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## **Gynaecological Day Surgery**

There has been a significant change in gynaecological surgery over the last 10 with trends towards vears. less invasive & day procedures. This can be with seen the management of menorrhagia, prolapse & stress incontinence. Ten years ago the standard management of these three common conditions was hysterectomy, major vaginal surgery & open Burch colposuspension. Today these have been largely replaced by Mirena IUCD or vaginal ablation. mesh repairs & suburethral slings. These procedures are increasingly being performed as day This can be seen in a only surgery. 12 months of Dr recent review of Foote's day cases (n=304): Ablation = 11Anterior/posterior repair = 29Bartholins = 3Circumcision = 29Cystoscopy = 126IMC = 7Hysteroscopy/Mirena = 34Laparoscopy = 16Mesh prolapse repair = 6Suburethral sling = 41Tubal ligation = 1Vaginal warts = 1



## Stem Cells & Incontinence

The International Continence Society held its annual scientific meeting in Toronto, Canada in August. Stem cells from autologous muscle derived cells (AMDC) using the quadriceps muscle have successfully been used in humans to treat stress incontinence with periurethral injection. These early trials are looking promising, however still await longer term follow up & randomised trials (Chancellor 2010).



## Sex & Prolapse

Painful intercourse as a result of prolapse has been shown to significantly improve after vaginal prolapse surgery (Fatton 2010). Corrective surgery included vaginal hysterectomy, vault suspension & suburethral sling & vaginal mesh repair. The study followed 323 patients for 12 months after surgery & found that the rate of dyspareunia dropped from 35% to 25% (P= 0.005)

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