

INTERNATIONAL UROGYNECOLOGICAL ASSOCIATION



Astana, Kazakhstan

November 1 - 2, 2010

Karl Storz Education Center at
National Research Center for
Maternal and Child Health

Report prepared by Sylvia Botros, Soren Brostrom, Sanjay Sinha, Wolfgang Umek

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1. General introduction to the IUGA eXchange Program

The IUGA eXchange program has been established in 2004 by the IUGA Educational Committee. The aim of this program is to reach audiences in countries, that previously were not involved in IUGA activities (typically, but not necessarily countries in the developing world) and to exchange with them ideas about education and training in Urogynecology. The program was called "IUGA-eXchange" to highlight the idea of an atmosphere of mutuality of the learning-process of everyone participating. The first exchange was held in Johannesburg (South Africa) in May 2005.

The objectives of IUGA eXchange are:

1. To promote the international exchange of knowledge and skills in urogynecology and reconstructive pelvic surgery
2. To further distribute the guidelines for training in URPS proposed to improve the quality of care of patients with female pelvic health problems
3. To improve identification of important female pelvic health issues in host-countries and to strengthen contacts to health care providers involved.

2. Preparatory meeting

A preparatory meeting was organized in Astana June 14th to 15th, 2010 (see report **Appendix 1**) at which the organizing committee scouted the venue, discussed the organization of the meeting with the local organizers, and agreed on the scientific program.

3. Report on the eXchange

The meeting took place on November 1st and 2nd, 2010 at the National Research Center of Mother and Child Health in Astana, Kazakhstan. The atmosphere was informal, the flow of the program was smooth. There was great interest and a strong desire to learn about pelvic floor anatomy, function and disorders. Participants were actively participating in all parts of the course and exchanged ideas and experiences from their practice with the IUGA faculty whenever possible.

Scientific program

The scientific program consisted of 6 plenary sessions with 2 lectures (each 15 minutes including discussion) and 6 workshops (90 minutes each). The scientific program is listed in **Appendix 2**.

Presentations

1. Health Care System in Kazakhstan (Ukybassova, Astana)
2. Female Pelvic Health Issues in Kazakhstan (Luchshayeva, Astana)
3. Overactive Bladder – Definition and Treatment (Ukybassova, Astana)
4. Basic Diagnostic Algorithm in Female Urinary Incontinence (Brostrom, Copenhagen)
5. Urinary Stress Incontinence (Kassenova, Astana)
6. Perineal Lacerations (Botros, Chicago)
7. How Evidence Based Medicine changes the way we do medicine (Botros, Copenhagen)
8. Vaginal Hysterectomy: Is it mandatory during pelvic floor reconstruction (Umek, Vienna)
9. To MESH or not to MESH in POP repair (Kotlabovsky, Aktubinsk)
10. Surgical Options for Pelvic Organ Prolapse (Brostrom, Copenhagen)
11. Conservative Treatment Options for Incontinence (Botros, Chicago)
12. Pregnancy and the pelvic floor (Toktarbekovj, Astana)

Workshops

Workshop 1: Voiding Diary

Chairs: Sylvia Botros/ Galymzhan Toktarbekov

A voiding diary is an integral part of any diagnostic workup for urinary incontinence. It is a simple but powerful tool and recommended internationally. At the end of this workshop, the participants will understand the value possible diagnostic information which can be gained from a voiding diary and will be able to explain a voiding diary to patients and evaluate it.

Workshop 2: POP-Q Scoring System

Chairs: Wolfgang Umek/Dana Kassenova

The pelvic organ prolapse quantification (POP-Q) is a descriptive system of assessment of pelvic organ support. It uses a series of site-specific measurements which form the basis for pelvic organ prolapse staging. At the end of the workshop, the participant shall be able to confidently evaluate and stage defects in pelvic support.

Workshop 3: Postpartum Perineal Repair

Chairs: Soren Brostrom/Elena Luchshayeva

Perineal trauma is the most common complication of vaginal delivery worldwide. Urinary and anal incontinence as well as fistula formation and sexual dysfunction are the most severe complications of perineal trauma. At the end of this workshop, participants will understand the different forms of perineal trauma and adequate ways to repair it. The workshop is hands-on using animal models.

Workshop 4: Surgical Landmarks in Pelvic Anatomy

Chairs: Wolfgang Umek/Dana Kassenova

Pelvic anatomy is the basis for any kind of surgery. It is necessary to understand the concept of surgery to cure pelvic floor dysfunction. Especially for the practising urogynecologist, the understanding of different anatomic concepts are relevant to every day practise. At the end of this workshop, participants will understand current concepts of pelvic floor anatomy and – function. The workshop is hands-on using plastic pelvic models and every day material for a tangible experience.

Workshop 5: Urodynaic investigations in women

Chairs: Soren Brostrom/ Elena Luchshayeva

Non-invasive as well as basic invasive urodynamic investigations will be coverd in this workshop. The indications and clinical utilities of urodynamics will be covered in an interactive approach, with clinical cases and urodynamic traces.

Workshop 6: How to Read a Scientific Article

Chairs: Sylvia Botros/Vladimir Kotlabovski

The ability to critically read a scientific article is important when trying to make practice changing decisions. During this workshop, we will critically appraise an article focusing on the methodology and results sections. At the end of the workshop the participant will have basic tools to be able to evaluate scientific articles.

Speakers

Prof.Dr. Sylvia Botros, Chicago, USA

Prof.Dr. Soren Brostrom, Kopenhagen, Denmark

Prof.Dr. Wolfgang Umek, Vienna, Austria

Prof.Dr. Talshyn Ukybassova, National Research Center of Mother and Child Health, Astana

Dr. Yelena Luchshayeva, National Research Center of Mother and Child Health, Astana

Dr. Galymzhan Toktarbekov, National Research Center of Mother and Child Health, Astana

Prof.Dr. Kotlabovski, Aktubinsk

Dr. Dana Kassenova, National Research Center of Mother and Child Health, Astana

Venue and Location of eXchange

Storz Centre at the National Research Center of Mother and Child Health (NRCMCH)

32 Turan Avenue, 10000 Astana Kazakhstan

The venue was provided by the National Research Center of Mother and Child Health, free of charge

Local organizing committee chairperson

Dr. Yelena Luchshayeva,

Division of Gynecology, Department of Obstetrics and Gynecology

National Research Center of Mother and Child Health (NRCMCH)

Local organizing committee members

- Professor Dr. Talshyn Ukybassova (Senior local committee member)
Email: talshynu@yandex.ru
- Dr. Galymzhan Toktarbekov,
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- Dr Dana Kassenova
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- Olshaz Togisbaev
Email: t-05-9@mail.ru

all: National Research Center of Mother and Child Health (NRCMCH)

32 Turan Avenue, 10000 Astana, Kazakhstan

IUGA Organizing Committee

Dr. Wolfgang Umek

Department of Obstetrics and Gynecology, Medical University Vienna

Waehringer Guertel 18-20, 1090 Wien, Austria

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Dr. Sanjay Sinha

Department of Urology, Medwin Hospital,

Chirag Ali Lane, Hyderabad-500001, India

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A registration desk was available and all participants were provided with name batches and an IUGA certificate of attendance (**Appendix 3**).

At the end of the meeting a CD-ROM was presented to all participants. This CD contained all plenary lectures.

A course evaluation form was given to all attendees to complete. This evaluated the presentations and workshops as well as the speakers, as excellent, good, fair and poor. The course evaluation results are available in **Appendix 4A and B**.

Pre- and Post-Course Questions

21 Questions were asked before and after the program. The questions had been developed by the lecturers and tutors. Results are found in **Appendix 5**.

Speakers dinner

A speakers dinner was held on Saturday evening at a local restaurant "Line Brew"

Course dinner

A course dinner for all participants was held at a typical local Kazakh restaurant. It was sponsored by Astellas

List of Expense	Total in KZT	evro
Coffee brake (2 days per one pers)	195 000 KZT	975
Badges for the participants	20 000	100
Certificate	10 000 KZT	50
Supper for the participants	50* 5000	1 250
Banners	39 998	200
Total		2 575

Special notes on this eXchange

It is remarkable that this was the first eXchange program held in Russian/English.. Professional translation was key to the success of the program. Professional conference translators were hired and wire-less headphones were provided to every participant. Translators were prepared to the subjects of the talks and workshop. In this way it was very well possible to follow talks and presentations, even most of the scientific discussions. However, any kind of spontaneous communication with the participants and even most of the tutors was limited due to language barriers. Most participants exclusively communicated in Russian, not English.

It is important to note that the meeting was not entirely held as planned because as late as early October doubt arouse that Indian citizens would not be allowed into the country despite a valid VISA. As a consequence, this affected Dr. Sinha´s participation who could not attend as planned. Also, two of the confirmed Kazakh speakers, Dr. Sholoh and Dr. Ibragimov canceled their participation very shortly before the meeting. No specific reason was given, neither by the local organizers nor the speakers themselves. Their part was substituted for on ultrashort notice by the other faculty.

It is worth noting that booking the flight for W Umek through IUGA´s agency Tzell Travel Group turned out to be twice as expensive as available through the internet (2000 US\$ opposed to 1000 US\$). We recommend for each IUGA faculty to submit a cost estimate to IUGA and then ask IUGA office to compare with Tzell.

The Kazakh faculty showed interest in organizing a follow-up meeting and suggested two cities to chose from: Almaty, the former capital and still by far the biggest city in the country, and Aktubinsk, a University city in the western part of the country, near the Caspian See, traditionally a part of the country which is open to the West.

Impressions



Appendix 1



I U G A e X c h a n g e 2 0 1 0
Astana, Kazakhstan
Report on the preparatory meeting
June 14th to 15th 2010

Prepared by Drs. Sanjay Sinha and Wolfgang Umek

This is the report on the first preparatory meeting for an IUGA eXchange in the Republic of Kazakhstan according to the guidelines.

The preparatory meeting was held in Astana, Kazakhstan on June, 14th and 15th 2010. IUGA eXchange Organizing Executives (IEOE) were Dr. Sanjay Sinha and Dr. Wolfgang Umek (faculty chairperson).

The IEOEs met with the local organizing committee under the leadership of Dr Yelena Luchshayeva along with Ms Dilara from the Department of International Relations on June 14th and 15th. The following topics were discussed:

- IUGA's objectives for the eXchange program
- IUGA's requirements for supporting the program
- The benefits for both sides
- The obligations of both sides

(all according to the guidelines, www.iuga.org/files/public/IUGA_Exchange_Background_and_Guidelines.pdf)

IEOE note that

- Kazakhstan has a society of OB/GYN
- Kazakhstan does NOT have a society of urogynecology but has a sufficient number of specialists dealing with and interested in urogynecologic disorders

Language

Russian is the primary language of communication in the medical field in Kazakhstan, although Kazakh has recently been promoted as national language. Many people speak and understand English, and English is officially promoted as the primary foreign language. However, it will does not seem feasible to do the eXchange program fully in English. The IEOE recognizes the crucial importance of retaining English as the primary medium of communication but . However, without additional, professional translation, the program cannot achieve its objectives. It is the opinion of the IEOE that IUGA objectives can most likely be achieved by use of simultaneous translation into Russian and the use of dual projection with English/Russian slides. This could be considered as a pilot project and the model maybe useful at other eXchange sites across the globe.

The estimated costs are 4000 US\$ for the necessary three translators (one for each break-away session) and technical equipment for two days. We ask IUGA to consider providing additional funds for translation because it will be very difficult to raise such an amount through local sponsors.

Dates of eXchange:

1st to 2nd November, 2010

Location of eXchange

National Research Center of Mother and Child Health (NRCMCH), 32 Turan Avenue, 10000 Astana
Kazakhstan

Local organizing committee chairperson

Dr. Yelena Luchshayeva,

Division of Gynecology, Department of Obstetrics and Gynecology

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Local organizing committee members

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Email: elena-lu73@mail.ru
- Dr. Galymzhan Toktarbekov,
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all: National Research Center of Mother and Child Health (NRCMCH)

32 Turan Avenue, 10000 Astana, Kazakhstan

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Dr. Sanjay Sinha
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Chirag Ali Lane, Hyderabad-500001, India
Email: drsanjaysinha@hotmail.com

Length of program: 2 days

Scientific Program:

Presentations (12 slots, 15 min)

13. Health Care System in Kazakhstan (Ukybassova)
14. Female Pelvic Health Issues in Kazakhstan (Luchshayeva)
15. Basic Diagnostic Algorithm in Female Urinary Incontinence (BrostromUmek)
16. Overactive Bladder – Definition and Treatment (Ukybassova)
17. How Evidence Based Medicine changes the way we do medicine (BotrosIUGA; NN)
18. Perineal Lacerations (Botros)IUGA,NN)
19. Vaginal Hysterectomy: Is it mandatory during pelvic floor reconstruction (Umek)(IUGA, NN)
20. To MESH or not to MESH in POP repair (Kotlabovsky)
21. Conservative Treatment Options for Incontinence (Sinha)
22. Urinary Stress Incontinence (IbragimovKassenova)
23. Surgical Options for Pelvic Organ Prolapse (Brostrom)IUGA)
24. Pregnancy and the pelvic floor (Toktarbekov)

Workshops (60 min)

- WS #1 Voiding Diary (Sinha + Toktarbekov)
- WS #2 POP-Q (Umek + Kassenova)
- WS #3 Postpartum Perineal Repair (Brostrom + Luchshaeva)
- WS #4 Surgical Landmarks in Pelvic Anatomy ((Umek + Kassenova), NN)
- Postpartum Perineal Repair
- WS #5 Genito-urinary Fistulae ((Sinha, NN) + Sholoh)
- WS #6How to read a scientific article (Botros + Kotlobovsky)

Other activities

Short tour of NRCMCH (OR, urodynamics room, patient room) confirmed
Astana tour

Speakers

IUGA faculty:

Prof.Dr. Sanjay Sinha, Email: drsanjaysinha@hotmail.com

Prof.Dr. Wolfgang Umek, Email: wolfgang.umek@gmail.com

Prof.Dr. Soren Brostrom, Email: soren@brostrom.dk

Prof.Dr. Sylvia Botros, Email: smbotros@yahoo.com

Kazakh faculty:

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Dr. Galymzhan Toktarbekov, email: gala1188@mail.ru

Prof.Dr. Kotlabovski (Gynecologist, Aktubinsk) email: kv55@mail.kz

Dr. Pavel Sholoch (Gynecologist, Astana), email: sholoh67@mail.ru, tel: +7 701 533 78 64

Dr. Ravil Ibragimov (Urologist, Almaty) email: rava747@mail.ru, tel: +7 777 380 34 11, +7 701 747 20 70

Dr. Dana Kassenova (Gynecologist, Astana), email: dana.soraski@yandex.kz

Meeting venue

Karl Storz Education Center at

National Research Center of Mother and Child Health (NRCMCH)

32 Turan Avenue, 10000 Astana Kazakhstan

No user fee!

Meals and refreshments

3 coffee breaks, 2 working lunches, 1 delegates dinner (Monday evening), 1 speakers dinner (Sunday evening, IUGA sponsors)

Registration fee

3000.- KZT (includes participation, fee for lunches)

Suggested accomodation for IUGA speakers

Hotel Duman (Kurgalzhinskoye Highway, 2A, Astana, Kazakhstan), approx 120 US\$ per person and night

Faculty dinner location (funded by IUGA)

Restaurant Farhi

Delegates dinner

Saahb

Travel booking

It is worth noting that booking the flight for W Umek through IUGA's agency Tzell Travel Group turned out to be twice as expensive as available through the internet (2000 US\$ opposed to 1000 US\$). We recommend for each IUGA faculty to submit a cost estimate to IUGA and then ask IUGA office to compare with Tzell.

A Program **budget for the program** will be send to IUGA by (Dr Luchshayeva)

Approximate Cost of IUGA EXCHANGE Program					
#	List of Expense	Cost per Item	Qty	Total in KZT	Approx in USD
1	Badges for the participants	500	45	22500	153,06
2	Travel cost for two Kazakh experts	60000	2	120000	816,33
3	Suture material	820	80	65600	446,26
4	Sewing together of perineum breaks	3000	40	120000	816,33
5	Certificate	200	36	7200	48,98
6	Accommodation for two Kazakh experts	40000	2	80000	544,22
7	Coffee brake (2 days per one person)	3000	40	120000	816,33
8	Supper for the participants	10000	45	450000	3061,22
9	Booklets	1040	40	41600	282,99
	Total:			1026900	6985,71

APPENDIX 2: SCIENTIFIC PROGRAM AS HELD

Monday, November 1st 2010

8:30 - 9:00: Registration

9:00 Welcome (Umek, Ukybassova, Lushchayeva)
9:10 Health Care System in Kazakhstan (Ukybassova)
9:20 Female Pelvic Health Issues in Kazakhstan (Luchshayeva)

9:30-11:00 Group Work

Group Red: WS #1 Voiding Diary (Botros + Toktarbekov)
Group Blue: WS #2 POP-Q (Umek + Kassenova)
Group Yellow: WS #3 Postpartum Perineal Repair (Brostrom + Luchshaeva)

11:00 – 11:30 Coffee Break

11:30 – 12:00 Plenary Session

11:30 Overactive Bladder – Definition and Treatment (Ukybassova)
11:45 Basic Diagnostic Algorithm in Female Urinary Incontinence (Brostrom)

12:00 – 13:30 Group Work

Group Red: WS #2 POP-Q (Umek + Kassenova)
Group Blue: WS #3 Postpartum Perineal Repair (Brostrom + Luchshaeva)
Group Yellow: WS #1 Voiding Diary (Botros + Toktarbekov)

13:30 – 14:30 Lunch

14:30 – 15:00 Plenary Session

14:30 Urinary Stress Incontinence (Kassenova)
14:45 Perineal Lacerations (Botros)

15:00 – 16:30 Group Work

Group Red: WS #3 Postpartum Perineal Repair (Brostrom + Luchshaeva)
Group Blue: WS #1 Voiding Diary (Botros + Toktarbekov)
Group Yellow: WS #2 POP-Q (Umek + Kassenova)

16:30 – 17:00 Coffee Break

17:00 – 17:30 Plenary Session

17:00 How Evidence Based Medicine changes the way we do medicine (Botros)
17:15 Vaginal Hysterectomy: Is it mandatory during pelvic floor reconstruction (Umek)

End of day 1

Tuesday, November 2nd 2010

9:00 – 9:30 Plenary Session

9:00 To MESH or not to MESH in POP repair (Kotlabovsky)
9:15 Surgical Options for Pelvic Organ Prolapse (Brostrom)

9:30 – 11:00 Group Work

Group Red: WS #4 Surgical Landmarks in Pelvic Anatomy (Umek + Kassenova)
Group Blue: WS #5 Urodynamics (Brostrom + Lushchayeva)
Group Yellow: WS #6 How to read a scientific article (Botros + Kotlabovsky)

11:00 – 11:30 Coffee Break

11:30 – 13:00 Group Work

Group Red: WS #5 Urodynamics (Brostrom + Lushchayeva)
Group Blue: WS #6 How to read a scientific article (Botros + Kotlabovsky)
Group Yellow: WS #4 Surgical Landmarks in Pelvic Anatomy (Umek + Kassenova)

13:00 – 14:00 Lunch

14:00 – 14:30 Plenary Session

14:00 Conservative Treatment Options for Incontinence (Botros)
13:15 Pregnancy and the pelvic floor (Toktarbekov)

14:30 – 16:00 Group Work

Group Red: WS #6 How to read a scientific article (Botros + Kotlabovsky)
Group Blue: WS #4 Surgical Landmarks in Pelvic Anatomy (Umek + Kassenova)
Group Yellow: WS #5 Urodynamics (Brostrom + Lushchayeva)

16:00 – 16:30 Course Evaluation, Closing Remarks, Certificates

APPENDIX 3: CERTIFICATE FOR ATTENDEES



Certificate of Attendance

Presented to

NAME OF PARTICIPANT

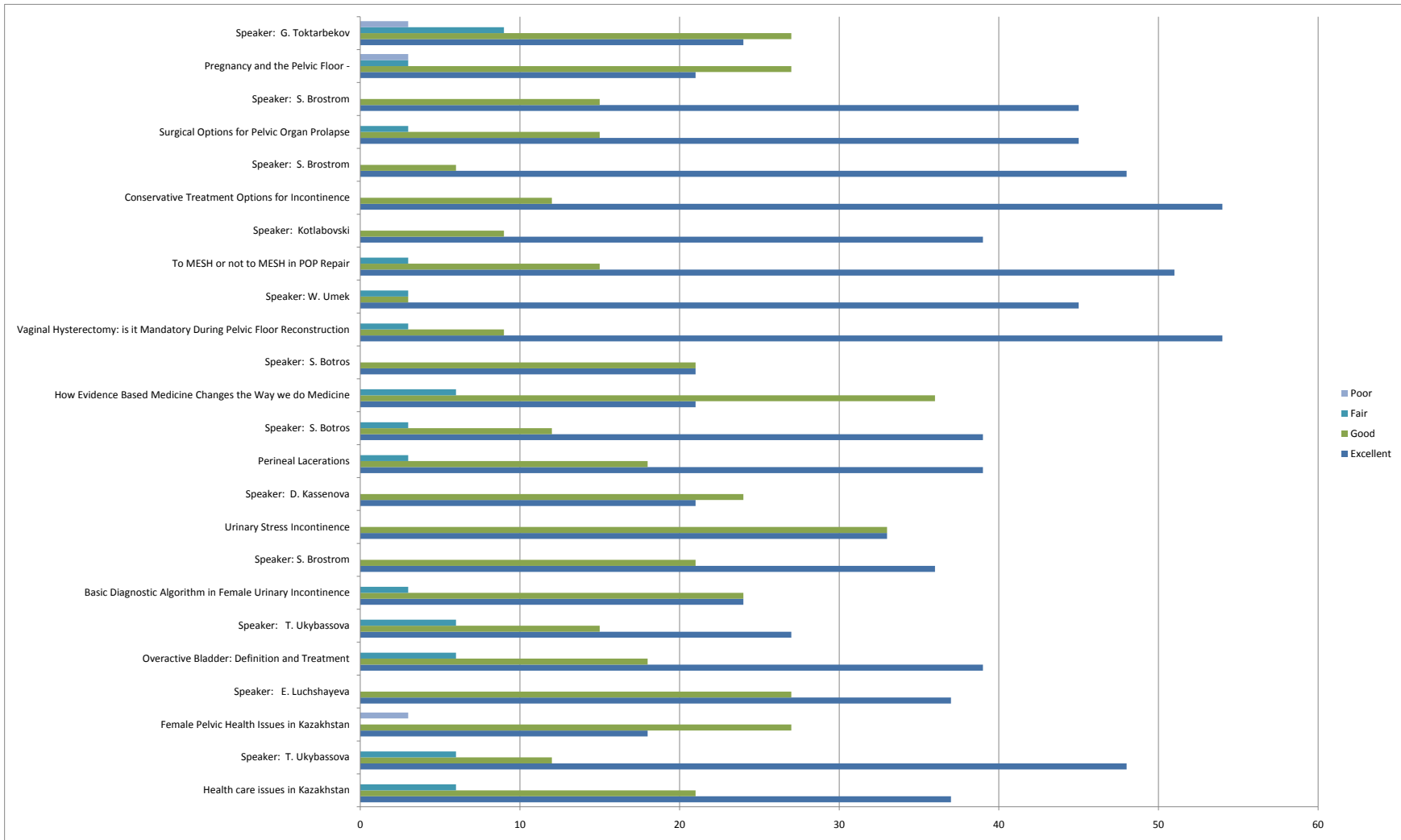
In consideration of his/her
participation in

exchange

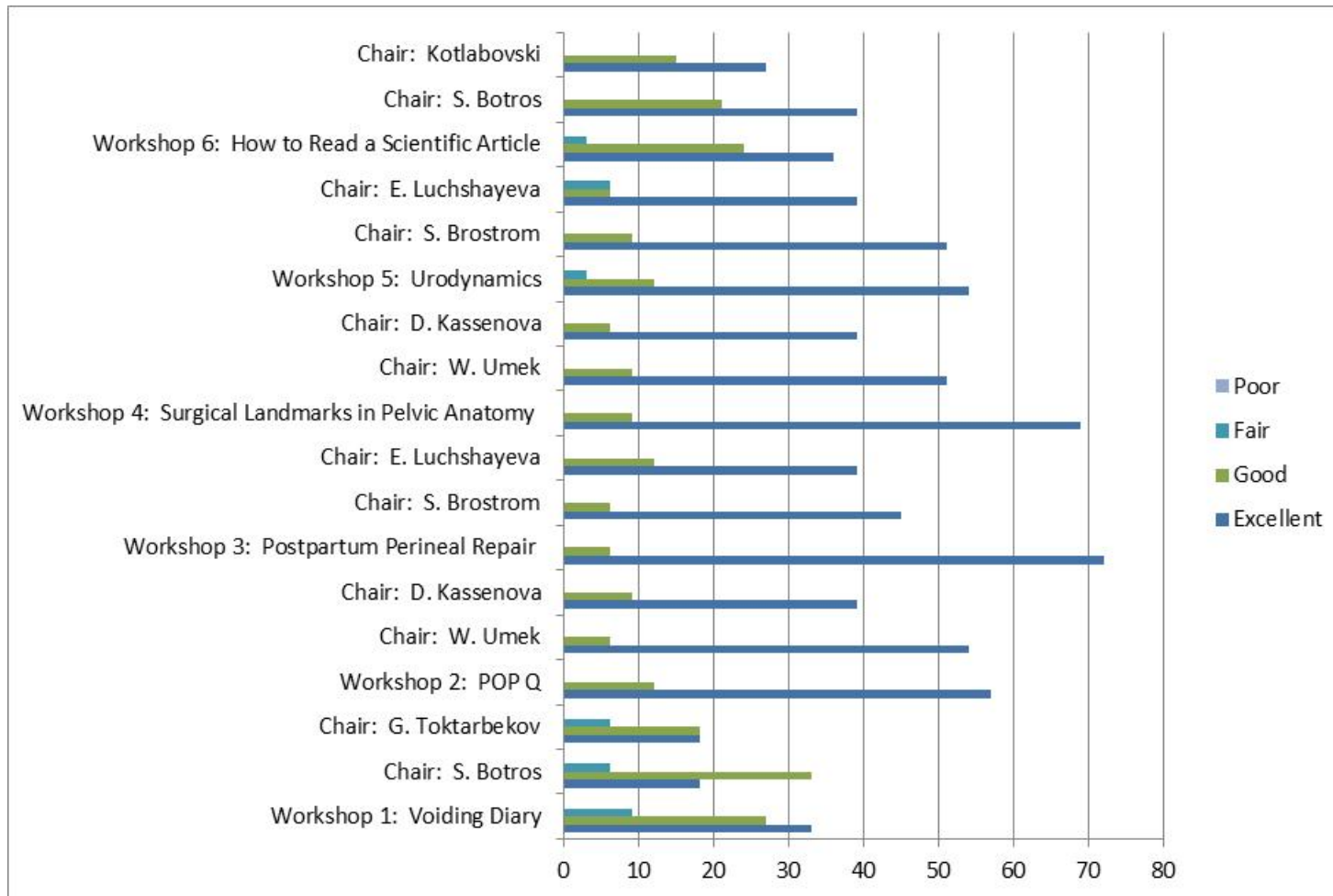
Astana, Kazakhstan | November 1-2, 2010

Ranee Thakar, M.D.
Chair, Education Committee IUGA

Peter K. Sand, M.D.
President, IUGA

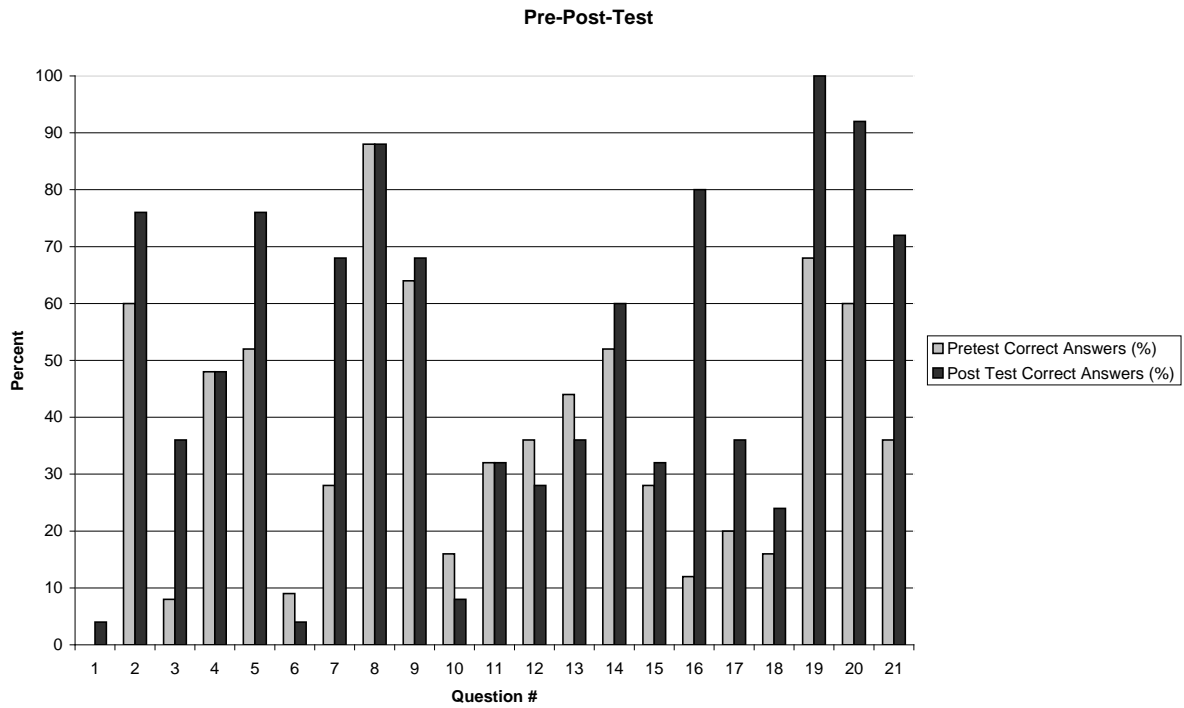


APPENDIX 4A: PRESENTATION/SPEAKERS EVALUATIONS



APPENDIX 4B: WORKSHOPS AND TUTORS EVALUATIONS

APPENDIX 5: PRE AND POST TEXT EVALUATIONS



APPENDIX 5: PRE AND POST TEST QUESTIONS

1. Which of the following are true of evidence based medicine (circle all that apply):
 - a. Evidence based medicine allows practitioners to practice medicine with support from the literature.
 - b. Evidence based medicine allows us to practice medicine taught by tradition.
 - c. Evidence based medicine allows practicing physicians to find answers to diagnostic questions.
 - d. Guidelines for practice are based on evidence from the literature.

2. In order to perform a literature search to identify articles to support a new treatment modality:
 - a. The question should be focused on the patient group.
 - b. The question should be focused on the intervention and comparison group.
 - c. The question should be focused on the outcome.
 - d. All of the above

3. Well designed prospective cohort trials are considered:
 - a. Level 1 evidence
 - b. Level 2.1 evidence
 - c. Level 2. 2 evidence
 - d. Level 3 evidence

4. Practice patterns can change based on:
 - a. All levels of evidence
 - b. Only level 1 evidence
 - c. Only level 1 and 2 evidence
 - d. Only level 3 evidence.

5. The definition of a perineal laceration classified as 3b is:
 - a. Tear through the epithelium and perineal muscles
 - b. Tear through the perineal muscles and <50% of the external anal sphincter

 - c. Tear through the perineal muscles and >50% of the external anal sphincter
 - d. Tear through the perineal muscles and the external anal sphincter muscle

6. The perineum is made up of the following muscles (circle all that apply):

- a. Bulbocavernosus muscle
 - b. Deep transverse perineal muscle
 - c. Iliococcygeus muscle
 - d. Superficial transverse perineal muscle
7. Which of the following measures helps to PREVENT perineal lacerations:
- a. Cutting an episiotomy
 - b. Using Forceps for delivery
 - c. Not cutting an episiotomy
 - d. Inducing labor
8. What are the complications of perineum associated with labor:
- a. fecal incontinence
 - b. impotence
 - c. leukoplakia vulvae
 - d. pruritus vulvae
9. Symptoms of stress urinary incontinence:
- a. Immediate urinary urgency
 - b. Frequency urination
 - c. Nicturia
 - d. Urine loss when coughing, sneezing, physical exercise
 - e. All of the above
10. First line treatment in a patient with moderate stress urinary incontinence should be:
- a. Local estrogen
 - b. Surgery
 - c. Pelvic floor muscle training
 - d. No treatment necessary
 - e. Anticholinergics
11. The lifetime risk for women of all ages undergoing pelvic organ prolapse (POP) surgery approximates:
- a. 10%
 - b. 35%
 - c. 40%
 - d. 80%

12. Which of the following should NOT be routinely assessed in women with urinary incontinence:
 - a. Frequency-volume chart
 - b. Computer tomography (CT)
 - c. Post-void residual urine
 - d. Radiologic imaging

13. What is the best way to assess a patient's functional bladder capacity?
 - a. Radiologic imaging
 - b. Cystometry
 - c. Frequency-volume chart
 - d. Bladder infusion in anestheized patient

14. The only way to distinguish detrusor hypoactivity from infravesical obstruction in a patient with voiding problems is:
 - a. Frequency-volume chart
 - b. Ultrasound assessment
 - c. Invasive urodynamic testing with pressure/flow study
 - d. Computer tomography (CT)
 - e. Post-void residual urine

15. Patients with a cystocele should be operated:
 - a. Always
 - b. Never
 - c. Only if the cystocele is large
 - d. Only if the patient has voiding problems
 - e. Only if the potential benefits outweigh the potential risks

16. In the POP-Q measurement system, the stage of the prolapse is determined:
 - a. In centimeters relative to the hymenal remnant
 - b. In inches relative to the hymenal remnant
 - c. In centimeters relative to the introitus
 - d. In four zones relative to mid-vagina and introitus
 - e. By a standardized questionnaire

17. Let us assume you have operated on a patient with a cystcocele. Even though your patient is satisfied with the surgery you did, she still has a POP-Q stage 2 prolapse. This is most likely because:

- a. Something is wrong with you
 - b. Something is wrong with the patient
 - c. Something is wrong with the POP-Q measuring system
18. Which of the following operations for vaginal vault prolapse carries the highest risk of ureteral injury:
- a. Sacrospinous fixation
 - b. Uterosacral ligament suspension
 - c. Colpocleisis
 - d. Abdominal sacrocolpopexy
19. POP-Q-Score is the abbreviation for:
- a. Pennsylvania Obturator Prolapse Repair
 - b. Pelvic Organ Prolapse Quantification Score
 - c. Prolapse and Organic Pain Quantification Score
 - d. Pennsylvania Organ Prolapse
20. The Arcus tendineus:
- a. Extends from the pubic symphysis to the ischial spine
 - b. Extends from the promontorium to the ischial spine
 - c. Gives support to the anus
 - d. Gives support to the uterus
21. If MESH is used for prolapse repair:
- a. Hysterectomy (including removal of the cervix) increases the risk of MESH erosion
 - b. Hysterectomy (including removal of the cervix) does not increase the risk of MESH erosion
 - c. Vaginal wall erosion is never a problem
 - d. Vaginal wall erosion occurs in 90 % of the cases