

Friday 13 February 2015



**INTERNATIONAL
PELVIC FLOOR
SYMPOSIUM**
caring through research, education and innovation

Presented by **Intus** in conjunction with
Digestive and Colorectal Care



**ST GEORGE'S
HOSPITAL**
A TRADITION OF EXCELLENCE

0830 – 0855	REGISTRATION AND COFFEE
Session 1 Pelvic floor – the enigma for the surgeon?	
0855 – 0900	WELCOME
0900 – 0930	Anatomical correlates of PF disorders and functional relevance that relate with muscles of pelvic floor, supportive tissue of the pelvis, nerves in the pelvis <i>Latika Samalia</i>
0940 – 1000	Optimal imaging strategies (ultrasound, DPF, MRI etc) <i>Adrian Balasingham</i>
1000 – 1020	MDT in the management of pelvic floor disorders – the challenge of finding a mutual agreement <i>Richard Perry</i>
1020 – 1045	MORNING TEA and EXHIBITION

Session 2 Obstetrics	
1045 – 1100	Antenatal assessment of the pelvic floor- Identifying women at risk of anal sphincter injury and faecal incontinence post birth <i>Taryn Hallam</i>
1100 - 1115	Obstetric strategies to minimise pelvic floor injury <i>Liz MacLeod</i>
1115 - 1135	Long term effect of pregnancy and delivery on pelvic floor structure and function <i>Joy Dixon</i>
1135- 1155	Psychopathology in the pelvic floor (sexual abuse, sexual disorders) <i>Lois Surgenor</i>
1145 – 1215	Panel Discussion: All babies should be delivered by caesarean section to preserve pelvic floor function
1215 – 1315	LUNCH and EXHIBITION

Session 3 Faecal and urinary incontinence	
1315 - 1330	Socioeconomic impact of incontinence in New Zealand <i>Helen Peek</i>
1330 – 1345	Faecal incontinence – The physiotherapy approach <i>Taryn Hallam</i>
1345 – 1400	Urinary incontinence – The Urologist approach <i>Sharon English</i>
1400 – 1420	Biofeedback therapy for faecal incontinence <i>Ingo Kolossa</i>
1420 – 1450	Neuromodulation SNS/PTNS: The new gold standard? <i>Klaus Matzel</i>
1450 – 1520	Challenges with anal sphincter devices and interventions <i>Paul-Antoine Lehur</i>
1520 – 1545	AFTERNOON TEA

Session 4 Pelvic organ prolapse – bear in mind there is three compartments	
1530 – 1550	“To mesh or not to mesh” Anterior compartment <i>Pro: Sharon English Contra: Joy Dixon</i> <i>Challenge the statement</i>
1550 - 1600	
1600 – 1620	Middle compartment <i>Pro: Michael East Contra: Thierry Vancaillie</i> <i>Challenge the statement</i>
1620 - 1630	
1630 – 1650	Posterior compartment <i>Pro: Paul-Antoine Lehur Contra: Richard Perry</i> <i>Challenge the statement</i>
1650 - 1700	
1700 - 1745	MDT Panel: “do we mutually agree” Presenting challenging cases / alternatively worst case scenario - what next? Panel: <i>Richard Perry, Michael East, Paul-Antoine Lehur, Thierry Vancaillie, Klaus Matzel, Joy Dixon, Sharon English</i>
1930	SYMPOSIUM DINNER

Saturday 14 February 2015



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Session 5 **Chronic pelvic pain**

0830 – 0850	Neuropelveology – “understanding the road map” <i>Thierry Vancaillie</i>
0850 – 0910	Chronic pelvic pain – the undesirable patient <i>Rick Acland</i>
0910 – 0930	Can psychiatry help? <i>Sandy MacLeod</i>
0930 - 0950	Physiotherapy approach <i>Taryn Hallam</i>
0950 – 1015	MORNING TEA
1015-1030	Botox – where, when, how <i>Thierry Vancaillie</i>
1030 – 1050	Mesh – saviour or mischief – beginning of a new era <i>Richard Perry</i>
1050 – 1120	Persistent pain post vaginal repair surgery – a personal experience <i>Michael East</i>
1120 - 1200	Neuromodulation – last resort or promising alternative <i>Klaus Matzel</i>
1200 - 1240	Pudendal nerve release – the answer we have been waiting for? <i>Thierry Vancaillie</i>
1240 - 1300	Interactive discussion with MDT panel
1300	END OF SYMPOSIUM and LUNCH