

intervention and failed to complete the 6-month GnRH agonist treatment. An evaluation was performed every 6 months up to 2 years.

Results: Re-intervention rates were 17.6% (n=9), 29.4% (n=15), and 37.3% (n=19), but failure rates were 7.8% (n=4), 15.7% (n=8) and 19.6% (n=10), at the end of the 6-month, 12-month, and 24-month follow-up, respectively. Four patients failed to complete the 6-month GnRH agonist treatment, and 6 received surgical intervention.

Conclusion: The use of GnRH agonist to produce menopause can be an alternative choice in the management of perimenopausal women with symptomatic uterine myomas, since more than 80% of women benefited from this treatment during this 2-year follow-up.

Keywords: Perimenopause, anemia, gonadotropin-releasing hormone agonist, uterine myoma.

Urogenital

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EFFECT OF WERTHEIM'S HYSTERECTOMY ON URODYNAMIC PROFILE

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Objectives: To study the alteration in voiding functions and bladder and urethral pressure profile following Wertheim's hysterectomy.

Methods: The present study was carried out on 40 patients admitted in gynaecology ward of a tertiary care centre in north India for radical hysterectomy for cancer cervix. Urodynamic investigations including uroflowmetry, cystometry and urethral pressure profile were performed preoperatively, two weeks and six weeks after surgery. Urinary complaints were also noted down in the post operative period. The data was statistically analyzed using *t*-test.

Results: There was a significant decrease in flow rates, voiding volume, maximum bladder capacity and volume at first sensation two weeks after surgery, but after six weeks these parameters showed increased values and were similar to preoperative values. The rise in pressure at first sensation, pressure at maximum bladder capacity and decline in detrusor contraction pressure were highly significant two and six weeks after radical hysterectomy. There was highly significant decline in maximum urethral pressure, urethral closure pressure and functional length of urethra after two weeks but recovery was evident six weeks after surgery.

Conclusions: Following Wertheim's hysterectomy, the bladder is hypertonic. Regeneration of damaged nerve fibers is found to occur during six to eight weeks after surgery. The duration of catheter drainage should be individualized based on the urodynamic investigations. Proper post operative management minimizes the severity and incidence of long term bladder problems.

Keywords: Wertheim's hysterectomy, cancer cervix, Urodynamic profile.

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IMPLANT SHEETS FROM A PORCINE SOURCE USED IN ANTEROPOSTERIOR VAGINAL SUTURING IN WOMEN WITH CYSTORECTOCELE

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Objectives: To evaluate the use of implant sheets from a porcine source in the procedure of anteroposterior vaginal suturing in cystorectocele.

Methods: The study group was consisted of 25 aged between 55 and 82, who were subjected to vaginal hysterectomy followed by anteroposterior vaginal suturing and to which implant sheets from a porcine source was used. The grafts used were SURGISIS™. This product has been sterilized with ethylene oxide. The graft site is prepared using the standard surgical technique of anteroposterior vaginal suturing. Then, the SURGISIS™ sheet is transferred to the site and is sutured into place with close tissue approximation, avoiding excess tension. Note that the product is derived from a porcine source and should not be used in patients with known sensitivity to porcine material.

Results: The suture retention strength of single layer SURGISIS™ is 303±51. The nominal thickness is 0.20 and the burst force is 23.1±1.8. The potential complications are: a) infection, b) acute or chronic inflammation (initial application of surgical graft materials may be associated with transient, mild, localized inflammation), c) allergic reaction.

If any of the above conditions occur, the product should be removed. The results of using the graft were statistically important. Only 1 patient developed localized acute inflammation.

Conclusions: The clinical importance of the implant sheets of a porcine source used in anteroposterior vaginal suturing in women with cystorectocele was statistically important. The use of these implant sheets actually improved the results of this surgical procedure.

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COULD VAGINAL SOY ISOFLAVONES IMPROVE VAGINAL ATROPHY?

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Objectives: The aim of study was to evaluate possibility to use vaginal application of soy isoflavones for proliferation test and therapy of vaginal atrophy. Vaginal application of estradiol and estriol have no contraindication but some patients ask for "natural therapy".

Methods: Prospective two-month study of 10 postmenopausal women with clinical signs of vaginal atrophy minimally 5 years after menopause was conducted. The vaginal application of soy isoflavones PhytoSoya vaginal gel twice a week were evaluated.

Results: Vaginal application of soy isoflavones induce only weak proliferation of vaginal mucosa. None of patient have more than 90% of intermediate cells after therapy, average 46% was achieved. Only 10% of women have felt improve of clinical signs of vaginal atrophy.

Conclusions: Vaginal application of soy isoflavones is not appropriate for therapy of vaginal atrophy.

Keywords: Vaginal atrophy, soy isoflavones.

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STRESS URINARY INCONTINENCE WAS NOT INFLUENCED BY HORMONE REPLACEMENT THERAPY, BUT HAD AN AFFECT ON PERI-MENOPAUSAL QUALITY OF LIFE

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Objectives: Stress urinary incontinence (SUI) is one of important problems to deteriorate quality of life (QOL) in Japanese perimenopausal women, but less information was reported until now. The aim of this study is to estimate the effect of hormone replacement therapy (HRT) and pelvic floor muscle training (PFMT) on peri-menopausal SUI, and to determine the change of QOL.

Methods: The 399 peri-menopausal women in our clinic (46-60 years old) were involved in this study after informed consent, and assessed with questionnaires, which were prepared to evaluate menopausal symptoms, SUI status and QOL score. The changes of these scores were estimated with or without PFMT, HRT at 1st visit and 3-months follow-up.

Results: The SUI was observed in 38% of the patients, and BMI was higher in SUI group. On the other hand, the ratio had no difference in menopausal status and in HRT using condition, respectively. Additionally, no difference was observed in QOL at the 1st visit. After 3 months follow-up, SUI was improved in 12.5%, but deteriorated in 5.0%. The number of deteriorated women, who were carrying out PFMT exercise, was just one out of 53 women, and HRT had no effect on increasing the improved ratio. Furthermore, QOL score after 3 months was significantly higher in women without SUI than with SUI.

Conclusion: SUI improvement was not affected by the use of HRT, but was associated to progress QOL scores in peri-menopausal women.

Keywords: Stress urinary incontinence, hormone replacement therapy.