Rivista Italiana di Colon-Proctologia Founded in 1982

PELVIPERINEOLOGY

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2022
Volume: 41
Issue: 3
December

www.pelviperineology.org

ISSN: 1973-4905 E-ISSN: 1973-4913

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PELVIPERINEOLOGY
Rivista Italiana di Colon-Proctologia Founded in 1982

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Editorial Office: International Society for Pelviperineology
e-mail: editorinchief@pelviperineology.org
Quarterly journal of scientific information registered at the Tribunale di Padova, Italy n. 741 dated 23-10-1982 and 26-05-2004
The journal is property of the International Society for Pelviperineology

Publisher Contact
Address: Molla Gürani Mah. Kaçamak Sk. No: 21/1 34093 İstanbul, Türkiye
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Fax: +90 (212) 621 99 27
E-mail: info@galenos.com.tr/ yayin@galenos.com.tr
Web: www.galenos.com.tr
Publisher Certificate Number: 14521

Printer: La Grafica Faggian, Via F. Severi 2/4 Campodarsego (Padova) IT
E-mail: comm@lagraficafaggian.it
Printing Date: December 2022
ISSN: 1973-4905 E-ISSN: 1973-4913

International scientific journal published quarterly.

Official Journal of the: International Society for Pelviperineology (www.pelviperineology.com)
Associaciòn LatinoAmericana de Piso Pelvico
Perhimpunan Disfungsi Dasar Panggul Wanita Indonesia
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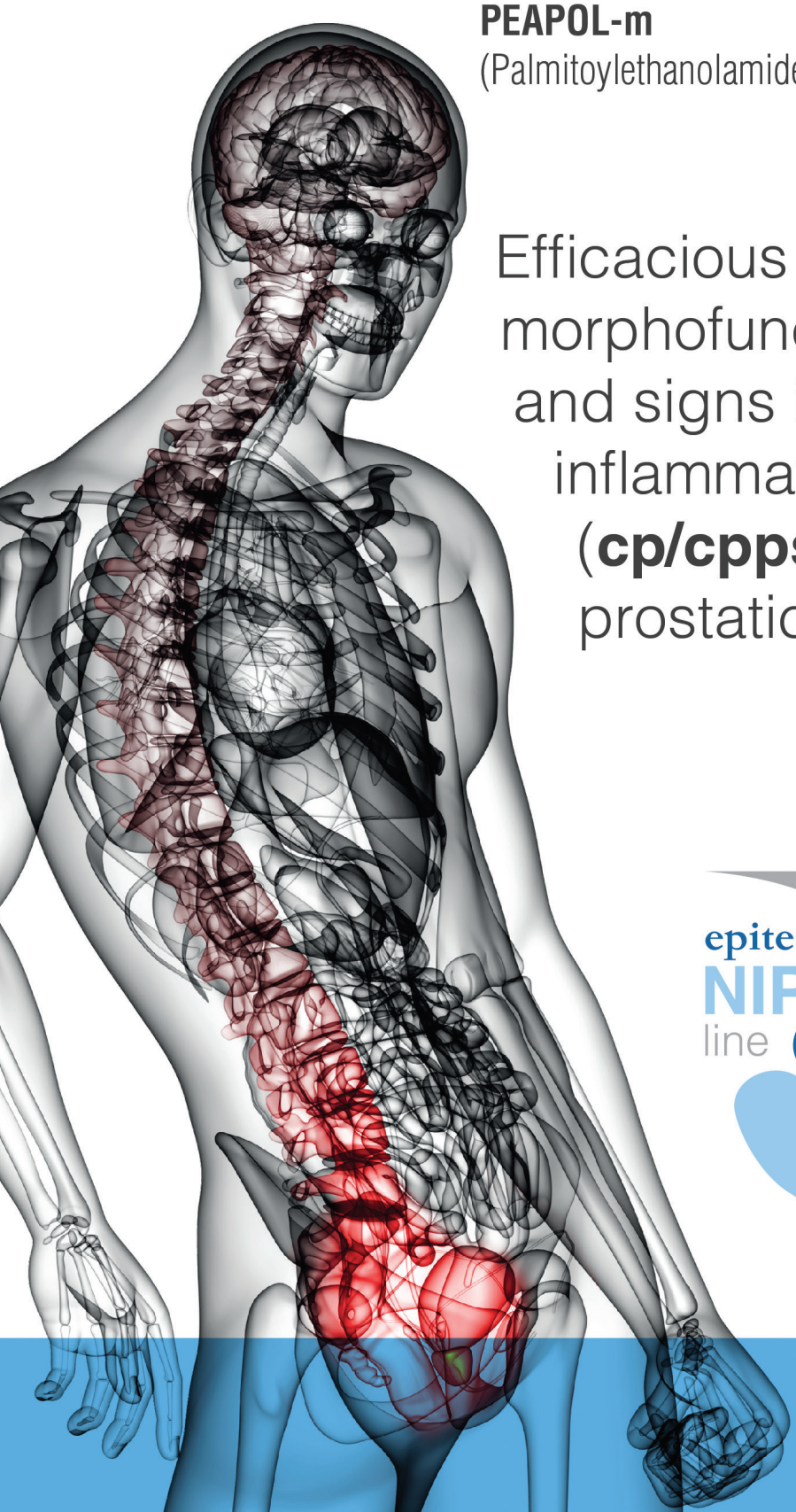

Efficacious control of morphofunctional symptoms and signs in case of chronic inflammatory prostatitis (**cp/cpps**) and benign prostatic hyperplasia.

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EDITORIAL

Dear Colleagues;

In this issue of the Journal of Pelviperineology, we publish valuable studies. These studies, which contain important informations are at a level that will definitely affect your professional practice. In particular, I think that publishing these studies completely "free of charge" will reach a wide readership and lead to correct practices for women's health. This is where the strength of our journal stems from.

I suggest you carefully read the editorial written by Dr. Darren M. Gold.

On the other hand, we held the 9th International Urogynecology Congress on 25-27 November 2022 in Pamukkale Richmond Hotel, Türkiye. We publish 55 studies accepted as oral presentations in the congress.

I think you will appreciate this issue, which is quite dense, equipped with high quality and educational information.

Stay healthy,

Prof. Dr. Ahmet Akın SİVASLIOĞLU

Editor-in-chief

INSTRUCTIONS TO AUTHORS

Pelviperineology is a quarterly published, international, double-blind peer reviewed journal dedicated to the study and education of the pelvic floor as one integrated unit. The publication frequency is 3 times a year (April, August, December) in every 4 months. The core aim of Pelviperineology is to provide a central focus for every discipline concerned with the function of the bladder, vagina, anorectum, their ligaments, muscles and female cosmetic surgery.

Pelviperineology publishes original papers on clinical and experimental topics concerning the pelvic floor diseases in the fields of Urology, Gynaecology and Colo-Rectal Surgery from a multidisciplinary perspective. In the published articles, the condition is observed that they are of the highest ethical and scientific standards and not have commercial concerns. Studies submitted for publication are accepted on the condition that they are original, not in the process of evaluation in another journal, and have not been published before. All submitted manuscripts must adhere strictly to the following Instructions for Authors.

MANUSCRIPT SUBMISSION

Manuscript and illustrations must be submitted via Manuscript Manager. This enables rapid and effective peer review. Contributions will be acknowledged automatically by the Editors. Full upload instructions and support are available online from the submission site. Please read the Authors Instructions carefully before sending your contribution.

Cover Letter: The author, in this letter, should imply a short explanation of their research or writing, the type of the study (random, double-blind, controlled, etc.), the category it is sent for, and whether it has been presented in a scientific meeting or not, in details. Additionally, the address, phone, fax numbers, and e-mail address of the person for contact about the writing should be present at the lower pole of the letter.

The **ORCID** (Open Researcher and Contributor ID) number of the correspondence author should be provided while sending the manuscript. A free registration can create at http://orcid.org.

Agreements: All manuscripts must carry a written statement that the submitted article is original and has never been submitted for publication to any other journal, nor has it ever been published elsewhere, except as an abstract or as a part of a lecture, review, thesis. Each author must read and sign the statements on Authorship Responsibility, Informed Consent, Criteria, and Contributions, Reporting of Conflicts of Interest and Funding & Copyright Transfer/Publishing Agreement electronically by clicking the confirmation link on Manuscript Manager while they are submitting their manuscripts. The corresponding author also must sign the Acknowledgment Statement section via the link on Manuscript Manager during the submission process.

Editorial Line: The journal welcomes articles that may update non-specialists in this field, such as internal medicine physicians, family doctors, neurologists, etc., about conditions of general interest involving the pelvic floor and being resolved thanks to a multidisciplinary approach. The ideal article for Pelviperineology should be clear. Its sections should describe precisely the methodology of the study and the statistical methods; illustrations must be of good quality. In highly specialized topics, an easily understandable abstract, a good introduction, and a correct sections distribution are particularly appreciated.

Pelviperineology, despite being an open access journal, does not ask for any financial contribution to the Authors of articles accepted for publication. Pelviperineology is almost entirely funded by sponsors and advertisers that do not affect the Editorial choices and the published content. Advertising is fully and clearly separated from the articles. Material accepted for publication is copy-edited and typeset. Proofs are then sent to contributors for a final check, but extensive changes to the proofs may be charged to the contributors.
For each submission, at least 2 reviewer
suggestions are required on the online article system.

EDITORIAL BOARD
The Editorial Board guides the journal. The updated list of the editorial board members can be reached at Pelviperineology Editorial board page. **Prof. Ahmet Akın Sivaslıoğlu** is the Editor in Chief of Pelviperineology.

PUBLICATION POLICY
Submission is considered on the condition that papers are previously unpublished, are not offered simultaneously elsewhere, that all Authors (defined below) have read and approved the content, that Authors have declared all competing interests, and the work has been conducted under internationally accepted ethical standards after relevant ethical review. Whenever these are relevant to the content being considered or published, the Editors and Editorial board declare their interests and affiliations.

ETHICS
Manuscripts concerned with human studies must contain statements indicating that informed, written consent has been obtained, that studies have been performed according to the *World Medical Association Declaration of Helsinki* and that a local ethics committee has approved the procedures. If individuals might be identified from a publication (e.g. from images), Authors must obtain explicit consent from the individual. Authors should indicate whether the institutional and national guide for the care and use of laboratory animals was followed when reporting experiments on animals. A signed statement of informed consent to publish (in print and online) patient descriptions, photographs, video, and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified in such written descriptions, photographs, or pedigrees and should be indicated in the Acknowledgment section of the manuscript. Such persons should be shown the manuscript before its submission. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning, and Editors should note it.

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As stated in the Uniform Requirements, credit for Authorship requires substantial contributions to

- the conception and design or analysis and interpretation of the data,
- the drafting of the article or critical revision for important intellectual content, and
- final approval of the version to be published.

Any change in authorship after submission must be approved in writing by all Authors.

ASSURANCES
In appropriate places in the manuscript, please provide the following items:

- If applicable, a statement that the research protocol was approved by the relevant institutional review boards or ethics committees and that all human participants gave written informed consent.
- The identity of those who analyzed the data.
- For clinical trials, the registration number and registry name.

PEER REVIEW PROCESS IN BRIEF
Submitted manuscripts are subjected to double-blind peer-review. The manuscript submission and Editorial review process are as follows:

An Author submits a manuscript. The manuscript is assigned to an Editor. The Editor reviews the manuscript and makes an initial decision based on manuscript quality and Editorial priorities, usually either to send the manuscript to Peer Reviewers or to reject the manuscript so that the author can submit it to another

journal. For those manuscripts sent to Peer Reviewers, the Editor decides based on Editorial priorities, manuscript quality, reviewer recommendations, and perhaps discussion with fellow Editors. At this point, the decision is usually to request a revised manuscript, reject the manuscript, or provisionally accept the manuscript. The decision letter is sent to the author. Only manuscripts that strictly adhere to Instructions for Authors will be evaluated. Contributions are accepted on the basis of their importance, originality, validity and methodology. Comments of Peer Reviewers may be forwarded to the Author(s) in cases where this is considered useful. The Author(s) will be informed whether their contribution has been accepted, refused, or if it has been returned for revision and further review. The Editor reviews all manuscripts prior to publication to ensure that the best readability and brevity have been achieved without distortion of the original meaning. The Editors reserve the right to reject an article without review.

Statistical Editing: All retrospective, prospective and experimental study articles should be evaluated biostatistically and should include appropriate planning, analysis and reporting. The p value should be clearly stated in the text (eg p=0.014). Statistical Editor reviews only pertinent manuscripts considered for publication. If both the study design and data presented are considered statistically acceptable, the statistical reviewer may suggest acceptance of the manuscript to the responsible Editor. Any methodological and statistical issue detected during the statistical review is addressed to the Authors for clarification. The final acceptance of the paper is contingent on the clarifications made by the Authors according to the statistical reviewer's suggestions.

Language: The official language of the journal is English. All spelling and grammatical errors in submitted articles are corrected by the editor without changing the submitted data. Writing text for spelling and grammar rules is the responsibility of the authors.

Copyright Transfer: In order to notify the copyright transfer, the authors must fill in the copyright transfer form in accordance with the instructions on the relevant page. No fee is paid to the authors for the articles.

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ARTICLE TYPES

Review Articles: Extent investigation writings including the latest national and worldwide literature about pelvic floor diseases. The review article should be qualified to shed light on a new or controversial area. The journal editor may request the author or authors for review writing. At most include 6000 words, 10 tables and 30 references should be included.

Original Articles: Original articles report the results of fundamental and clinical studies or clinical trials. References and summary are required (see writing preparation section). At most 4000 words, 6 tables and/or figures, additionally abstract and references. Ethics committee approval should be mentioned in the study.

Case Reports: The journal publishes case reports of significant importance in the pelvic floor diseases. For the manuscripts sent to this part, we are looking for the clinical cases that are infrequently reported in scientific previously, unreported clinical reflections or complications of a well-known disease, unknown adverse reactions of known treatments, or case reports including scientific messages that might trigger further new research, preferably. Case reports should be consist of five sections: an abstract, an introduction with a literature review, a description of the case report, a discussion that includes a detailed explanation of the literature review, and a brief summary of the case and a conclusion. It should include at most 2000 words (8 double-spaced pages), 15 or fewer references, and three tables or pictures.

Letter to the Editor: These are the articles that include opinions and solution advice about the pelvic floor, and comments about the articles published in the Pelviperineology or other journals. At most 1500 words (6 double-spaced pages), additionally, references should be included.

Preparation of **review articles, systematic reviews, case reports, and original articles** must comply with study design guidelines:

CHECKLISTS

The presentation of the article types must be designed in accordance with trial reporting guidelines:

Human research: Helsinki Declaration as revised in 2013

Systematic reviews and meta-analyses: PRISMA guidelines

Case reports: the CARE case report guidelines

Clinical trials: CONSORT

Animal studies: ARRIVE and Guide for the Care and Use of Laboratory Animals

PREPARATION OF THE MANUSCRIPT

Text, illustrations, tables etc. must be submitted via Manuscript Manager. Please read Instructions To Authors carefully before sending your contribution.

Text: Please ensure that you have removed any reviewing notes from your manuscripts. The manuscript should be entered or pasted in the Manuscript Manager.

Tables: Tables submitted as photographs or graphics will be rejected, and this delays the submission process. The layout should be as simple as possible with no shading or tinting.

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Reviews should be divided onto the following sections and appear in the following order:

- title page (with Title, Authors names and affiliations),
- abstract and keywords,
- body of the article,
- references;
- acknowledgments and disclosures,
- figures,
- figure legends,
- tables.

Systematic Reviews should be divided onto the following sections and appear in the following order:

- **TITLE**
- **ABSTRACT**
  Structured summary
- **INTRODUCTION**
  Rationale
  Objectives

- **MATERIALS AND METHODS**

1. Protocol and registration
2. Eligibility criteria
3. Information sources
4. Search
5. Study selection
6. Data collection process
7. Data items
8. Risk of bias in individual studies
9. Summary measures
10. Synthesis of results
11. Section/topic
12. Risk of bias across studies
13. Additional analyses

- **RESULTS**

1. Study selection
2. Study characteristics
3. Risk of bias within studies
4. Results of individual studies
5. Synthesis of results
6. Risk of bias across studies
7. Additional analysis

- **DISCUSSION**

1. Summary of evidence
2. Limitations

- **CONCLUSION**

- **DISCLOSURES**

Case Reports should be divided onto the following sections and appear in the following order:

- Title page
- Abstract and keywords
- Introduction
- Case report
- Discussion
- References
- Figures and tables

Original articles should be divided into the following sections and appear in the following order:

Title Page: The title page provides the complete title and a running title (not to exceed 55 characters and spaces). List each contributor's name and institutional affiliation. The corresponding author is the contributor responsible for the manuscript and proofs. This is the person to whom all correspondence and reprints will be sent. The corresponding author is responsible for keeping the Editorial office updated with any change in details until the paper is published.

Abstract and Keywords

The abstract must not exceed 250 words. It should summarize the aim of the study and describe the work undertaken, results and conclusions. Abstract must follow the format below:

* Objectives: A sentence indicating the problem and the objective of the study;

* Materials and Methods: One or two sentences reporting the methods;

* Results: A short summary on the results, detailed enough to justify the conclusions. Avoid writing "the results are presented" or "… discussed";

* Conclusion: A sentence with the conclusions.

In addition, you should list up to five keywords in alphabetical order.

The body of the article should be divided into the following sections:

Introduction: Clearly state the objective of the study. Give only strictly relevant references and don't review their topics extensively. The Introduction should briefly discuss the objectives of the study and provide the background information to explain why the study was undertaken and what hypotheses were tested.

Materials and methods: Clearly explain the methods and the materials in detail to allow the reader to reproduce the results. Animal preparation and experimentation should cite the approving governing body. Equipment and apparatus should cite the make and model number and the company name and address (town, county, country) at first mention. Give all measurements in metric units. Use generic names of drugs. Symbols, units and abbreviations should be expressed as Système International (SI) units. In exceptional circumstances, others may be used, provided they are consistent. Apply to the Editorial office for advice.

Results: Results must be presented in a logical sequence with text, tables and illustrations. Underline or summarize only the most important observation. Tables and text should not duplicate each other.

Discussion: This section should be concise. Emphasize only the new and most important aspects of the study and their conclusions. The Discussion should include a brief statement of the principal findings, a discussion of the validity of the observations, a discussion of the findings in light of other published work dealing with the same or closely related subjects, and a statement of the possible significance of the work. Authors are encouraged to conclude with a brief paragraph that highlights the main findings of the study.

Acknowledgements and disclosures: Authors' duty to acknowledge funding sources, technical assistance, provision of materials or reagents, and other matters that might pertain to the paper. Authors must acknowledge individuals who do not qualify as Authors but who contributed to the research. Mention only those that give a substantial contribution. If an organization or industry-sponsored the work, it is essential to declare this, and the Authors need to indicate that they had complete access to the data supporting the publication. If a professional medical writer wrote the paper, this must be declared.

Abbreviations: Include in the manuscript a list of new or special abbreviations along with the spelt out form or definition. For commonly accepted abbreviations, word usage, symbols, etc., Authors are referred to the CBE Style Manual published by the American Institute of Biological Sciences or Units, Symbols and Abbreviations published by the Royal Society of Medicine.

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Supplementary material: Quantitative or qualitative data too extensive for inclusion in the print edition of the journal may be presented in the online edition as supplementary material. It must be included as part of the original submission and will be reviewed as an integral part of the paper. The availability of supplementary material should be indicated in the main manuscript, to appear after the references at the end of the paper, providing titles of figures, tables, etc. formatted as it should appear in the printed edition. We welcome audios and videos, if relevant to the paper. Full details on how to submit supplementary material available on request at *editorialstaff@pelviperineology.org*.

INSTRUCTIONS TO AUTHORS

Limitations

Manuscript type	Author limit	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit	Keyword limit
Original article	6	4000 words	250 words (structured)	30	6	6	6
Review	6	6000 words	250 words (structured)	100	N/A	10	6
Case Report	6	2000 words	100 words (structured)	15	3	3	6

References: Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in the press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information submitted but not accepted manuscripts should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, obtain written permission and confirmation of accuracy from the source of personal communication. References in the text must be numbered in the order of citation. References in text, tables and legends must be identified with Arabic numerals in superscript. Unpublished works cannot be cited. We recommend the use of a tool such as a Reference Manager for reference management and formatting. Reference Manager reference styles can be searched here: http://www.refman.com/support/rmstyles.asp.

List all authors when six or fewer; when seven or more, list only the first three and add et al. Journal titles should be cited in full. The style of references and abbreviated titles of journals must follow that of Index Medicus or one of the examples illustrated below:

* MacRae HM, McLeod RS. Comparison of haemorrhoid treatment modalities: a metanalysis. Dis Colon Rectum 1995; 38: 687-94.

* Court FG, Whiston RJ, Wemyss-Holden SA, et al. Bioartificial liver support devices: historical perspectives. ANZ J Surg 2003; 73: 793-501.

Committees and Groups of Authors:

* The Standard Task Force, American Society of Colon and Rectal Surgeons: Practice parameters for the treatment of haemorrhoids. Dis Colon Rectum 1993; 36: 1118-20.

Cited paper:

* Treitz W. Ueber einem neuen Muskel am Duodenum des Menschen, uber elastiche Sehnen, und einige andere anatomische Verhaltnisse. Viertel Jarhrsxhrift Prar. Heilkunde (Prager) 1853; 1: 113-114 (cited by Thomson WH. The nature of haemorrhoids. Br J Surg 1975; 62: 542-52. and by: Loder PB, Kamm MA, Nicholls RJ, et al. Haemorrhoids: pathology, pathophysiology and aetiology. Br J Surg 1994; 81: 946-54).

A chapter from a book:

* Milson JW. Haemorrhoidal disease. In: Beck DE, Wexner S, eds. Fundamentals of Anorectal Surgery. 1 1992; 192-214. 1a ed. New York: McGraw-Hill Books and Monographs:

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