UR1.01.03
EVALUATION OF PELVIC FLOOR DYSFUNCTION: REPAIR USING A SUBVESICAL SLING
D.Ostergard, Dept.OB/GYN, Long Beach Memorial Hospital, Long Beach, CA, USA.

A cystocele may arise from a central defect or a paravaginal defect, or a combination. Differentiation must be made in order to correctly treat the patient.
Many recurrences of the anterior vaginal wall prolapse are because the paravaginal defect was not repaired and only a central traditional type of cystocele repair was performed. If this is done, it will enlarge the bilateral paravaginal defects and create a greater potential for recurrent cystocele as this paravaginal defect further enlarges with time.
In vaginal paravaginal repair, the retropubic space is entered and the white line located. Sutures are placed through the white line, through the vaginal wall, and through the paravesical connective tissue and when these sutures are tied, the paravaginal defect is obliterated.
Unfortunately, this technique has not led to the best results and, therefore, we are now employing a trapezoidally shaped piece of cadaver fascia which measures approximately 5 cm in its superior dimension and 9 cm in its inferior dimension, and 5 cm along each side. The traditional nonabsorbable, permanent sutures are placed and this piece of cadaver fascia is included in those sutures, however, it is not necessary then to include the medial sutures on the perivesical fascia. As of this writing, we have performed this procedure on 50 patients and have so far experienced a 10% recurrence rate with the longest follow-up, now >24 months. We are encouraged by this new approach to the repair of anterior compartment defects. We have noted, however, that in those patients where a rectocele repair has not been performed because it was asymptomatic at the first surgery, that these rectocele defects may enlarge and become symptomatic. We are, therefore, at this point, performing a posterior vaginal repair, even though the patient is asymptomatic.

SS1.01.01
EPIDEMIOLOGIC FACTORS OF HYPERTENSIVE DISORDERS OF PREGNANCY
José M. Belizán, Agustín Conde-Agudelo. Latin American Center for Perinatology, PAHO/WHO, Montevideo, Uruguay.

Several risk factors are associated with the development of pre-eclampsia such as nulliparity, multiple pregnancy, history of chronic hypertension, gestational diabetes mellitus, maternal age above 35 years, fetal malformation and overweight women. The magnitude of the risk of these variables is similar in populations of countries with different socioeconomic levels. Differences among countries are sought as an attempt to identify preventive measures for the development of pre-eclampsia and should be considered in research and implementation approaches. In the case of calcium supplementation to prevent pre-eclampsia no effect of such supplementation was seen in populations with an adequate basal calcium intake (equal or above 900 mg per day): 3 studies in 4566 women showed a typical relative risk of 0.91 (95% confidence intervals 0.73 to 1.14). Whereas in populations with basal calcium intake below 900 mg per day, calcium supplementation showed a beneficial effect: 6 studies in 1842 women showed a typical relative risk of 0.32 (0.22 to 0.47). This is an important issue to be considered and efforts to confirm these findings are necessary, since the estimated of mean calcium intake in the world is around 472 mg per day and in developing countries this is around 346 mg per day.

SS1.01.04
TRATAMIENTO CONSERVADOR EN EL SÍNDROME HELLP
V. Cararach, G. Casals, S. Martínez, O. Coll, J. Figueras. ICGON-IDIBAPS, Hospital Clínic- Universitat de Barcelona

La morbimortalidad maternofetal relacionada con el síndrome HELLP ha hecho que se tienda con razón a finalizar precozmente la gestación, con la previa estabilización de la gestante y, si es posible, el tratamiento corticoideo para maduración fetal, antes de la semana 34. No obstante, en pacientes clínicamente asintomáticas con los diferentes parámetros de control maternofetal estables, puede valorarse adoptar una conducta expectante. Para aumentar la latencia diagnóstico-parto se han propuesto varias líneas terapéuticas, pero fundamentalmente: expansores del plasma, antitrombóticos, y corticoides.
Desde las observaciones del grupo de Martin, corroboradas posteriormente por otros investigadores, se sabe que el síndrome HELLP puede beneficiarse del tratamiento con corticoides. Los corticoides pueden producir una mejoría transitoria del cuadro, que permite el traslado de la gestante a un centro adecuado, acelerar la madurez fetal y producir una mejoría del estado materno en el momento del parto. En un estudio realizado en nuestro servicio en 30 pacientes con síndrome HELLP, existe una tendencia a recuperarse de forma más rápida la cifra de plaquetas y a la estabilidad clínica, aunque no se observa mejoría en la recuperación de AST y LDH.
Según un estudio realizado por Sibai y cols., las gestantes afectas de síndrome HELLP parcial, no tenían el mismo alto porcentaje de complicaciones y, por tanto, este grupo debería beneficiarse aún posiblemente más de una conducta terapéutica conservadora. Por el contrario, se requieren futuros estudios uqe permitan una valoración definitiva de la conducta expectante en el síndrome HELLP completo en caso de que la edad gestacional lo justifique.

SS1.02.01
RECENT LEGAL DEVELOPMENT ON HIV/AIDS IN COLOMBIA
María Isabel Plata, PROFAMILIA, Bogota, COLOMBIA

Colombia as a nation has developed during the last decade an interesting package of norms protecting the fundamental rights of the HIV/AIDS patients. Rights to non-discrimination, the right to health and social security, right to employment, right to education and right to privacy have resulted from a combination of laws and juridprudence.
But what is most interesting is that the synergy generated by the *tutelas* (which allow any person to seek immediate judicial protection of their fundamental constitutional rights), the jurisprudence and the laws, has allowed the country to move from theory to practice. The Ministry of Public Health has just published, last March, the Integral HealthCare Guidelines which include a complete and innovative human rights approach for the care of HIV/AIDS patients. These guidelines comply with the international human rights treaties and pay due attention to the rights of the person. Information, informed consent, the right to privacy and autonomy of the patient are now in the forefront.

SS1.02.02
RECOGNIZING ADOLESCENTS' EVOLVING CAPACITIES TO EXERCIZE CHOICE IN REPRODUCTIVE HEALTH CARE
R.J. Cook, Faculty of Law and Faculty of Medicine, University of Toronto, 84 Queen's Park, Toronto, Ontario, Canada, M5S 2C5.

All countries (except Somalia and the USA) have adopted the UN Convention on the Rights of the Child, which usually applies to individuals aged under 18 years. The Convention requires governments to "respect the responsibilities, rights and duties of parents [or others acting as parents] … in a manner consistent with the evolving capacities of the child." Many adolescents gain capacity to make decisions for themselves concerning reproductive and sexual health services, and to decide issues of confidentiality. Immature adolescents must be given usual protections. The Convention sets a legal limit on parental power to deny capable adolescents reproductive and sexual health services. The question whether an adolescent is a "mature minor" must be decided by health service providers independently of parental judgment. The specific duties of government and health service providers to implement adolescent rights regarding their reproductive and sexual health needs are examined.

SS1.02.03
LEGAL CHALLENGES IN ASSISTED REPRODUCTION
B.M. Dickens, Faculty of Law, University of Toronto, Toronto, Ontario, Canada

Challenges to be addressed include:
1. Embryo Creation. It is illegal for practitioners under contracts requiring ethical practice to create human embryos for research, characterized by the goal to develop generalizable knowledge. Genetic research may soon require embryos created with targetted genetic characteristics. Where the primary goal is to treat patients' reproductive