anastomosis. Different etiology and position of the fistulae should not be underestimated, especially in pts previously undergoing to major pelvic surgery or bladder replacement. In these cases, the scare tissue developing after surgery can compromise the entire neobladder blood supply until to convert the continent diversion into an incontinent one.

SC327 sexual function after pelic organ prolapse surgery: Trocarless Transvaginal Mesh (TTMS) vs. laparoscopic transperitoneal pelvic organ prolapse suspension

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Introduction: Stress urinary incontinence (SUI) and low urinary tract symptoms related to pelvic organs prolapse represent a common condition that negatively impacts on female sexuality (FS). The repair of this anatomical/functional condition could affect female sexual function. Laparoscopic approach known as "pelvic organ prolapse surgery" (POPs) or the anterior repair with a trocar-less trans-vaginal mesh (TTMs) represent two different surgical techniques to reach functional and sexual improvements. This study aimed to compare the results of minimally invasive approach (POPs) with open trans-vaginal mesh tape repair for the correction of SUI and to evaluate the different outcomes on sexual activity and urinary symptoms.
Materials and methods: Fifty-nine female patients, complaining of urodynamic stress incontinence and sexually active at baseline, were enrolled in the study and subdivided in two different groups in relation to the surgical technique used: 29 POPs and 30 TTMs. All patients, followed for a mean follow-up of 11 months, were studied both preoperatively and postoperatively at time 0 and after six months. The preoperative evaluation included: accurate medical history with physical examination (POP-Q, and stress incontinence tests), urodynamic test and pelvic magnetic resonance defecography. All patients completed the Italian form of Female Sexual Function Index (FSFI) and the International Consultation On Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI SF), and a uroflowmetry test with post-void residual volume (PVR) evaluation at baseline and 6 months after surgery.
Results: The two groups (29 POPs and 30 TTMs) were statistically homogeneous according to age, body mass index (BMI), comorbidities and previous surgical procedures, FSFI, ICIQ-UI SF, uroflowmetry parameters and PVR. At the 6 months follow up after surgery, 87% of POPs patients and 79% of TTMs subjects were dry. Complaining the other patients 9% vs 8% improved their symptoms, and the remaining 4% and 13% were unchanged in the two groups, respectively. The statistically significant results were obtained for POP-Q, sensation of bulging and PVR. According to these functional outcomes at 6 months of follow-up, in the POPs group was obtained a significant greater improvement of global FSFI (mean: 28.2; SD: 2.32), when compared to TTMs group (mean FSFI: 24.3; SD: 3.28; p values < 0.05). Particularly, in the POPS group a significant improvement was achieved in the following domains: desire (main: 4.4; SD: 1.2), satisfaction (main: 4.3; SD: 1.1) and pain (main: 4.5; SD: 1,3).
Conclusions: This study showed that minimally invasive approaches such POPs report satisfactory and safe functional outcomes with a good recovery of urinary continence and control of voiding symptoms. Furthermore, POPs when compared to open techniques, such as TTMs, reported a higher improvement of the sexual function in sexually active female patients.

SC328 Robot-Assisted Colposacropexy (RACS) for Pelvic Organ Prolapse (POP): surgical technique and outcomes at a single Italian institution

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Introduction: Pelvic organ prolapse (POP) represents a common female pelvic floor disorder that has a serious impact on quality of life. Several types of procedures with different surgical approaches have been described to correct these defects, but the optimal management is still debated.
In Italy, the robotic era in urologic surgery has involved all fields, but with limited penetration in non-oncologic pathologies. To descibe our surgical technique of robot-assisted colposacropexy (RACS) for Pelvic Organ Prolapse (POP) and to assess surgical and long-term outcomes.
Materials and methods: Clinical data were collected in a dedicated database. Intraoperative variables, postoperative complications, and outcomes of RACS were assessed. A descriptive statistical analysis was performed.
Surgical technique: RASC with use of polypropylene meshes (Coloplast, Restorelle) was performed in all cases using a standardised technique with the da Vinci Surgical System (Intuitive Surgical, Sunnyvale, CA, USA) in a four-arm configuration. In 2 cases a uterus-sparing technique was used. Patients with limited follow-up and with data unavailable were excluded.
Results: We collected retrospectively data of consecutive female patients who underwent Robotic Colposacropexy in our Hospital from March 2018 to May 2020 (26 months). Patients characteristics: 15 number of cases;age median age was 64 years. POP grade were 9 grade II, 5 grade III, 1 grade IV. Surgical outcomes: 112 minutes median operative time (range 96–192 min); no case was converted to open surgery (0%); 2 cases of intraoperative vaginal injury that required reparation with monocryl suture (13.3%); mean haemoglobin loss was (0,9 gr/dl, SD 0,1–2 gr/dl), with no trasfusion needed. Mean hospital stay was 3,2 days (SD 2–5). Fever with prolonged antibiotics administration was observed in 2 cases (13%), mean paracetamol administration for post-operative pain was 2,3 gr/each (range 0–6 gr), with 2 cases of VAS greater than 3. No cases of re-intervention (0%) or re-hospitalization (0%) has occurred. No Clavien-Dindo complication greater than Grade 1 was observed. Functional outcomes: at a median follow-up of 14 months, 2 case of de novo urgency (13%) that resolved in a month from the intervention, no mesh erosion, infection or POP relapse/persistence was observed, 1 case of rectal pain during straining (6.6%). No sexual symptoms were reported. Patients overall satisfaction reported were high (86,6% fully satisfied with the results).
Conclusions: Our technique of RACP for correction of POP is safe and effective, with limited risk of complications and good long-term results in the treatment of all types of POP. The robotic surgical system facilitates precise and accurate placement of the meshes with short operative time, and minimal morbidity for the patients. Costs still remain the main concern to wider diffusion of this technique.

SC329 Patients presenting with lower urinary tract symptoms who most deserve to be investigated for bladder neck sclerosis

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Introduction: Congenital bladder neck sclerosis (BNS) is identified as a common cause of lower urinary tract symptoms (LUTS) in young/