials and methods: A total of 117 questions based on the EAU urethral strictures guidelines recommendations were developed. Each question was inputed to the EAU guidelines bot and the response was assessed by two expert urologist to assess the accuracy, completeness, and clarity. A 5-point Likert scale was used as a score and in case of discrepancies a third urology was queried. Accuracy, completeness and clarity was assessed per chapter and per grade of recommendation. All questions and answers were recorded in an excel file
Results: Overall 117 questions were developed. In terms of accuracy 111/117 (95%) were defined as accurate (score-4-5), 4/117 (3%) presented a fair accuracy (score 3) while 2/117(2%) were deemed not accurate. In terms of completeness, 93/117 (80%) were defined as complete(score-4-5), 22/117 (19%) presented a fair completeness (score 3) while 2/117 (2%) were deemed not complete.
Finally in terms of clarity, 104/117 (89%) were defined as clear(score-4-5), 13/117 (11%) presented a fair clarity (score 3) while 0/109 (0%) were deemed not clear. When comparing strong and week recommendations no differences were recorded.
Interpretation of results: The EAU Guidelines Bot demonstrated overall good performance in answering questions on urethral stricture disease, with most responses being accurate, complete, and clearly formulated..The Guidelines Bot may serve as a supportive tool for guideline consultation, while clinical judgment remains essential
Conclusions: EAU guidelines bot represents an accurate tool for urethral stenosis guidelines. Some fine tuning is needed to improve readability and clarity.

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92 - Impact of detrusor contractility on outcomes of Water Vapor Therapy

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Introduction and aim of the study: To compare outcomes of obstructed (BOO) males underwent Water Vapor Therapy (WVT) according to detrusor contractility.
Materials and methods: This was a prospective multicentric study males underwent WVT for BOO. All men performed preoperative invasive urodynamics (UD), IPSS, QoL, UF, PVR. All patients with diagnosis of BOO at UD were divided in: Group A (GA) BOO and underactivity (DU), Group B (GB) BOO and preserved detrusor contractility. BOO was defined by BOOI >40, underactivity by BCI <100. At 6 months follow-up UF, PVR, IPSS, QoL were evaluated and compared between baseline and between the two Groups.
Results: Data were completed on 32 males: GA14 pts, mean age 68.1yrs (53-80yrs), GB 18 pts, mean age 67.4 yrs (52-78yrs). At baseline, mean BOOI was 44.5 in GA and 59.9 in GB ($p>0.5$), mean BCI 82 in GA and 112 in GB ($p>0.5$), mean Qmax 6.6 ml/s in GA and 8.2ml/s in GB, mean PVR 101.6ml in GA and 73.5ml in GB, mean IPPS 19.1 in GA and 22 in GB, mean Qol score 4.1 in GA and 4.2 in GB. At 6-mos f-up mean Qmax was 12.4ml/s in GA and 20.3ml/s in GB (mean increase in GA 47%, mean increase in GB 60%), mean PVR 72.1ml in GA and 30.3ml in GB (mean reduction 32%ml in GA and 58% in GB), mean IPPS 10.3 in GA and 7.2 in GB (mean improvement 46% in GA and 67% in GB), mean Qol score 2.7 in GA and 1.3 in GB (mean improvement 35% in GA and 70% in GB). In each group the results were relevantly improved compared to baseline.
Interpretation of results: In each group the results were relevantly improved compared to baseline. The patients with greater improvement were those with BOO and not impaired detrusor contractility. However, also in men with underactivity all parameters showed an important increase. Thus in obstructed males, in a short follow-up, detrusor impairment did not negative influence the improvement of flow, bladder emptying, urinary symptoms and subjective satisfaction. As expected, BOO males with preserved detrusor activity obtained greater outcomes. Our preliminary data showed that detrusor impairment was not a risk factor for the success of WVT or an issue to exclude men from this procedure. Indeed, also these patients may have effective outcomes. However, these males should be informed that they could have lower rate of advantage from WVT than men with preserved detrusor activity. Data with larger sample and longer follow-up are needed to confirm our findings. None of the males showed detrusor acontractility, but only a reduced detrusor activity. So, oso our findings can be related only to patients with a residual detrusor contractility.
Conclusions: At short follow-up, patients with BOO showed successful outcomes after WVT also in case of impaired detrusor activity.

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93 - Urethral contributions to Overactive Bladder: a systematic review of pathophysiological and treatment evidence

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Introduction and aim of the study: Overactive bladder (OAB) is characterized by urgency, with or without urge incontinence, frequency, and nocturia. While 50% of cases associate with detrusor overactivity, multiple mechanisms contribute to OAB pathogenesis. The urethrogenic hypothesis proposes that urgency may originate from urethral afferent stimulation, diminished tone, pressure variations, or pelvic floor dysfunction. This systematic review synthesizes evidence on pathophysiology, diagnosis, and therapeutic approaches related to urethrogenic OAB.
Materials and methods: A systematic review following PRISMA guidelines searched PubMed, Embase, and Cochrane CENTRAL (January 2003-December 2025). Randomized controlled trials, cohort and case-control studies involving adults with OAB related to urethral physiology were included. Paediatric and animal studies were excluded. Bias assessment used Cochrane RoB 2 and ROBINS-I tools.
Results: Eighteen studies (1,134 patients, 81.9% female-only) were included: 11 prospective, 7 retrospective. OAB patients showed reduced urethral sphincter thickness (2.2±0.5 vs. 2.7±0.3 mm), volume (2558.6±703.2 vs. 3267.3±681.9 mm^3), and compressor urethrae volume (630.3±301.2 vs. 866.1±514.2 mm^3) versus controls. Urethral instability (>15 cmH_2O) was more prevalent in OAB (36.5 cmH_2O) than stress incontinence (14.9 cmH_2O). Current perception threshold testing (CPTs) revealed elevated urethral CPTs indicating C-fiber dysfunction: median proximal CPT at 3 Hz was 11.3 mA (neurogenic) and 9.0 mA (idiopathic) versus 2.8 mA (controls). Sacral neuromodulation achieved 68-76.9% response rates, reducing pathological urethral pressure fluctuations from 84% to 29%. Micro-radiofrequency therapy showed 75.4% response versus 20% controls. Finally, urethral obstruction contributed to OAB symptoms, with urethral calibration showing 31.1% full response versus 9.3% in placebo at eight weeks. Fifteen non-randomized studies had serious-to-critical bias risk; three RCTs showed some concerns.
Interpretation of results: The findings suggest that the urethra plays an active role in OAB pathophysiology:structural alterations in urethral sphincter complex, urethral pressure instability, and C-fiber sensory dysfunction represent potential pathophysiological mechanisms. Therapeutic efficacy of urethral-targeted interventions supports the urethrogenic hypothesis. Urethral sensory dysfunction patterns suggest phenotyping potential for personalized therapy.
Conclusions: This review demonstrates the urethra's active role in OAB through reflex mechanisms, neuromuscular interactions, and structural support. Urethral dysfunction contributes significantly to OAB symptoms, representing a valid therapeutic target. Phenotyping OAB based on urethral characteristics may enable tailored treatment. However, predominant female focus and methodological limitations necessitate further standardized research in diverse populations.

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94 - Evaluation of Intravesical Pressure as a Predictor of Surgical Outcome in Benign Prostatic Hyperplasia: A Prospective Observational Study

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Introduction and aim of the study: The clinical outcome after surgical treatment for benign prostatic hyperplasia (BPH) varies widely among patients. Traditional predictors, such as prostate volume and preoperative flow rate, are often insufficient to forecast postoperative improvement. This study aimed to evaluate whether preoperative intravesical pressure (IVP), measured during urodynamic testing, can serve as a reliable predictor of functional outcomes following laser enucleation of the prostate (HoLEP).
Materials and methods: Between January 2023 and January 2024, 25 male patients (mean age 69 ± 7 years) with urodynamically confirmed bladder outlet obstruction due to BPH underwent HoLEP. Preoperative urodynamic studies assessed intravesical pressure at maximum flow (PvesQmax), detrusor pressure (PdetQmax), and bladder compliance. Postoperative evaluations at 3 and 6 months included uroflowmetry, post-void residual (PVR), and International Prostate Symptom Score (IPSS). Surgical success was defined as ≥50% improvement in IPSS and ≥30% increase in Qmax.
Results: Mean preoperative PvesQmax was 86 ± 22 cmH_2O. Surgical success was achieved in 19/25 patients (76%). Responders showed significantly higher baseline PvesQmax (92 ± 19 cmH_2O) compared to non-responders (67 ± 18 cmH_2O; $p = 0.01$). PvesQmax correlated positively with postoperative Qmax improvement ($r = 0.63$, $p = 0.002$). No significant correlation was found with prostate volume ($p = 0.42$). Mean IPSS improved from 22.4 ± 4.3 to 8.7 ± 3.9 at 6 months ($p < 0.001$).
Conclusions: Higher preoperative intravesical pressure appears to predict better functional recovery after BPH surgery. Intravesical pressure measurement could be an additional urodynamic parameter to refine patient selection and improve prognostic accuracy before surgical intervention.

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95: Injection site distribution in periurethral Bulkamid® treatment: real-life analysis of a standardized four-quadrant technique

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Introduction and aim of the study: Injection site distribution represents a key technical aspect in urethral bulking procedures, with heterogeneous approaches reported in the literature. The aim of this study was to evaluate feasibility, reproducibility, safety, and clinical outcomes of standardized four-site quadrant technique for periurethral Bulkamid® injection.
Materials & methods: A retrospective monocentric study was conducted on patients treated with periurethral polyacrylamide hydrogel (Bulkamid®). In all cases, a standardized four-site injection (quadrant technique: 2, 5, 7 and 11 o'clock positions) was adopted, with 0.5 ml per site (total volume 2.0 ml). Demographic and clinical variables were collected, including age, menopausal status, estrogen therapy and history of previous pelvic surgery. Procedural data, peri- and postoperative complications, and clinical outcomes assessed by ICIQ-UI SF were analyzed. Follow-up time was calculated as the interval between surgery and the last available evaluation.
Results: A total of 27 patients were included. Median (IQR) age was 65 (58–71). Most patients were postmenopausal (24/27, 88.9%), while 3/27 (11.1%) were premenopausal. Estrogen therapy was reported in 6/27 patients (22.2%). A history of previous pelvic surgery was reported in 15 of 27 patients (55.5%).The standardized four-quadrant technique was applied in 100% of cases. No perioperative or major postoperative complications were recorded (0%), and no early re-interventions were required. At a median follow-up of 14 months (IQR: 10 –28), mean ICIQ-UI SF score was 6.6 (median 7). According to ICIQ-UI SF, 44.4% of patients reported absent or mild symptoms, 40.7% moderate symptoms, and 14.8% severe symptoms.
Interpretation of results: This real-life monocentric study confirms the high reproducibility and procedural safety of a standardized four-site periurethral Bulkamid® injection technique. Despite a predominantly postmenopausal population and a high prevalence of previous pelvic surgery, no major peri- or postoperative complications were observed. ICIQ-UI SF outcomes at follow-up indicated predominantly absent-to-moderate symptom severity, supporting the feasibility of injection site standardization
Conclusions: A standardized four-site periurethral Bulkamid® injection technique represents a safe and reproducible technical approach in routine clinical practice. Injection site standardization may facilitate circumferential urethral coaptation and improve comparability of clinical outcomes across real-life settings.

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96: Efficacy and Safety of Intradetrusor OnabotulinumtoxinA Injections in Pediatric Patients with Spina Bifida: A 3-Year Retrospective Study from a National Reference Center

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Introduction and aim of the study: Botulinum toxin A (onaBoNT-A) has been used as a third-line treatment for patients affected by overactive bladder as well. The aim of our study was to evaluate the efficacy and safety of detrusor BoNT-A injections in pediatric patients in a reference center for spina bifida.
Materials & methods: To this aim, we conducted a retrospective analysis of pediatric patients (aged < 18 years) with spina bifida who underwent endoscopic detrusor botulinum toxin injections between December 2022 and December 2025 at a specialized reference center. A video-urodynamic study (VUDS) was repeated 3 months postoperatively to confirm the clinical benefit; on that occasion, a 3-day bladder diary, was collected.
Results: During the study period, 46 procedures were performed in 34 patients (mean age: 11 y 5 m; range: 11 months – 18 years). In all cases, patients were on intermittent catheterization and antimuscarinic therapy adjusted for body weight. Two patients did not combine antimuscarinic therapy with intermittent catheterization due to prior adverse reactions: xerostomia (n=1) and vomiting (n=1). All patients received peri-procedural antibiotic prophylaxis. In all cases, discharge occurred on the first postoperative day. No intra- or postoperative complications were documented, with a mean follow-up of 36 months. Benefit was reported in 88,2 % of the treated cases, as evidenced by bladder diaries and VUDS across all parameters evaluated ($p < 0.05$) 3 months postoperatively: increase in cystometric capacity, reduction in voiding frequency, and reduction in urgency episodes/urge urinary incontinence. In 29,4 % of cases, patients repeated the procedure with a success rate of 60%, while the remaining patients were referred for major surgery, such as bladder augmentation with or without bladder neck closure and the creation of a Mitrofanoff catheterizable channel.
Interpretation of results: OnaBoNT-A is established as a third-line option for refractory detrusor overactivity in adults and, recently, in older children with neurogenic lower urinary tract dysfunction after pharmacotherapy failure. Regulatory guidance currently supports intradetrusor onaBoNT-A for pediatric neurogenic detrusor overactivity starting at 5 years of age; recommended dosing is 6 U/kg for patients <34 kg or a fixed 200 U for those ≥34 kg, reflecting the pivotal pediatric program leading to the 2021 U.S. approval.
In pediatric population there is a lack of experience, in particular there is no consensus about the optimal dose to administer, and about its efficacy and safety.
Conclusions: In our series, we found that the treatment of detrusor overactivity via OnaBoNT-A injection can be successfully utilized in terms of safety and

efficacy, advocating for its adoption as a valid therapeutic option. Further prospective, multicenter studies with larger sample sizes are necessary to definitively demonstrate the efficacy and safety of this procedure in the pediatric population.

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97: Next-Generation Sacral Neuromodulation: Clinical Outcomes in LUT Dysfunction

Leonardo Martino [1], Giuseppe Ciavarella [1], Beatrice Martino [1], Giuseppe Liuzzi [1], Francesco Pio Cinelli [1], Anna Ricapito [1], Marco Finati [1], Angelo Cormio [1], Gian Maria Busetto [1], Carlo Bettocchi [1], Luigi Cormio [1], Ugo Giovanni Falagario [1], Pasquale Annese [2], Giuseppe Carrieri [1], Vito Mancini [3]
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Introduction and aim of the study: Sacral neuromodulation (SNM) is an established treatment for overactive bladder (OAB) and non-obstructive chronic urinary retention (NO-CUR). Recent technological advances have introduced recharge-free, MRI-compatible systems with enhanced programming capabilities. The aim of this study was to assess the mid-term effectiveness and safety of a next-generation SNM system in a real-world clinical setting.
Materials & methods: A prospective observational study was conducted on 71 consecutive patients treated between 2023 and 2025 at a university urology center. The cohort included 27 patients with OAB and 44 with NO-CUR, with a mean follow-up of 28 months (range 4–36). Evaluations comprised demographic data, bladder diary parameters, pad usage, frequency of intermittent catheterization (IC), post-void residual (PVR) volumes, urodynamic findings, bowel function, and incidence of urinary tract infections. OAB symptom severity was assessed using the Urogenital Distress Inventory-6 (UDI-6). Clinical response was defined as successful test stimulation (3–6 weeks) followed by permanent implantation. Non-parametric and categorical statistical tests were applied, with $p<0.05$ considered significant.
Results: Among OAB patients, the responder rate was 74% (20/27), with a significant reduction in symptom severity. UDI-6 scores improved markedly ($p<0.001$), and median daily pad use decreased from 4 to 1.5. In the NO-CUR group, 72.7% of patients (32/44) responded to treatment, with mean daily IC frequency decreasing from 4 to 1 and mean PVR volumes from 300 to 25 mL. Bowel function also improved, with normalization rates increasing from 12.5% to 68.8% and constipation decreasing from 84.4% to 31.2% ($p<0.05$). Overall complication rate was 11.2%, including surgical site infections (n=4), lead migrations (n=2), and wound complications (n=2). Two devices were explanted, while all other complications were managed conservatively or with minor interventions.
Interpretation of results: Responder rates were consistent with previously reported SNM outcomes, confirming real-world clinical efficacy. Significant improvements in UDI-6 scores, IC frequency, and PVR volumes indicate clinically meaningful and sustained mid-term benefits. Improvements in bowel function among NO-CUR patients highlight the broader pelvic floor neuromodulatory effects of SNM beyond urinary symptoms. The low complication and explant rates support the safety of next-generation recharge-free, MRI-compatible systems, whose technological advancements may reduce follow-up burden and procedural risks.
Conclusions: Next-generation SNM provides sustained mid-term efficacy for both urinary and bowel dysfunctions in patients with OAB and NO-CUR. The favorable safety profile and clinical benefits support the use of recharge-free, MRI-compatible systems in routine practice. Larger prospective studies are warranted to confirm these findings and optimize patient selection.

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98 - Integrating Sexual Health into Rehabilitation Pathways after Spinal Cord Injury: An Italian Delphi Consensus

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Introduction and aim of the study: There is still a significant lack of clinical guidelines, professional competencies, and structured rehabilitative pathways for the management of sexual dysfunctions (SD) in spinal cord injury (SCI). The aim of this study was to develop evidence-based, multidisciplinary recommendations on sexuality in (SCI) through a consensus process.
Materials and methods: An expert consensus was lead using the Delphi methodology. The process consisted of two sequential and anonymous rounds in which a multidisciplinary panel of experts. Consensus was defined as at least 80% grade agreement (GA). Recommendations not reaching consensus were revised and re-evaluated in a second Delphi round. Levels of Evidence (LE) and Grades of Recommendation (GR) were assigned according to the Oxford Centre for EBM criteria.
Results: The highest consensus was achieved for early sexual education and the promotion of SCI-specific research (LE 4, GR C, GA 100%), as well as for the implementation of routine screening for sexual dysfunctions (LE 4, GR C, GA 92.9%). Strong agreement also supported structured clinical assessment of residual sexual function (LE 4, GR C, GA 92.8%), prevention of skin injuries and education on autonomic dysreflexia during sexual activity (LE 4, GR C, GA 95.2–95.3%), optimization of bladder and bowel management (LE4, GR C, GA 92.8%). Rehabilitation-based interventions (including positioning strategies, pelvic floor muscle training (PFMT), biofeedback, neuromodulation, and sexual devices) were considered integral to sexual rehabilitation in SCI (LE 5, GR D, GA 80.9–92.9%). A holistic biopsychosocial approach, incorporating psychological support and partner involvement, was endorsed (LE5, GR D, GA 92.8–95.2%). For male sexual dysfunction, a stepwise treatment approach was recommended, with PDE5 inhibitors as first-line therapy and invasive options reserved for selected cases (LE 4–5, GR C–D, GA 81–92.8%). Female sexual health was recognized as extending beyond genital function, with recommendations for individualized counseling, lubricants, and access to specialized gynaecological and obstetric care (LE4–5, GRC–D, GA 88.1–97.6%).
Interpretation of results: A strong consensus emerged from the Delphi process recognizing sexuality as a core dimension of health and overall well-being in SCI patients. Experts agreed that sexual health must be systematically integrated into rehabilitation pathways.
Conclusions: Recommendations emphasize personalized, continuous care for sexual health across the SCI lifespan. In the absence of consolidated clinical guidelines, this consensus provides a solid foundation to guide clinical practice.

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99 - Intermittent Catheterization Management in Neurological Patients with Inflatable Penile Prosthesis: A Single-Center Experience

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Introduction and aim of the study: Intermittent catheterization (IC) in neurological patients with a penile prosthesis presents potential challenges, including infection risk and mechanical complications. This study aims to evaluate the safety and practical management of IC in this patient population.
Materials and methods: A retrospective analysis was conducted on patients treated at a tertiary referral center between 2019 and 2025. Neurological patients performing IC either prior to or following penile prosthesis implantation were included. Data on comorbidities, prior urological procedures,

perioperative and postoperative complications, and IC management strategies were systematically collected and analyzed.
Results: Seven patients (mean age 48 years) with paraplegia at the thoracic (n=4) or lumbar (n=2) levels (5 ASIA A, 1 ASIA D) or multiple sclerosis (MS) (n=1) who underwent tricomponent inflatable penile prosthesis (IPP) implantation between 2019 and 2025 were evaluated. All paraplegic patients performed IC for 2–17 months preoperatively (five self-catheterizing, one assisted by a caregiver), whereas the MS patient initiated IC postoperatively due to progressive urinary symptoms. Preoperatively, five patients experienced IC-related urinary tract infections (UTIs). All patients utilized a self-lubricating Nelaton catheter (12 Ch), with a mean frequency of five catheterizations per day (range 2–10). No major perioperative complications occurred, and IC was resumed by all patients following the removal of the indwelling catheter, which had been maintained for a mean duration of 14 days. The mean follow up time was 41 months with a range between 7 and 66 months. Postoperatively, three patients developed IC-related UTIs, and one patient experienced minor wound dehiscence associated with the prosthesis. The MS patient presented a small fovea in the right corpus cavernosum. The caregiver-assisted patient experienced no complications. No cases of hematuria, urethral trauma, IPP erosion, or IPP explantation due to improper IC technique were observed.
Interpretation of results: Despite a history of preoperative IC-related UTIs in most patients, the incidence of such infections decreased following IPP implantation, potentially reflecting improved bladder management, enhanced follow-up, or greater adherence to proper IC technique. When performed correctly, IC does not compromise IPP integrity. Minor prosthesis-related complications observed in two patients were unrelated to IC. These findings suggest that IPP implantation can be safely incorporated into the management of sexual dysfunction in patients dependent on IC, provided that adequate training and follow-up are ensured.
Conclusions: Intermittent catheterization in neurological patients with IPP is safe and feasible, with only minor complications. Adherence to proper catheterization technique and close clinical follow-up are essential to prevent UTIs and preserve prosthesis function.

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100 - Long-term efficacy of sacral neuromodulation in patients with non obstructive urinary retention (NOUR): A single center 15-year experience

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Introduction and aim of the study: To evaluate long-term efficacy and quality of life in patients treated with sacral neuromodulation for non-obstructive urinary retention. Secondary aim: to determine incidence and characteristics of perioperative and long-term complications.
Materials and methods: This was a retrospective analysis on 72 patients with NOUR who underwent SNM over a 15-year period. Data on diagnosis, prior treatments, surgical stages, outcomes and complications were collected from outpatient visits, medical records and follow-up visits (1, 3, 6, 12 months postoperatively, then annually). First stage success was defined as ≥50% improvement of urinary parameters from baseline. Daily number of clean intermittent catheterizations and, if present, of spontaneous voids were obtained from voiding diaries. Quality of life was assessed using ICIQ-MLUTS and ICIQ-FLUTS questionnaires, administered by a single operator preoperatively and, only for patients with SNM still in place, through telephone interviews in August 2025. Statistical analyses were performed with SPSS 26.0 using paired t-test and McNemar's test ($p<0.05$).
Results: Mean age at the time of the procedure was 59 years (range 21–85); mean symptom duration 41 months (range 2-180). NOR was idiopathic in 34 patients, neurologic in 18, and post-pelvic surgery in 20. 58 patients performed CIC and 6 had an indwelling catheter. 16 patients (22%) did not proceed to the second stage, and 4 (7%) required explantation after second stage, mainly due to loss of efficacy or minor complications. Data refer to the remaining 72% with active SNM, with mean follow-up of 49 months (range 6-156). Compared to baseline, reductions ≥50% in the daily number of CIC were still present in 63% of the patients and a statistically significant ($p<0.001$) reduction was observed in the mean daily number of CIC, as well as in the questionnaires' scores, both globally and divided into the different subscales. More in detail, there was a mean reduction of 2.5 in the daily number of CIC and spontaneous voiding was restored in 4 patients (two of which previously had an indwelling catheter), with a mean of 6 voids per day. Of those with an indwelling catheter, 4 had it removed (two using CIC), and 2 retained it. There was a mean reduction in the LUTS global scores of 4.7 points (4.7 in the MLUTS and 5 in the FLUTS), while the VS subscale showed a mean reduction of 5.3 points in males and 2.7 points in females. Among those who kept the SNM, complications occurred in 11.5%, all classified as Clavien-Dindo grade I (mild-moderate pain in different areas, discomfort at implant site or constipation).
Interpretation of results: This study shows that SNM was associated with significant long-term improvement in urinary symptoms and quality of life, with an acceptable complication rate and no life-threatening events, in line with previous reports.
Conclusions: Results support long-term reliability and safety of sacral neuromodulation in non-obstructive urinary retention, demonstrating sustained efficacy and patient satisfaction.

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101 - Accuracy, readability, and understandability of EAU guidelines bot for neurourology guidelines.

Riccardo Lombardo [1], Matteo Romagnoli [1], Ludovica Coppola [1], Gabriele Malavasi [1], Ginevra Piccini [1], Giulia Pacini [1], Marta Umbaca [1], Emanuele Pierri [1], Claudia Lorenti [1], Antonio Nacchia [1], Antonio Maria Francesco Cicione [1], Giorgia Tema [1], Antonio Franco [1], Antonio Pastore [2], Yazan Al Salhi [3], Andrea Fuschi [4], Miriam Nicchiri [1], Andrea Tubaro [1], Marta Santioni [1], Emanuele Pillitteri [1], Cosimo De Nunzio [1]
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Introduction and aim of the study: Recently the EAU guidelines presented the eau guidelines bot to assist urologists in the reading of the guidelines however up to date no external validation is available. Aim of our study is to assess accuracy, completeness, and clarity of the guidelines bot in neurourology.
Materials and methods: A total of 47 questions based on the EAU neurourology guidelines recommendations were developed. Each question was inputed to the EAU guidelines bot and the response was assessed by two expert urologist to assess the accuracy, completeness, and clarity. A 5-point Likert scale was used as a score and in case of discrepancies a third urology was queried. Accuracy, completeness and clarity was assessed per chapter and per grade of recommendation. All questions and answers were recorded in an excel file
Results: Overall 47 questions were developed. In terms of accuracy 47/47 (100%) were defined as accurate (score-4-5) In terms of completeness, 46/47 (99%) were defined as complete(score-4-5), 1/47 (1%) presented a fair completeness (score 3) while 0/47 (0%) were deemed not complete. Finally in terms of clarity, 47/47 (100%) were defined as clear (score-4-5),. When comparing strong and week recommendations no differences were recorded.
Interpretation of results: All developed questions generated responses that were consistently accurate and clinically appropriate. Overall completeness of the answers was high, with only isolated instances of partial completeness and no responses lacking essential information.
Conclusions: EAU guidelines bot represents an accurate tool for neurourology guidelines.

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102 - Pudendal neuropathy in a specific territorial setting: epidemiology and presenting symptoms

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Introduction and aim of the study: Pudendal neuropathy is a frequently underdiagnosed condition due to its heterogeneous clinical presentation and the absence of specific early diagnostic markers. Epidemiological data from defined territorial settings remain limited, and information on symptom presentation at disease onset is scarce. Current epidemiological data show a prevalence ranging from 1:100.000 to 1% of population. Also sex distribution and laterality is controversial. Moreover not all patients have pain only as presentation symptom but many other misleading symptoms confusing and delaying the final diagnosis.
Materials and methods: A retrospective descriptive study was conducted using a prospectively maintained database including all consecutive patients diagnosed with pudendal neuropathy in a territorial neuro-urology referral center. Patients were evaluated between 2023 and 2025. Demographic data, sex, age at diagnosis, side of neuropathy, and symptoms at clinical onset were collected. Associations between sex and neuropathy laterality, as well as between sex and symptom presentation, were statistically assessed
Results: A total of 266 patients were included. When related to a reference territorial population of approximately 350,000 inhabitants, we observed a prevalence of 0.076% over the study period. Sex distribution showed a female predominance (152 females, 114 males; 57.1% vs 42.9%). Mean age at diagnosis, available in a subset of patients, was 52.5 years (range 17–75). Neuropathy laterality was left-sided in 55.3% of cases, right-sided in 36.8%, and bilateral in 7.9%. No statistically significant association was found between sex and neuropathy laterality (χ^2 test, $p = 0.60$). Presenting symptoms were heterogeneous, with most patients reporting more than one symptom at disease onset. Genital and perineal pain were the most reported symptoms, very often associated with LUTS. No statistically significant differences were observed in presenting symptoms between females and males (χ^2 test, $p = 0.37$).
Interpretation of results: In this territorial cohort, pudendal neuropathy affected a broad population, with a moderate female predominance and a higher frequency of left-sided nerve involvement. From our preliminary data and considering the sample numbers, the prevalence of genuine pudendal neuropathy was very similar to the one reported by Hibner and coll (2010) and by far less of others reported in the literature, involving chronic pelvic pain in general. One more aspect that was interesting is the sex prevalence that resulted very close to 1:1 ratio for F vs M.
Conclusions: In a specific territorial setting, pudendal neuropathy demonstrated heterogeneous epidemiological and clinical features, with 266 identified cases among approximately 350,000 inhabitants (0.076%) over a three-year period. The condition showed a slightly female predominance and a preponderance of left-sided involvement, without sex-related differences in neuropathy laterality or presenting symptoms. Improved awareness of the epidemiological profile and variability of symptom presentation may support earlier recognition and better characterization of pudendal neuropathy.

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103 - Secondary enuresis as major symptom: unusual diagnose of posterior-urethral valves

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Introduction and aim of the study: Posterior urethral valves (PUV) is the most common cause of urinary tract obstruction and end stage renal disease in the male infants. Late presentation occurs in 10% of cases, with nonspecific symptoms appearing abruptly in adolescence or adulthood. We present a case of PUV in an 8y.o. male who attended our clinic for enuresis. A rigid urethrocystoscopy showed type-I posterior urethral valve.
Our aim was to assess whether ablation of PUV was associated with improved clinical outcome in a boy with enuresis as major clinical symptom.
Materials & methods: Since May'25, the patient complained pollakiuria, mild urinary incontinence, and enuresis. No history of urinary tract infection was mentioned. In July '25 ultrasound examination revealed severe bilateral hydronephrosis, a thick-walled bladder, pseudodiverticular formations, and visible retrovesical ureters. Lab tests showed serum creatinine level of 6.4 mg/dL. Uroflowmetry (UFM) revealed maximum flow rate of 2.6 ml/s (fig.1) and elevated PVR (100ml). 10ch bladder catheter was therefore placed, resulting in resolution of hydronephrosis and mild improvement in renal function. VCUG was subsequently performed, demonstrating a "tree shaped" bladder, poorly distensible, and multiple diverticular formations (fig2). Dilation of the prostatic urethra during the voiding phase and no sign of vesico-ureteric reflux. Renal scintigraphy was also performed to complete the diagnostic work-up, showing markedly reduced renal function, symmetrically distributed between the two kidneys. On September '25, the patient underwent cistoscopy showing the classic sail-shaped PUV treated with endoscopic Holmium-laser ablation. Post-operative uroflowmetry showed great improvement (Qmax 17,2ml/s) (fig.3). One month later, a second ablation was performed. Therefore the patient had started with oxybutynin therapy and intermittent autocatheterization twice a day.
Results: Second look valves ablation associated with Oxybutynin showed further benefits in terms of frequency, flow rate and wet nights per week. At four months follow-up the combination of surgical and medical treatment led to regression of hydroureteronephrosis, regression of pollakiuria, urinary incontinence and enuresis, improvement in renal function (Cre 0.9 mg/dL).
The urodynamic study shows a improved bladder capacity (360ml), good compliance, and detrusor stability; improved uroflowmetry parameters (Qmax 20 ml/s vs. 2.6ml/s), absent PRV.
Interpretation of results: PUVs are the most frequent cause of lower urinary tract outflow obstruction in infants with an estimated incidence of 1:5000 male infants and 1:25,000 live births. Laser ablation of valves combined with oxybutynin has proven effective in treating PUVs. Despite treatment, bladder function is abnormal in up to 70% of older children and adolescents, causing morbidity e.g. urinary incontinence, enuresis, poor bladder empting.
Conclusions: Unusual symptoms caused by impaired bladder emptying, e.g. secondary enuresis, urinary urgency and pollakiuria, require specialist assessment, as they may conceal underlying functional disorders or latent congenital urinary abnormalities, which can sometimes manifest in older pediatric patients.

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Continence 17 (2026) 102441

104 - Clean Intermittent Self-Catheterization Versus Indwelling Catheterization for De Novo Acute Urinary Retention Secondary to BPH: A Prospective Randomized Study

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Introduction and aim of the study: Acute urinary retention (AUR) secondary to benign prostatic hyperplasia (BPH) represents the most frequent cause of urinary retention in men. Standard management consists of indwelling catheterization (IC) combined with α_1-blocker therapy to restore spontaneous voiding. Clean intermittent self-catheterization (CISC) is widely used in neurogenic bladder dysfunction, but evidence supporting its role in de novo AUR related to BPH remains limited. The aim of this study was to evaluate whether CISC represents a valid alternative to IC in patients with de novo AUR secondary to BPH.
Materials and methods: This prospective randomized study included male patients with de novo AUR due to BPH. At emergency admission (T0), all patients underwent IC and started silodosin 8 mg daily. Patients were then randomized to either continue with CISC or maintain IC. Follow-up was performed at 3 weeks (T1), 30 days (T2), and 60 days (T3) to evaluate restoration of spontaneous voiding, post-void residual (PVR) volume, complications, and patient-reported outcomes. Quality of life (QoL) was assessed using a dedicated questionnaire, while patient experience with urinary drainage was evaluated using the AUR-Cath questionnaire.
Results: Baseline characteristics were comparable between groups (all $p>0.05$). The proportion of patients who regained spontaneous micturition did not differ between groups at any follow-up: 64% vs 59% at T1, 82% vs 79% at T2, and 88% vs 85% for the CISC and IC groups, respectively ($p>0.05$). PVR volume did not differ significantly between groups (T1: 99 ± 43 mL vs 106 ± 46 mL, $p=0.40$;

T3: 64 ± 36 mL vs 71 ± 38 mL, p=0.38). Patients treated with CISC performed a mean of four catheterizations/day. QoL scores were significantly higher in the CISC group at all follow-up evaluations (T1: p=0.01; T2 and T3: p<0.01). The AUR-Cath questionnaire showed a better overall experience in this group (4.3 ± 0.5 vs 3.1 ± 0.6, p<0.01). Sub-item analysis showed greater urethral discomfort and easier catheter management in the IC group (p<0.02), whereas psychological well-being, social functioning, and daily activities favored CISC (p<0.01). No major complications occurred in either group.

Interpretation of results: Clean intermittent self-catheterization achieved spontaneous voiding restoration rates comparable to those with indwelling catheterization in patients presenting with de novo AUR secondary to BPH. However, patients managed with CISC consistently reported superior QoL and a more favourable overall treatment experience. These findings suggest that, while both strategies are equally effective from a functional standpoint, CISC may better address the psychological and social burden associated with temporary urinary drainage. The absence of major complications in both groups further supports the safety of CISC in this clinical setting.

Conclusions: CISC is as effective as IC in restoring spontaneous voiding in patients with de novo acute urinary retention secondary to BPH and is associated with significantly better quality of life and patient satisfaction. Despite a more complex management, CISC seems to be a feasible alternative to IC.

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105: Optilume® Drug-Coated Balloon for Post-Prostatectomy Bladder Neck Stricture: Prospective Evaluation of Functional Outcomes and Stricture-Free Survival

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Introduction and aim of the study: Bladder neck stricture (BNS) is a recognized complication following radical prostatectomy (RP), with recurrence rates reported to be as high as 50% after standard endoscopic treatments. Optilume®, a paclitaxel-coated balloon, combines mechanical dilation with localized antiproliferative drug delivery, potentially reducing the risk of stricture recurrence. This study aimed to evaluate the safety and efficacy of Optilume® in the treatment of post-RP bladder neck strictures.

Materials and methods: Patients with symptomatic bladder neck stricture following RP were prospectively enrolled. All patients underwent endoscopic dilation using the Optilume® drug-coated balloon. The primary endpoint was stricture-free survival at 6 months. Secondary endpoints included changes in maximum urinary flow rate (Qmax), post-void residual volume (PVR), urinary continence status, and procedure-related complications. Follow-up evaluations were performed at 1, 3, and 6 months postoperatively.

Results: Between February 2024 and May 2025, 56 consecutive patients with symptomatic bladder neck stricture following RP were prospectively enrolled. The median time from RP to Optilume® treatment was 9 months (IQR 6-14). At a median follow-up of 6 months, 43/56 patients (76.8%) remained free from stricture recurrence. Mean Qmax improved significantly from 5.1 ± 2.4 mL/s preoperatively to 16.3 ± 4.1 mL/s at last follow-up (p = 0.002), while median PVR decreased from 164 mL (IQR 120-240) to 23 mL (IQR 0-45). No significant deterioration in urinary continence was observed during follow-up. Procedure-related complications occurred in 6 patients (10.7%), all classified as Clavien-Dindo grade I-II. No device-related serious adverse events were reported.

Interpretation of results: The 6-month stricture-free survival indicates that Optilume® drug-coated balloon dilation offers durable, short- to mid-term relief in managing post-prostatectomy bladder neck strictures, which often recur after standard approaches. Improved urinary flow and lower residual volume show effective bladder outlet opening, and stable continence supports safety. The low minor complications and no serious device-related issues highlight its safety. Overall, combining dilation with antiproliferative drug delivery may overcome limitations of conventional treatments, making Optilume® a promising minimally invasive option for recurrent or refractory strictures.

Conclusions: In this prospective cohort, Optilume® drug-coated balloon dilation demonstrated encouraging short- to mid-term efficacy and a favorable safety profile for the management of bladder neck strictures following RP. These findings suggest that Optilume® may represent a valuable minimally invasive option, particularly in recurrent or refractory cases. Larger prospective studies with longer follow-up are warranted to confirm these results and to better define the role of Optilume® within post-prostatectomy stricture management algorithms.

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1F - ALIVE+: Reframing Sexuality in Disability — From Narrative Review to an Innovative Clinical Model

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Introduction and aim of the study / introduzione e scopo dello studio: Sexual and reproductive health is a fundamental human right; however, people with disabilities (PWD) continue to face substantial barriers to sexual self-determination and adequate care. This study aims to examine sexuality as a core dimension of health across different types of disability (motor, sensory, neurodivergent, and psychiatric disabilities) and to present the ALIVE+ model as a structured, rights-based, and evidence based framework to guide clinical and educational practice in sexual health.

Materials and methods / materiali e metodi: A narrative review of the literature was conducted, integrating epidemiological data, clinical evidence, and sociocultural perspectives on sexuality and disability. The review addressed intellectual, motor, sensory, neurodivergent, and psychiatric disabilities, with specific attention to: childhood and adolescence, LGBTQI+ identities, sexual dysfunctions, abuse risk, and access to care. The ALIVE+ model was developed by integrating findings from the literature with clinical experience in neurorehabilitation and sexual medicine and refined through sustained multidisciplinary collaboration.

Results / risultati: Sexual activity and desire among PWD were found to be comparable to those of the general population, while unmet sexual health needs remain widespread. Major barriers included limited professional training, persistent stereotypes, inadequate sexual education, and poor integration of sexual health into routine care. Sexual dysfunctions were common across all disability types and frequently associated with modifiable factors such as insufficient information, medication effects, environmental constraints, and lack of tailored interventions. Evidence supported the effectiveness of pharmacological treatments, pelvic floor rehabilitation, assistive devices, adapted sexual education, and multidisciplinary approaches. The ALIVE+ model emerged as a unifying framework addressing these needs through five pillars: Ask & Affirm, Language & Listening, Information & Intervention, Visit & Validation, and Education & Empowerment, with the "+" emphasizing multidisciplinary teamwork.

Interpretation of results / discussione: Findings suggest that sexual difficulties may often be influenced or exacerbated by social and healthcare barriers, rather than being solely attributable to disability itself. The ALIVE+ model seeks to address these gaps by fostering the normalization of sexuality in clinical care, supporting structured assessment, and promoting autonomy, dignity, and informed choice

Conclusions / conclusioni: Sexuality should be integrated into standard healthcare for PWD. The ALIVE+ model offers a practical, adaptable, and person-centered framework to translate sexual health rights into everyday clinical practice, reducing inequalities and supporting sexual well-being across the lifespan.

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4F - The role of rehabilitation in the prevention and management of Obstetric Anal Sphincter Injuries (OASIS): a literature review

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Introduction and aim of the study / introduzione e scopo dello studio: Third- and fourth-degree obstetric lacerations (Obstetric Anal Sphincter Injuries, OASIS) are a significant complication of vaginal delivery, with potential long-term functional and psychological consequences, including urinary and fecal incontinence, symptoms of obstructed defecation, perineal pain, and sexual dysfunction, with a negative impact on quality of life.
The aim of this study is to analyze the role of physiotherapy in the prevention and post-OASIS rehabilitation, with particular attention to the impact of early intervention on functional outcomes.
Materials and methods / materiali e metodi: A narrative review of the literature (2015–2025) was conducted using the PubMed, Cochrane Library, and PEDro databases, integrated with major international guidelines (NICE, RCOG, SIGO–AOGOI).
Thirteen studies addressing physiotherapy interventions for both prevention and improvements of functional outcomes in OASIS were included. A second search strategy allowed the inclusion of eight qualitative studies focusing on patients' subjective experiences.
Results / risultati: Perineal massage performed from the 35th week of gestation is associated with an approximately 30% reduction in the risk of OASIS.
Early initiation of physiotherapy in the postpartum period is correlated with improved functional outcomes, particularly in terms of reduction of urinary and fecal incontinence.
A multimodal approach appears to be the most effective: supervised pelvic floor muscle training (PFMT), biofeedback, and therapeutic education are the interventions with the strongest evidence in the literature. Outcomes related to perineal pain and sexual function show variable results, as do prolapse-related symptoms.
Interpretation of results / discussione: The findings suggest that the effectiveness of physiotherapy interventions in OASIS is not related to a single treatment modality, but rather to the overall structure of the rehabilitation pathway, in terms of timing, supervision, and integration of interventions.
Greater benefits in urinary and fecal incontinence outcomes are observed when physiotherapy is initiated early and delivered within supervised programs.
The variability of outcomes related to perineal pain and sexual function reflects the multifactorial nature of these conditions. Studies addressing prolapse-related symptoms also highlight the need for longer follow-up periods.
Conclusions / conclusioni: Physiotherapy represents a relevant component in the prevention and rehabilitation pathways for OASIS, with evidence of effectiveness on functional outcomes.
The structured integration of physiotherapy within shared multidisciplinary models, allowing early access to treatment, may contribute to improving postpartum rehabilitation management and reducing the long-term impact of OASIS, while promoting treatment adherence.

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5F - Quality of Life After Prostatectomy: Literature Review and Recovery Guidelines

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Introduction and aim of the study / introduzione e scopo dello studio: Urinary incontinence and erectile dysfunction are the most common complications following prostatectomy and may significantly reduce patients' quality of life. Their etiology is multifactorial and includes urethral sphincter deficiency, nerve injury, and reduced bladder compliance. Pelvic Floor Physiotherapy is strongly recommended both before and after surgery. However, patients are often insufficiently informed about the exercises to perform and the behavioral recommendations to follow. This study aims to develop a clear and accessible informational booklet to support and guide patients throughout the rehabilitation process.
Materials and methods / materiali e metodi: A literature review was conducted using PubMed. The following keywords were used and combined into search strings: post-prostatectomy, urinary incontinence, biofeedback, magnetic stimulation, PFMT, erectile dysfunction and perineal rehabilitation. The search identified 181 articles. After title screening, 31 studies were excluded because they were not relevant to the aim of the study or were duplicates. Two additional articles were retrieved from reference lists, resulting in 152 articles. After applying the inclusion criteria: English language, full-text availability, and publication from 2019 onwards, 24 articles were included in the final analysis.
Results / risultati: In recent years, research has increasingly focused on male pelvic floor rehabilitation, although still to a lesser extent compared to female pelvic rehabilitation. Nevertheless, there is growing evidence supporting the effectiveness of preoperative rehabilitation, highlighting the importance of patient education. PFMT remains the first-line treatment, in combination with lifestyle recommendations. The association of magnetic stimulation and electrical stimulation appears to enhance recovery of both urinary continence and erectile function.
Interpretation of results / discussione: The findings show that only in the last 5–6 years has research begun to more actively address male pelvic floor rehabilitation. Although therapeutic exercise remains the cornerstone of treatment, better outcomes are reported in patients who combine PFMT with magnetic stimulation and electrical stimulation. Posterior Tibial Nerve stimulation shows promising results, although current evidence is still limited and further studies are needed. The role of Pilates-based exercises, particularly regarding posture also requires further investigation. A healthy lifestyle, including avoidance of high-impact activities in the early postoperative phase, maintenance of regular bowel function, and promotion of overall well-being, plays an important role.
Conclusions / conclusioni: These findings highlight the importance of consulting a pelvic floor rehabilitation specialist both before and after prostatectomy to optimize functional outcomes. Furthermore, adequate patient education throughout the entire rehabilitation pathway is essential to encourage active participation in the recovery process.

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6F – Effects of Transcutaneous Electrical Nerve Stimulation (TENS) on Pain and Labour Progression: A Controlled Clinical Study

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Introduction and aim of the study: Labour pain is a complex and multidimensional experience influenced by physical, emotional, and neurophysiological factors. In recent years, increasing attention has been directed toward non-pharmacological approaches for pain management and physiological support of labour, in line with the World Health Organization recommendations for respectful childbirth.
Transcutaneous Electrical Nerve Stimulation (TENS) is a non-invasive technique commonly used to modulate pain through gate control mechanisms and endogenous opioid release. However, despite its widespread clinical use, evidence regarding its effectiveness on pain perception and labour progression remains heterogeneous.
The present study aimed to evaluate the effects of TENS on pain perception and labour progression by comparing women who used TENS with those receiving standard care.
Secondary objectives included the evaluation of pharmacological analgesia use, maternal satisfaction, and safety.
Materials and methods: This controlled clinical study included 14 women with term physiological pregnancy ($\geq$37 weeks), aged between 29 and 35 years, with cephalic presentation and informed consent.
Participants were followed at the Impuls Center (Aci Sant'Antonio, Italy) as part of a prenatal physiotherapy and childbirth preparation program.
Participants were divided into two groups: a TENS group (n = 7), who used TENS during labour, and a control group (n = 7), who received standard care without TENS.
Labour and delivery took place in different hospital settings independently chosen by each participant.
TENS was initiated at the end of pregnancy, with twice-daily applications, and continued during labour in the hospital setting according to patient tolerance and clinical needs.
TENS was applied using conventional or burst mode, with paravertebral electrode placement at T10–L1 during early labour and S2–S4 during more advanced stages.
Stimulation parameters included frequencies between 5 and 20 Hz, pulse duration of 200 μs, and intensity adjusted according to patient tolerance, for sessions lasting approximately 30 minutes.
Pain intensity was assessed using the Visual Analog Scale (VAS) and Numeric Rating Scale (NRS) before application and during the active phase of labour, based on maternal report.
Secondary outcomes included labour progression, use of pharmacological

analgesia, maternal satisfaction, and adverse events. Statistical analysis included descriptive statistics and between-group comparisons (TENS vs control), with significance set at $p < 0.05$.

Results: In the TENS group (n = 7), mean pain intensity decreased from 5 to 3 during the active phase of labour, whereas in the control group (n = 7), pain increased from a mean value of 4 to 9.

Women who used TENS therefore experienced a clinically meaningful reduction in pain (−2 points on the NRS), while the control group showed a marked increase in pain intensity (+5 points).

A reduced need for pharmacological analgesia was observed in the TENS group; notably, only one participant requested analgesia during labour, compared to a higher demand in the control group.

A trend toward more efficient labour progression was also observed in the TENS group compared to controls. Participants in the TENS group reported higher levels of maternal satisfaction compared to those who did not use TENS. No maternal or fetal adverse events related to TENS use were observed.

Interpretation of results: The findings suggest that TENS may effectively modulate labour pain and positively influence labour progression, improving maternal perception of control and active participation in the childbirth process.

The reduction in pain observed during the active phase of labour is clinically meaningful and consistent with known mechanisms of pain modulation, including gate control and endogenous opioid release.

The observed trend toward more efficient labour progression may be related to reduced hyperactivation and improved autonomic balance.

Given the small sample size, the magnitude of the observed effect should be interpreted with caution, although it appears consistent with the physiological progression of labour pain.

These findings support the use of TENS as part of a multimodal, woman-centred approach to labour pain management.

Conclusions: TENS represents a promising non-pharmacological strategy for pain management during labour and, more broadly, in clinical contexts characterized by pain, with positive effects observed on both pain perception and labour progression.

Given the limited sample size and the non-controlled clinical setting, further randomized controlled studies conducted in hospital environments are warranted to confirm these findings and better define the role of TENS in labour management.

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9F - FEASIBILITY AND TOLERANCE OF COLON HYDROTHERAPY IN THE MANAGEMENT OF NEUROGENIC BOWEL IN SUBJECTS WITH SPINAL CORD INJURY

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Introduction and aim of the study: Patients with neurogenic bowel dysfunction (NBD) lose normal sensory and/or motor control due to neurological disease. NBD involves reduced intestinal contractions and an absent or uncoordinated rectoanal inhibitory reflex (RAIR), resulting in slowed intestinal transit. These symptoms have a profound impact on quality of life, social participation, and personal autonomy.

Bowel movements in NBD must be artificially induced using suppositories, micro- or medicated enemas, low- or high-volume transanal irrigation (TAI), or osmotic and stimulant laxatives. Inadequate management over time can lead to dyspepsia, abdominal pain, sub-occlusion or intestinal obstruction, and anorectal disorders such as haemorrhoids, fistulas, and fissures. The consequences include loss of independence, embarrassment, anxiety, depression, social isolation, and impaired sexual function, all of which further compromise daily life. Patients with spinal cord injury often report bowel dysfunction as more disabling than bladder or sexual problems, pain, fatigue, or changes in body image. Untreated NBD is also associated with frequent hospitalizations and increased use of healthcare resources.

Establishing a regular bowel management routine is therefore essential. Evacuation should be scheduled daily or every other day, ideally during periods of increased colonic activity, such as upon waking or after meals or hot drinks. Privacy, patient comfort, and correct positioning on the toilet or commode are critical for effective bowel emptying, though artificial evacuation alone may sometimes be insufficient.

At the Montecatone Rehabilitation Institute, colon hydrotherapy has been used for several years to support bowel management, promote regular evacuation, reduce the need for osmotic laxatives, and decrease complications associated with neurogenic bowel.

Materials and methods: Twelve patients attending the Day Hospital clinics between January 2024 and December 2025 were analyzed. The retrospective phase included the collection of medical history, clinical and pharmacological data, as well as assessment using the NBD Score (>8), Mentoor Tool, Wexner Scale, and EQ-5D-5L.

The number of symptomatic urinary tract infections and responses to four closed-ended questions investigating abdominal symptoms and bowel management following colon hydrotherapy, performed every two months, were also recorded.

Results: Statistical analysis is currently ongoing.

Interpretation of results: Colon hydrotherapy in patients with NBD may improve bowel management by reducing complications such as sub-occlusion, intestinal obstruction, and anorectal disorders, as well as decreasing the use of oral laxatives. Additionally, it may improve quality of life, reduce abdominal discomfort, and decrease the frequency of urinary tract infections.

Conclusions: Colon hydrotherapy in patients with NBD may reduce abdominal discomfort, and various complications. If well tolerated, it may also improve bladder management by reducing recurrent urinary tract infections.

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Continence 17 (2026) 102448

10F - Pelvic Floor Muscle Training in the Management of Vaginal Stricture: A Clinical Case

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Introduction and aim of the study: The genitourinary syndrome of menopause (GSM) is a debilitating condition affecting women in the peri- and postmenopausal phases, often exacerbated by pre-existing conditions or previous treatments. In cancer survivors who have undergone pelvic surgery and/or radiotherapy, therapeutic options may be limited, partly due to patient reluctance. Vaginal laser therapy has emerged as a safe and effective alternative, though not without potential complications such as abrasions, lacerations, and vaginal stenosis. Management of vaginal stenosis typically involves restoring vaginal caliber, commonly through the use of dilators, though no standardized therapeutic protocol exists. This study highlights the importance of pelvic floor rehabilitation in managing vaginal stenosis following laser therapy, as demonstrated through a clinical case.

Materials and methods: A case report of a single patient, evaluated at the urogynecology department and treated between March and November 2025 by the rehabilitation midwifery team of the same hospital.

Results: A 61-year-old woman presented with deep dyspareunia following CO2 laser treatment for vulvovaginal atrophy (GSM). Her medical history includes rectosigmoid cancer (2018), right nephrectomy for renal oncocytoma, and hypothyroidism. She has been in premature menopause since age 39 and is nulligravid. Urogynecological assessment revealed a CTAE grade 3 circumferential vaginal stenosis, non-passable on digital examination, with atrophic mucosa and pubococcygeal muscle hypertonia. Hypotonia, reduced endurance, and fatigue were also noted. She was treated with vaginal emollients (hyaluronic acid, ozonized sunflower oil) and a 9-week rehabilitation program. This included respiratory correction, passive stretching, and home-based active stretching targeting the pubococcygeal muscle and stenosis. No dilators were required. At one-month follow-up, the patient was pain-free, resumed sexual activity, and the stenosis had resolved, although dystrophic changes persisted.

Interpretation of results: The management of relatively rare conditions is often not standardized and may be tailored to the individual preferences of the patient. Continuity of care and a strong therapeutic alliance between the patient and the midwife are essential for identifying necessary adjustments and ensuring appropriate interventions.

Conclusions: In the management of complications arising from physical treatments, the role of physiotherapy and the therapeutic alliance are crucial for achieving the desired outcomes. In some cases, as demonstrated in the presented example, they can be directly effective in resolving symptoms.

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11F: The Efficacy of Scrambler Therapy® (ST) for Chronic Neuropathic Pelvic Floor Pain

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Introduction and aim of the study: Scrambler Therapy (ST) is a form of electroanalgesia with informative properties, whose principle is to replace pain information with a summary of "non-pain" by sending packets of complex stimuli created with an algorithm. The goal is to provide information with an analgesic effect that the CNS recognizes as "self." ST is effective in chronic pain (especially neuropathic) that does not respond to common analgesic therapies. This study aims to investigate its effectiveness when this type of pain affects the pelvic floor, evaluating both the short, medium, and long-term analgesic effect and increased well-being.
Materials and methods: As part of an observational clinical study on the effectiveness of ST in the treatment of neuropathic pain, we also included patients with chronic neuropathic pelvic pain refractory to medication. The therapy consisted of 10 consecutive daily sessions lasting 30 minutes. We assessed the reduction in perceived pain using the NRS pain assessment scale before and after each session, also using scales for assessing depression, anxiety and quality of life administered at the first (T0) and last (T1) sessions. The duration of the analgesia was also recorded at intermediate sessions. A follow-up was scheduled 1 month later (T2).
Results: Data collected on 17 patients were evaluated:11(64.7%) women and 6 (35.3%) men, with a mean age of 55.2 years (SD 14.9), 5(29.4%) with traumatic etiology and 12(70.6%) with non-traumatic etiology, of which 4(33.4%) were degenerative, 1(8.3%) infectious, 1(8.3%) neoplastic, and 6(50.0%) due to other causes. Sixteen patients completed the study and 1 month follow-up. A reduction in pain was observed from the beginning to the end of each session, as well as a linear improvement from T0 to T1. An increase in the duration of analgesia between treatments was also noted, although this varied greatly between subjects. The mean ± SD for the NRS was: 6.71±1.31 at T0, 3.56±2.31 at T1, and 4.31±2.63 at T2. In 2 patients with NRS at T2=T0, 5 retraining sessions were performed with pain reduction from the outset. Similarly, there was an improvement in quality of life and a reduction in anxiety, but no significant reduction in depression.
Interpretation of results: The average pain scores measured using the NRS scale at T0, T1, and T2 show a clinically relevant improvement, albeit with moderate variability in response, but a tendency to recur after 1 month, although often with lower NRS values than at T0 and a very wide SD. In particular, patients with depression seem to have experienced an earlier decline in the effect, although only a few sessions were needed to recover the benefit.
Conclusions: ST has proven effective in treating chronic neuropathic pelvic pain from the very first sessions, resulting in improved anxiety and quality of life, but not depression, when present, which actually seems to influence the outcome. The moderate variability in response found in both NRS values at T1 and T2 should be further investigated, including with control groups. The recovery of lost benefits with just a few retraining sessions supports the concept of "bypassing pain memory" on which ST is based.

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12F: Desensitizing manual approach for pelvic floor muscles hyperactivity

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Introduction and aim of the study / introduzione e scopo dello studio: In women with dyspareunia, vulvodynia, pelvic pain, endometriosis, and similar conditions, hyperactive pelvic/perineal muscle dysfunction is common, linked to poor contraction/relaxation control. Causes include faulty childhood motor patterns, pain-induced guarding, low body awareness, and habits—all impeding physiotherapy outcomes for pain and function. This study used sEMG and functional tests to evaluate if targeted tactile stimulation (mainly bulbospongiosus) enhances exteroceptive input and motor control.
Materials and methods / materiali e metodi: RCT with 42 women at our pelvic floor clinic (2023-2025). Inclusion: hyperactive pelvic dysfunction, poor contraction/release, tied to dyspareunia/vulvodynia/endometriosis/other pelvic pain unresponsive to standard therapy. Exclusion: prior pelvic/spinal surgery, nerve/muscle damage, high kinesiophobia/pain fear.
Randomized into two groups; both received standard physiotherapy (manual therapy, exercises, biofeedback, education) twice weekly for 8 weeks.
Group A: Added transvaginal bulbospongiosus stimulation at 2 Hz, 120s, pressure < pain threshold (NRPS-assessed, readjusted/session); contract/release between left/right.
Group B: Same, but pressure ≥ pain threshold.
Assessments: sEMG (2-channel Perisize-4 probe); 60s of 50% MVC contraction + relaxation—pre- and 10 min post-stimulation (active interim). Palpation pain via NRPS.
Results / risultati: Group A: minor pelvic muscle motor control/coordination gains, not > Group B. Group B: superior gains over A, sustained across sessions. Pain: Group B significant NRPS drop post-stimulation (bulbospongiosus), not sustained next session. Group A: trivial, non-significant drop.
Interpretation of results / discussione: RCT demonstrates control- tactile stimulation's desensitizing effects on hyperactive pelvic muscles, affecting motor control/pain in dyspareunia, vulvodynia, endometriosis, etc. Group A (subthreshold, 2 Hz): modest gains < Group B (threshold +, 2 Hz). B's sustained edge implies nociceptive input reduces protective guarding, improving control/coordination and overcoming antalgic barriers.
Pain aligns: B's acute NRPS analgesia via exposure/habituation (transient). A's weak effect limits sub-threshold in hyperactivity. sEMG confirmed 50% MVC trends; B superior, suggesting "pain-adapted" stimulation breaks hyperactivity cycles.
Conclusions / conclusioni: Threshold+ tactile-controled-stimulation excels for motor control gains and acute pain relief in refractory pelvic dysfunction; integrate into multimodal physiotherapy. Sub-threshold modest; combine for best results. Larger trials needed for long-term, dose-response, and applicability to other muscles.

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13F: Nearly One in Two Patients with Heart Failure Experience Urinary Incontinence: Evidence from a Systematic Review and Meta-Analysis

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Introduction and aim of the study / introduzione e scopo dello studio: Heart failure (HF) is a complex clinical syndrome characterized by hemodynamic impairment, neurohormonal activation, and systemic congestion. Beyond renal dysfunction, increasing evidence suggests a significant impact of HF on lower urinary tract function. Urinary incontinence (UI), overactive bladder (OAB), and nocturia are frequently reported in HF patients, yet the relationship between HF severity and urodynamic alterations remains insufficiently defined. We conducted a systematic review with meta-analysis to evaluate the prevalence of urinary symptoms in HF and to explore potential pathophysiological links with urodynamic dysfunction.
Materials and methods / materiali e metodi: A systematic search of PubMed, Embase, and Cochrane databases was performed to identify observational studies assessing urinary symptoms or urodynamic findings in adults with HF. Eligible studies reported prevalence of UI, OAB, or nocturia in clinically diagnosed HF populations. A random-effects meta-analysis of proportions was conducted to estimate pooled prevalence of UI. Heterogeneity was assessed using the I2 statistic. Mechanistic insights from selected studies were narratively synthesized.
Results / risultati: Three eligible studies including 485 HF patients were quantitatively analyzed for UI prevalence. The pooled prevalence of urinary incontinence was 45.4% (95% CI 41.0–49.8%), with low statistical heterogeneity. OAB and nocturia were consistently reported in more than half of patients across studies. Higher NYHA class was associated with increased odds of OAB symptoms. Although formal urodynamic studies were limited, proposed mechanisms include nocturnal fluid redistribution, elevated natriuretic peptides, autonomic imbalance, and the impact of diuretic therapy, potentially contributing to detrusor overactivity and altered bladder compliance.
Interpretation of results / discussione: Urinary symptoms are highly prevalent in HF patients and appear to correlate with disease severity. The interaction

between venous congestion, neurohormonal activation, and pharmacological treatment may contribute to functional bladder changes. However, objective urodynamic data remain scarce, limiting definitive characterization of underlying bladder dysfunction.

Conclusions / conclusioni: HF is strongly associated with a high burden of urinary symptoms, affecting nearly one in two patients. These findings highlight the need for multidisciplinary management and further prospective studies incorporating standardized urodynamic assessment to clarify mechanisms and improve patient-centered outcomes.

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14F: ECO NURSING: THE NURSE CAN BE A PROMOTER OF SUSTAINABLE MODELS?

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Introduction and aim of the study: Bladder dysfunction and related urinary leakage represent an emerging challenge for healthcare systems, not only due to their significant clinical and epidemiological impact, but also due to their psychological, social, and economic-environmental implications. Among these, urinary incontinence (UI) represents a problem with a significant impact on health, the economy, and environmental sustainability due to the significant consumption of disposable pads (PADs).

The production and disposal of PADs contribute to environmental pollution, generating non-biodegradable and carbon-intensive healthcare waste. This study analyzes the implementation of sustainable strategies for the management of urinary incontinence, focusing on a "green" approach that combines clinical effectiveness, environmental sustainability, and economic viability. This approach is based on two fundamental pillars: primary prevention through screening and early rehabilitation programs, and management of the condition with alternative solutions, such as the use of intermittent self-catheterization (CIC) techniques, which can reduce waste and promote patient empowerment.

Materials and methods: The observational study recruited all patients diagnosed with neurogenic or non-neurogenic UI and eligible for a "green" approach at the Functional Neuro-Urological Dysfunctions outpatient clinic of a primary care hospital from June 2024 to June 2025. This nurse-led "green" protocol included prevention strategies, pelvic floor rehabilitation, and the use of CICs for bladder emptying. The following indicators were considered: (i) environmental: quantity of disposable pads used, waste produced (kg/year per patient), CO_2 emissions; (ii) economic: average annual cost of pads compared to the average cost of intermittent catheters; (iii) clinical: episodes of recurrent urinary tract infections (UTIs), skin lesions related to the use of PADs, autonomy (Barthel index), and patient quality of life (ICIQ-it). Data was analyzed using Jamovi version 2.3.28, using medians and interquartile ranges to summarize continuous variables. A descriptive analysis was performed, with a significance level of $p < 0.05$.

Results: Fifty-five patients were included in the study. With the use of the "green" protocol, annual waste production decreased from approximately 73 kg to 14 kg per patient, corresponding to a mean difference of -59 kg (95% CI -52 to -66) and a large, standardized effect size (Cohen's $d \approx 1.4$). Waste volume was reduced from 2.2 m^3 to 0.08 m^3, with a mean difference of -2.12 m^3 (95% CI -1.95 to -2.29; Cohen's $d \approx 1.8$). Estimated CO_2 emissions showed a similarly significant effect, decreasing from approximately 204 kg to 18 kg per patient per year (mean difference -186 kg; 95% CI -165 to -207; Cohen's $d \approx 1.6$).

Clinically, CIC was associated with a lower frequency of recurrent urinary tract infections, with a decrease from a mean of 3.2 to 2.4 episodes per patient (mean difference -0.8 episodes; 95% CI -0.4 to -1.2), corresponding to a moderate effect (Cohen's $d \approx 0.5$). Three patients had a skin lesion related to prolonged PADs use, which resolved with the use of advanced dressings. Independence measured using the Barthel index changed from moderate to mild dependence, and quality of life assessed using the ICIQ-it questionnaire improved from a moderate negative to a positive impact.

Interpretation of results / discussione: The results of this study provide quantitative evidence supporting the effectiveness of an alternative, proactive "green" approach to urinary incontinence management compared to passive management with the exclusive use of absorbent pads (PADs). The data highlight how evaluating alternative solutions results in significant environmental change, reducing the production of non-biodegradable waste and CO_2 emissions. Furthermore, the findings demonstrate that environmental sustainability does not come at the expense of patient safety or well-being; rather, this approach promotes improvement. The observed changes in patient-reported outcomes, the increase in the Barthel Index and the marked improvement in quality of life (ICIQ-it), indicate a shift from a state of dependence to one of greater autonomy and well-being. This underscores the value of empowerment and the importance of patient self-management education. This study is conducted on a small sample of people, but by expanding recruitment it could have a truly powerful effect on clinical/care outcomes and the ecosystem.

Conclusions: In conclusion, these findings strongly support the hypothesis that a multidimensional, patient-centered care pathway, in which nurses play a key role in prevention, education, and timely multidisciplinary assessment, represents a value-based healthcare model. Indeed, managing urinary incontinence represents a multidimensional challenge that necessarily requires a paradigm shift: from "symptom management" to personal empowerment, from a linear, consumerist model, where disposable absorbent products are the primary choice, to a circular and sustainable one. Through proactive, educational, and alternative interventions to traditional models, nurses are becoming key players in a clinical and environmental revolution, making a concrete contribution to reducing costs, improving health outcomes, and protecting the planet.

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16F: EFFECTIVENESS OF NURSE-LED CIC CLINIC: AN INNOVATION IN FUNCTIONAL UROLOGY

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Introduction and aim of the study: Clean intermittent catheterization (CIC) is the gold standard for bladder dysfunction management in functional urology. Nevertheless, the absence of structured nurse-led organizational models often results in poor adherence, complications and unplanned healthcare access. Nurse-led clinics have proven to be effective for numerous clinical conditions; however, there is a lack of evidence concerning organizational frameworks focused on CIC within functional urology. This study aims to fill this void by assessing the effects of a nurse-led clinic for CIC on clinical, organizational, and patient-reported outcomes. Specifically, the significance of this study lies in its contribution to evaluate the impact of a Nurse-led clinic dedicated to CIC on: (i) adherence to CIC protocols, (ii) catheter-related complications, (iii) improvement quality of life, (iv) patient satisfaction.

Materials and methods: A prospective observational study was conducted to compare outcomes before and after the implementation of a nurse-led clinic for CIC.

The study was conducted on a functional urology unit within a first level hospital. A dedicated nurse-led CIC clinic, "Nurse Your Flow," was developed. Clinical indications for accessing the nurse-led CIC clinic included conditions with neurogenic bladder dysfunction, postoperative urinary retention, and chronic urinary retention. Interventions of nurse-led CIC clinic included: structured individual education sessions with practical training, follow-up visits, telenursing support, coordination with urologists and primary care services.

All adult patients who had accessed the nurse-led CIC clinic since its opening were recruited for the study. The questionnaires used were: ISC-Q-it, to measure the ease of use, comfort, discretion of the catheter, and psychosocial burden; the Barthel Index, to assess independence of people in activities of daily living (ADLs) such as feeding, bathing, and mobility. The indicators valueted were CIC adherence (percentage of patients continuing CIC beyond 6 months), catheter-related complications (urinary tract infections, urethral trauma, hematuria), unplanned access to healthcare (number of emergency room visits related to urinary issues), and patient satisfaction (VAS, 5-point Likert scale). Follow-up was performed at 1 week, 3 months and 6 months.

Stata® 17.0 was used as software for statistical analysis, with statistical significance set at $p<0.05$. The data were anonymized and analyzed in aggregate form.

Results: Forty-six subjects (69% males) were included in the study. Median age of subjects is 62,6 ± 16,3 years (range 32–85). The main clinic conditions encountered are chronic urinary retention (63%), multiple sclerosis (16%), paraplegia (16%), Parkinson's disease (5%). The mean frequency of CIC is 3

catheterizations/day. Functional independence was high, with a mean Barthel Index ≥80.
Urinary tract infections (UTI) are rilevated in a limited proportion of patients, in the first week of CIC (≤10%), with an improving trend in subsequent follow-up, while no other clinically relevant complications such as hematuria or urethral trauma occurred. There was no inappropriate access to the emergency room for problems related to self-catheterization. There was a dropout rate at 6 months of catheterization ≤8%. Perceived satisfaction was with VAS of 4/5.
At six months follow up, forty-one subjects performed self-catheterization alone, five needed the help of a caregiver. From baseline to the last follow-up, ISCQ-it [mean] highlighted, ease of use= 23.3, comfort= 4.3, discretion of the CIC= 25.3 and psychosocial burden= 17.4 ($p<0.05$).
The limitations of the study concern the limited sample of subjects enrolled (n=46).
Interpretation of results: The study has demonstrates the high effectiveness of a nurse-led CIC clinic for patients learning intermittent self-catheterization. The data on urinary tract infections and on the onset of mechanical complications related to catheterization highlight an excellent safety profile of the process, probably attributable to the correct education of patients on the self-catheterization technique performed by nurses. The results indicate that the nurse-led CIC clinic was not only effective in improving patients' technical ability and independence but also had a positive impact on their overall quality of life and psychological well-being. The procedure is perceived as easy to integrate into routine. Patients maintain a good level of physical well-being during and after the procedure, and it is not experienced as an excessive emotional burden. Patients feel able to manage CIC while maintaining their privacy. While the results are statistically strong, the small size (n=46) means the findings, while highly promising, need to be confirmed in a larger, more robust study to ensure they are generalizable to the broader population.
Conclusions: Our study demonstrated that the nurse-led CIC clinic is safe and effective. Thanks to the empathetic relationship the nurse establishes with the patient, communication skills, and active listening, a high degree of autonomy and treatment adherence are observed.
This protocol also supports patient empowerment: the significant increase in the ISC-Q-it score demonstrates a significant reduction in psychosocial burden and an increase in self-esteem.
Finally, the nurse-led CIC clinic demonstrates that beyond teaching a skill, it has truly helped patients reconnect with their social life and community

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17F: Targeting Tissue Hypoxia, Autonomic Dysregulation and Psychosocial Factors: A PNEI Approach to Pelvic Organ Prolapse (POP), Obstructed Defecation Syndrome (ODS) and Rectal Hyposensitivity

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Introduction and aim of the study / introduzione e scopo dello studio: The mechanistic approach to Pelvic Organ Prolapse (POP) and Obstructed Defecation Syndrome (ODS) shows critical limitations: surgical recurrence rates up to 40%, unpredictable outcomes, and a discrepancy between anatomical severity and clinical symptoms. Recent evidence identifies complementary mechanisms: chronic tissue hypoxia (HIF-1α upregulation) degrading the extracellular matrix and increasing oxidative stress; autonomic dysregulation altering organ function; allostatic load and psychiatric comorbidities (anxiety/depression) generating hypervigilance and exacerbating symptoms. We propose a Psycho-Neuro-Endocrine-Immune (PNEI) framework: a structured biopsychosocial assessment and a multimodal protocol.
Materials and methods / materiali e metodi: Phenotyping via validated battery: PFDI-20 and PFIQ-7 (QoL/distress), GAD-7 and PHQ-9 (anxiety/depression), CSI (Central Sensitization Inventory).
Functional diagnosis: defecography/MRI and anorectal manometry; Heart Rate Variability (HRV) objectifies autonomic dysregulation.
Multimodal Protocol: The treatment integrates four pillars: Therapeutic Education (TPE); Rehabilitation: Volumetric biofeedback (sensitivity) and EMG (dyssynergia); Autonomic Modulation: Breathing retraining and Wim Hof Method for vagal and inflammatory modulation; Metabolism: Intermittent Hypoxia-Hyperoxia Training (IHHT, 5 sessions/week x 4 weeks) targeting mitochondrial and redox status.
Endpoints and Outcomes. Primary: ODS score reduction, QoL index improvement (PFDI-20). Secondary: Increased HRV, rectal sensitivity normalization, CSI score reduction.
Results / risultati: Dyssynergia: Anorectal biofeedback demonstrates resolution rates of 70-85%. Autonomic Modulation: Respiratory techniques induce an acute increase in vagal tone (RMSSD +40-60%). Sensitivity: Volumetric biofeedback proves superior to standard techniques for rectal sensitivity recovery. Metabolism: IHHT evidences a significant reduction in oxidative stress markers and counteraction of chronic tissue hypoxia. The PFDI-20/PFIQ-7/GAD-7/PHQ-9 battery allows for stratification of the "stress-responder" phenotype.
Interpretation of results / discussione: The framework overcomes the organ-centric view by acting on specific targets: (1) Hypoxia and oxidative stress (IHHT); (2) Autonomic dysregulation (WHM/Breathing); (3) Dyssynergia and hyposensitivity (Biofeedback); (4) Central sensitization (TPE). Customizing the intervention based on phenotype optimizes the therapeutic response, reducing recurrence risk.
Conclusions / conclusioni: The PNEI approach demonstrates clinical feasibility by integrating validated methods to treat stress-mediated dysregulation in ODS. Given current operational limitations, it is ethically necessary to adopt paradigms that include the patient's biopsychosocial complexity. Controlled prospective studies are desirable to validate the long-term efficacy of the proposed protocol.

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18F: Effect of Preoperative Pelvic Floor Muscle Training on Urinary Continence Recovery After Robot-Assisted Radical Prostatectomy in Patients with Pre-Existing Urinary Incontinence

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Introduction & objectives: Urinary incontinence after robot-assisted radical prostatectomy (RARP) significantly affects quality of life, particularly in patients presenting with preoperative urinary leakage. The role of preoperative pelvic floor muscle training (PFMT) in patients with pre-existing low-grade urinary incontinence remains unclear. This randomized study aimed to assess whether preoperative PFMT improves postoperative urinary continence recovery in patients undergoing RARP.
Materials & methods: Between January 2023 and June 2024, 38 patients with localized prostate adenocarcinoma (Gleason score 7 [3+4]) and preoperative low-grade urinary incontinence were prospectively enrolled and randomized into two groups. Nineteen patients underwent a structured pelvic floor muscle rehabilitation program for 2 months prior to surgery (PFMT group), while 19 patients received no preoperative rehabilitation (control group). All patients underwent RARP with posterior reconstruction using the Rocco stitch. Urinary continence was defined as the use of 0–1 safety pad per day and assessed at 1, 3, and 6 months postoperatively. Secondary outcomes included time to continence recovery and perioperative complications.
Results: Baseline demographic and clinical characteristics were comparable between groups. At 1 month postoperatively, continence rates were significantly higher in the PFMT group compared to controls (47.4% vs 21.1%, p=0.04). At 3 months, continence was achieved in 73.7% of patients in the PFMT group versus 47.4% in the control group (p=0.03). At 6 months, continence rates remained higher in the PFMT group (89.5% vs 68.4%), although the difference did not reach statistical significance (p=0.12). Median time to continence recovery was significantly shorter in the PFMT group (8 weeks vs 14 weeks, p=0.02). No significant differences were observed in perioperative complications or oncological outcomes between groups.
Conclusions: Preoperative pelvic floor muscle rehabilitation significantly accelerates early postoperative urinary continence recovery in patients with pre-existing low-grade urinary incontinence undergoing RARP. Incorporating PFMT into the preoperative management of selected prostate cancer patients may optimize functional outcomes without increasing perioperative risk.

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20F: Nursing Management of Patients with Heart Failure and Benign Prostatic Hyperplasia: An Integrated Care Approach

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Introduction and aim of the study / introduzione e scopo dello studio: Heart failure (HF) and benign prostatic hyperplasia (BPH) are highly prevalent chronic conditions in older male populations and frequently coexist due to shared epidemiological determinants such as aging and comorbidity burden. Their coexistence represents a complex clinical scenario, as symptoms and pharmacological treatments may interact and potentially worsen each other. Diuretics used in HF can exacerbate lower urinary tract symptoms (LUTS), particularly nocturia and urgency, while alpha-blockers prescribed for BPH may increase the risk of orthostatic hypotension, dizziness, and falls. This clinical overlap may negatively affect quality of life, therapeutic adherence, and risk of rehospitalization. Nursing management plays a pivotal role in addressing these interconnected issues through comprehensive assessment, monitoring, and structured education.
Materials and methods / materiali e metodi: A narrative review of the literature was conducted to analyze current evidence on nursing interventions in patients with HF and BPH. Scientific databases were screened for studies focusing on symptom monitoring, pharmacological management, patient education, self-care promotion, and continuity of care in cardio-urological comorbidity. Relevant clinical and educational strategies were identified and synthesized to outline an integrated nursing approach.
Results / risultati: The coexistence of HF and BPH generates specific management challenges, including diuretic-related nocturia, risk of urinary retention, fluid balance instability, sleep fragmentation, and orthostatic hypotension associated with alpha-blockers. Nursing interventions are central in monitoring daily weight, fluid balance, blood pressure, and LUTS progression. Optimizing diuretic timing, assessing fall risk, educating patients on gradual position changes, and promoting adherence to therapy are essential components of care. Structured education on self-monitoring and early recognition of cardiac decompensation or urinary retention significantly strengthens patient self-management and reduces preventable complications. Multidisciplinary collaboration further enhances clinical stability.
Interpretation of results / discussione: Integrated nursing care requires advanced clinical reasoning to balance cardiovascular and urological priorities. Individualized assessment and patient-centered education are essential to prevent symptom exacerbation and treatment-related adverse events. Empowering patients through self-care strategies may contribute to reducing hospital readmissions and improving functional status and sleep quality.
Conclusions / conclusioni: An integrated and multidisciplinary nursing approach in patients with HF and BPH improves symptom control, supports therapeutic adherence, and enhances overall quality of life. The development of structured care pathways and targeted educational interventions is fundamental to optimizing outcomes in this complex population.

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23F: Empowerment and Nursing Counseling in Female Urinary Incontinence: Clinical Rationale and the Potential Role of Probiotics. Narrative Review

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Introduction and aim of the study / introduzione e scopo dello studio: Female urinary incontinence (FUI) is a common chronic condition with substantial impact on quality of life and psychosocial well-being. Conservative management is recommended as first-line treatment. Nursing counseling based on self-care and self-management models promotes empowerment, adherence, and sustained behavioral change. Growing interest in the genitourinary microbiome has led to hypotheses regarding a potential role of probiotics in modulating urinary symptoms.
Materials and methods / materiali e metodi: A narrative review was conducted using PubMed, CINAHL, and Scopus. Clinical studies, systematic reviews, and guidelines published in the last decade were considered. Eligible studies included adult women with FUI, overactive bladder, or recurrent urinary tract infections (rUTIs), focusing on nursing educational interventions, behavioral programs, and supplementation with Lactobacillus species.
Results / risultati: Structured nursing counseling programs including bladder training, pelvic floor muscle training, lifestyle modification, constipation management, and bladder diary use consistently improve urinary symptoms and quality of life. Empowerment and perceived self-efficacy are key determinants of adherence and long-term success. Emerging research suggests associations between urinary microbiome composition and urgency or urge incontinence phenotypes. However, evidence supporting probiotics for direct treatment of FUI remains limited and heterogeneous. Stronger data are available for prevention of rUTIs, with potential indirect benefits on urinary symptoms in selected women.
Interpretation of results / discussione: Empowerment-based nursing interventions enhance engagement and foster sustainable self-management, representing a cornerstone of conservative continence care. Although microbiome research provides biological plausibility for probiotic use, current evidence does not support routine administration for FUI. Their role may be considered adjunctive in women with recurrent infections or suspected dysbiosis.
Conclusions / conclusioni: Empowerment-oriented nursing counseling is fundamental in FUI management and improves patient-reported outcomes. Probiotics may represent a complementary option in selected cases, but well-designed controlled trials with clinical and patient-centered endpoints are needed to define their role in integrated continence pathways.

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24F: Terminological issues and the role of the pelvic floor in chronic non-infectious urinary symptoms: a narrative review

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Introduction and aim of the study / introduzione e scopo dello studio: In clinical practice and pharmaceutical marketing, the term "abacterial cystitis" is frequently used to describe patients with chronic urinary symptoms in the absence of documented bacterial infection. However, scientific literature shows that this definition is poorly consolidated and inconsistently applied, leading to terminological confusion and clinical challenges. The aim of this study is to critically analyze the use of the term "abacterial cystitis"; to identify clinical conditions characterized by chronic non-infectious urinary symptoms; to explore the role of the pelvic floor in the onset and maintenance of cystitis-like symptoms; and to evaluate the effectiveness of rehabilitative interventions as a therapeutic option.
Materials and methods / materiali e metodi: A narrative literature review was conducted using the PubMed database (2020-2025 for clinical classification; no time limits for the role of the pelvic floor muscles (PFM) and rehabilitation). The search strategy combined MeSH terms and keywords related to chronic urinary symptoms (Bladder Pain Syndrome, Frequency-Urgency..) and pelvic dysfunctions (Overactivity, Pelvic Pain…). Out of 72 initial records, 60 studies were selected (systematic reviews, clinical trials, and guidelines), excluding pediatric, oncological, or acute infectious cases.
Results / risultati: The literature highlights that cystitis-like symptoms fall within the spectrum of primary chronic pelvic pain, characterized by central sensitization and pain chronicity. The pelvic floor may contribute to the maintenance of these symptoms through alterations in muscle tone and the presence of pelvic muscle tenderness. Increased tone of the levator ani is frequently observed in these patients; however, its causal role in symptom generation remains unclear, and its clinical assessment remains heterogeneous without a recognized gold standard. Conversely, muscle tenderness is highly prevalent and shows a strong association with the severity of urinary symptoms and central sensitization indicators, suggesting it is not an exclusively peripheral phenomenon.
Interpretation of results / discussione: Cystitis-like symptoms constitute a nociplastic pain framework rather than an isolated urological disorder. The pelvic floor acts as a peripheral mediator of central sensitization processes. The failure of conventional treatments is often attributable to an organ-centered approach that overlooks psychosocial factors such as kinesiophobia and avoidance behaviors. Accurate pain phenotyping is therefore a prerequisite for effective clinical management

Conclusions / conclusioni: It is necessary to replace the term "abacterial cystitis" with the 2025 EAU nomenclature to standardize clinical language. Specialized physiotherapists are central figures within the multidisciplinary team, implementing a biopsychosocial approach that integrates peripheral modulation (manual therapy) and central desensitization (education, therapeutic exercise, and gradual exposure to movement). A multimodal approach is essential to prevent inappropriate treatments and improve patients' quality of life.

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25F: Cetilar® Patch as an Adjunctive Treatment for Pelvic Pain: A Pilot Study in Endometriosis and Primary Dysmenorrhea

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Introduction and aim: Endometriosis is a chronic inflammatory condition frequently associated with persistent pelvic pain and significant impairment in quality of life. Primary dysmenorrhea, even in the absence of identifiable organic pathology, represents a highly prevalent and clinically relevant condition.
Given the multifactorial nature of pelvic pain, increasing attention has been directed toward non-invasive and multimodal therapeutic strategies. Cetilar® Patch, a topical device based on cetylated fatty acid esters (CFA), has documented anti-inflammatory and muscle-relaxant properties; however, evidence supporting its use in primary and secondary dysmenorrhea remains limited.
This study aimed to provide preliminary clinical evidence on the clinical effectiveness and tolerability of Cetilar® Patch as an adjunctive treatment in women with chronic pelvic pain related to endometriosis and in women with primary dysmenorrhea.
Materials and methods: This prospective observational pilot study included 20 women aged 25–33 years, divided into two groups: 10 patients with a confirmed diagnosis of endometriosis and severe chronic pelvic pain, and 10 patients with primary dysmenorrhea.
All women with endometriosis were receiving combined hormonal therapy and reported recurrent pain symptoms.
The treatment protocol consisted of two daily applications of Cetilar® Patch applied to the suprapubic area, each lasting 8 hours, for 10 consecutive days in the endometriosis group and for 7 days in the primary dysmenorrhea group.
All participants also underwent a pelvic floor rehabilitation program consisting of one 45-minute session per week for 3 months.
Primary outcomes included suprapubic pain intensity as reported by patients and assessed using the Visual Analog Scale (VAS); quality of life evaluated through the SF-36 and EHP-30 questionnaires; and treatment tolerability. No control group was included.
Results: In the endometriosis group, mean suprapubic pain intensity decreased from VAS 10 to VAS 6 after the first application of the patch. Pain resolution (VAS 0) was consistently reported during patch application, while pain levels between applications ranged from VAS 4 to 5.
In the primary dysmenorrhea group, baseline menstrual pain ranged from VAS 5 to 7, with peaks up to VAS 9, and was abolished during treatment.
Both groups demonstrated clinically meaningful improvements in quality-of-life domains, including pain, physical function, and psychological well-being (SF-36), as well as in disease-specific domains such as pain, control, and impact on daily life (EHP-30).
Interpretation of results: Cetilar® Patch was associated with a rapid and reproducible analgesic effect in pelvic pain related to endometriosis and primary dysmenorrhea.
The combination with pelvic floor rehabilitation may have contributed to improved symptom control and quality of life, supporting a multimodal and integrated approach to pelvic pain management.
Given the small sample size and the absence of a control group, these findings should be interpreted with caution.
Conclusions: Cetilar® Patch may represent a promising non-invasive adjunctive option for the management of pelvic pain associated with endometriosis and primary dysmenorrhea.
Further controlled studies with larger sample sizes are warranted to confirm these preliminary findings and to better define its role within multimodal pelvic pain management.

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26F: EDUCATIONAL GAPS OR CULTURAL HERITAGE OF UROLOGICAL NURSES' KNOWLEDGE? A ONE-DAY POINT PREVALENCE STUDY

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Introduction and aim of the study: Urological nursing care requires specialized skills to ensure safe and effective management of delicate procedures and numerous clinical conditions especially in the field of neurourology. The quality of care provided, the prevention of complications, and patient safety directly depend on the adequacy of nursing staff knowledge. However, nursing knowledge is often inadequate, both due to lack of training and cultural heritage ("the way it's always done here"), which can lead to changes in clinical practice and risks to patient safety. These knowledge gaps are typically not detected by traditional needs assessments. The aim of this study was to evaluate nurses' knowledge in the main topics of urology.
Materials and methods: A cross-sectional study (point prevalence) was conducted on December 13, 2025, during the 32nd Tuscan Urology Congress, in the nursing session. Convenience sampling was used to conduct the survey. An expert-validated questionnaire was administered to all nurses (n=63) attending via a digital tool. The questionnaire, which assessed: (i) demographic characteristics (age, gender, department, education level, years of work experience), and (ii) nursing knowledge, included multiple-choice and true/false questions on current urological topics (catheter management, urinary tract infection control and prevention, the role of the nurse in neurourology, urinary stoma care, etc.) and the source from which this knowledge was acquired (academic training, in-service training, senior colleagues).
The study was conducted anonymously and with voluntary participation. The raw data were analyzed with Jamovi version 2.3.28 using descriptive statistics. P values <0.05 were interpreted as statistically significant.
Results: The mean age of the nurses (n = 63) was 50.2 years (range 20–60), and the majority of nurses were female (88.7%). Nursing qualifications included diploma (65%), bachelor's degree (25%), and master's degree (10%). Sixty percent of the nurses worked in surgical units (general surgery, urology), in the operating room (20%), in the intensive care unit (5%), and in medical units (15%). Respondents had an average of 19.9 years (range 3–35) of nursing experience. Respondents were asked 20 questions (true/false, multiple choice) regarding their urology nursing knowledge. None of the respondents received 100% correct answers; the highest score was 80% and the lowest score was 20%. The mean score of 70% for the bachelor's degree groups was higher than for the diploma groups. The most experienced groups achieved the lowest scores. No significant correlation was found between scores and gender, while there was a correlation between the source of knowledge and the correct answer. The academic source scored higher than the information received from colleagues. Most nurses (91%) believed that intermittent catheterization causes more urinary tract infections than indwelling catheterization and that the most commonly used treatment is antibiotics. Many were unaware of some specific aspects of urological nursing care (e.g., collaboration in intradetrusor injections Onabot/A, tibial stimulation, etc.). And some of them (55%) were unaware of all the complications related to urostomies and the availability of new devices to prevent urinary leakage.
Interpretation of results: This study highlights significant gaps in nurses' knowledge on key topics in urological and neurourological nursing, confirming that urological care remains an area where informal learning and clinical tradition often prevail over evidence-based practice. Interestingly, nurses with a bachelor's or master's degree showed higher mean scores than those with a diploma, supporting the importance of formal academic training. These findings, however, suggest that years of experience alone do not guarantee up-to-date or adequate urological skills; indeed, experience may reflect the persistence of outdated practices and a reliance on experiential learning rather than continuing professional development. This phenomenon is consistent with the literature. A structured knowledge assessment, such as the one used in this study, can therefore be a valuable tool for guiding targeted training interventions,

bypassing standard learning assessments that may fail to highlight actual training needs.

Conclusions: The findings of the survey show that nurses have insufficient knowledge regarding urological theme and could benefit from additional specialistic education. The nurse's knowledge is strongly influenced by the level and source of education, in particular reliance on informal knowledge transfer may contribute to the perpetuation of clinical errors. These findings support the need for implementing continuing professional development programs, standardized curricula dedicated to urological nursing, and regular knowledge assessments to ensure safe, high-quality care.

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27F: Do Prolonged Vocalizations Combined with Passive Pelvic Floor Stretching Modulate Resting Muscle Tone in Women with Vulvodynia? A Randomized Controlled Study

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Introduction and aim of the study: Vulvodynia is a chronic vulvar pain condition, either localized to the vestibule and/or generalized, lasting at least three months in the absence of identifiable causes. It is characterized by vulvar hypersensitivity and recognized as a multifactorial pain syndrome.

Beyond peripheral factors, vulvodynia is frequently associated with central sensitization mechanisms, altered nociceptive processing, and autonomic nervous system dysfunction.

Increased resting tone of the pelvic floor musculature and the presence of myofascial trigger points may represent peripheral manifestations of impaired central pain modulation.

Pelvic floor physiotherapy is considered a first-line intervention, as it targets both musculoskeletal dysfunction and neurophysiological mechanisms underlying persistent pain.

Prolonged vocalization during expiration has been hypothesized to promote parasympathetic activation and reduce hyperarousal, potentially enhancing the effects of manual techniques.

The aim of this randomized controlled study was to evaluate whether the integration of prolonged vocalizations with passive pelvic floor muscle stretching can modulate resting muscle tone in women with vulvodynia.

Secondary objectives included the assessment of effects on vulvar pain perception, trigger point sensitivity, sexual function, and health-related quality of life, using validated outcome measures.

Materials and methods: The study was conducted at the Impuls Center, located in Aci Sant'Antonio (CT), and included an intervention group and a control group, for a total of 20 women of reproductive age (18–35 years) with a clinical diagnosis of vulvodynia.

Participants presented with increased resting tone of the pelvic floor musculature (superficial and deep), clinically assessed through vaginal palpation as increased resistance to stretch, reduced tissue compliance, and impaired relaxation capacity, as well as pain elicited on palpation, particularly at the level of the obturator internus and pubococcygeus muscles (NRS $\geq$9/10).

Participants were allocated to either an intervention group or a control group.

The intervention group underwent a protocol of passive pelvic floor muscle stretching, performed by the physiotherapist, combined with prolonged vocalizations including vowels and fricative consonants (a–e–i–o–u–s–z), selected by the patient. The protocol consisted of 4 sets of 10 repetitions, with a 3-minute rest interval between sets; each repetition was associated with a prolonged vocalization lasting 8 seconds during the expiratory phase.

The control group underwent the same passive stretching protocol without vocalizations.

The intervention lasted 6 weeks, with two sessions per week.

Pelvic floor muscle tone was assessed via vaginal palpation, using the modified Oxford scale for voluntary contraction and a clinical evaluation of resting tone based on resistance to stretch, tissue compliance, and relaxation capacity.

Secondary outcomes included vulvar pain intensity assessed using the Numeric Rating Scale (NRS, 0–10), number and tenderness of pelvic myofascial trigger points (particularly at the obturator internus and pubococcygeus muscles), sexual function assessed by the Female Sexual Function Index (FSFI), and health-related quality of life.

Assessments were performed at baseline and post-intervention. Statistical analysis included descriptive statistics and intra- and inter-group comparisons, with significance set at $p < 0.05$.

Results: The intervention group showed a statistically significant reduction in resting pelvic floor muscle tone compared to the control group, evidenced by improved tissue compliance and relaxation capacity on palpation.

In terms of pain, a clinically meaningful reduction in pain intensity was observed, both for spontaneous (vulvar) pain and pain elicited during palpation, assessed using the Numeric Rating Scale (NRS), consistent with established thresholds for clinically significant improvement ($\geq$2 points).

Additionally, a significant reduction in pelvic myofascial trigger points was observed, particularly at the level of the obturator internus and pubococcygeus muscles, in terms of both number and tenderness.

Participants in the intervention group also demonstrated significant improvements in sexual function (FSFI) and health-related quality of life.

Interpretation of results: The findings suggest that integrating prolonged vocalizations during expiration with passive pelvic floor muscle stretching is associated with a reduction in resting muscle tone and pain intensity in women with vulvodynia.

The observed reduction in resting tone, reflected by improved tissue compliance and relaxation capacity, together with the decrease in pain intensity, appears clinically meaningful and may be explained by a dual mechanism of action: peripheral modulation of muscle tone and myofascial trigger points, and central modulation of pain processing mechanisms.

In particular, prolonged vocalization may facilitate parasympathetic activation, contributing to reduced hyperarousal and modulation of central sensitization.

These results support the use of an integrated rehabilitation approach targeting both musculoskeletal and neurophysiological determinants of chronic pain.

Conclusions: The integration of prolonged vocalizations with passive pelvic floor muscle stretching represents a safe and effective rehabilitation strategy for the neuromodulation of muscle tone and pain in women with vulvodynia.

Further controlled studies with larger sample sizes are needed to confirm these findings and to better define its role within the multidisciplinary management of chronic pelvic pain.

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