

1. Etiology and Epidemiology of Urinary Incontinence

2. Preoperative Evaluation of Patients with Urinary Incontinence and Selection of Appropriate Surgical Procedures for Stress Incontinence

2-1 Discussion of Normal Lower Urinary Tract Function, 2-2 Live Patient Interview, 2-3 Case Study of a Patient with Mixed Urinary Incontinence, 2-4 Examination of a Patient with Significant Anterior Vaginal Wall Prolapse, 2-5 Case Study of a Patient with Symptomatic Prolapse and Incontinence, 2-6 Demonstration of "Eyeball" Filling Study in a Patient with Incontinence and Prolapse, 2-7 Q-Tip Test in a Patient with Minimal Urethral Mobility, 2-8 Overview of Specific Urodynamics Studies

3. Surgical Anatomy of the Anterior Vaginal Wall, Retropubic Space and Inner Groin

3-1 Anatomy of the Anterior Vaginal Wall, 3-2 Anatomy of the Lower Urinary Tract, 3-3 Anatomy of Retropubic Space (Cadaveric Dissection), 3-4 Anatomy of Retropubic Space (Live Surgical Demonstration), 3-5 Anatomy Relevant to Retropubic Midurethral Slings, 3-6 Anatomy Relevant to Transobturator Midurethral Slings

4. Retropubic Operations for Stress Urinary Incontinence

4-1 Modified Burch Colposuspension, 4-2 Laparoscopic Paravaginal Repair

5. Biologic Bladder Neck Pubovaginal Slings

5-1 Rectus Fascia Pubovaginal Sling Procedure, 5-2 Urethral Reconstruction with Martius Fat Pad Transposition and Cadaveric Fascia Lata Pubovaginal Sling

6. Retropubic Synthetic Midurethral Slings

6-1 Traditional Tension-Free Vaginal Tape Procedure, 6-2 Tension-Free Vaginal Tape EXACT Procedure, 6-3 SPARC Procedure

7. Transobturator Synthetic Midurethral Slings

7-1 Transobturator Sling: Inside-Out Technique (Example 1), 7-2 Transobturator Sling: Inside-Out Technique (Example 2), 7-3 Transobturator Sling: Outside-In Technique (MONARC)

8. Single Incision Synthetic Midurethral Slings

8-1 TVT-Secur - Hammock Placement, 8-2 TVT-Secur - "U" Placement, 8-3 MiniArc Single-Incision Sling System, 8-4 Solyx SIS System, 8-5 AJUST Adjustable Single-Incision Sling

9. Surgical Management of Voiding Dysfunction and Retention Following Stress Incontinence Surgery

9-1 Loosening of Retropubic Synthetic Sling at 8 days Postoperatively, 9-2 Excision of Suburethral Portion of Retropubic Synthetic Sling, 9-3 Excision of Single Incision Synthetic Sling, 9-4 Incision of Pubovaginal Sling, 9-5 Retropubic Vesicourethrolisis, 9-6 Vaginal Urethrolisis

10. Bulk Enhancing Agents for Stress Incontinence: Indications and Techniques

10-1 Cystoscopic Injection of Urethral Bulking Agent (Coaptite)

11. Sacral Neuromodulation

11-1 Percutaneous Nerve Evaluation, 11-2 Stage I Implant, 11-3 Stage II Implant

12. Botulinum Toxin Injection Therapy

12-1 Technique of Intravesical Injection of Botulinum Toxin

13. Bladder Augmentation

13-1 Technique for Bladder Augmentation (Example 1), 13-2 Technique for Bladder Augmentation (Example 2)

14. Managing Surgical Complications Related to Procedures for Incontinence

14-1 Recurrent Stress Incontinence After Two Previous Unsuccessful Synthetic Midurethral Sling Procedures, 14-2 Bladder Perforation at the Time of Retropubic Synthetic Midurethral Sling Procedure, 14-3 Excision of Subrutheral Portion of Synthetic Sling and Partial Cystectomy to Remove Eroded Sling with Stone Formation from Bladder, 14-4 Excision of TVT-Secur Sling from Urethra with Urethral Reconstruction and Placement of Cadaveric Fascial Pubovaginal Sling, 14-5 Complete Removal of Transobturator Tape (OB Tape) Secondary to Recurrent Granulation Tissue and Vaginal Bleeding, 14-6 Recurrent Incontinence After Tension-Free Vaginal Tape Secondary to Complex Urethral Diverticulum, 14-7 Excision of Eroded Tension-Free Vaginal Tape with Repair of Urethrovaginal Fistula and Placement of Cadaveric Fascia Pubovaginal Sling, 14-8 Avoiding and Managing Bleeding During Placement of Retropubic Midurethral Sling, 14-9 Avoiding And Managing Small Bowel Injury During Placement of Retropubic Midurethral Sling