admission, but this was not statistically significant. The association between functional capacity and need for home services/SNF admission remained significant when adjusting for BMI, COPD, OSA, dementia and marital status (adj OR 2.7 95%CI 1.7,7.8, p=0.02).

CONCLUSION: The incidence of serious postoperative adverse events is low in super-elderly patients undergoing urogynecologic procedures. Dementia and poor functional capacity appear to be associated with a higher need for postoperative home services or SNF admission.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Lisa Hickman: Nothing to disclose; Cecile A. Unger: Nothing to disclose; Blair E. Mitchell-Handley: Nothing to disclose; Matthew D. Barber: Nothing to disclose; Beri Ridgeway: Nothing to disclose.

3 Pelvic floor muscle motor unit recruitment: Kegels vs specialized movement

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OBJECTIVES: Pelvic floor exercise is clearly established as appropriate first line treatment for stress urinary incontinence and overactive bladder. The effectiveness of exercise relates to the degree of motor unit recruitment achieved during exercise. To date the Kegel exercise has been the most common recommendation for pelvic floor conditioning and rehabilitation. The purpose of this study is to compare the traditional Kegel exercise to specialized movements that incorporate voluntary pelvic floor contraction at a point in the movement where the pelvic floor is naturally engaged.

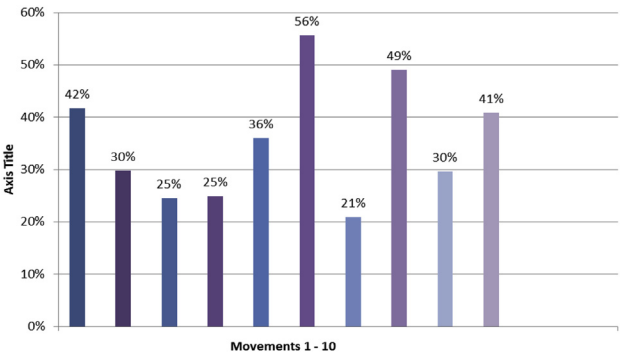
MATERIALS AND METHODS: Between January 2014 and May 2015 one hundred consecutive patients referred for pelvic floor rehabilitation were instructed as to how to perform 10 different movements know to naturally engage the pelvic floor. Subjects wore small wireless surface EMG sensors recording muscular activity from the pelvic floor, gluteals, lower abdominal muscles, and the lower extremity adductors. Video clips synchronized to 4-channel EMG were recorded for each movement. Each clip began with an isolated pelvic floor contraction before the subject performed one of the ten specialized pelvic floor movements. Mean peak pelvic floor activity during the isolated PF contraction were compared to the peak pelvic floor activity achieved during the movement.

RESULTS: Percent Greater Than Isolated Kegel

1. Lunge: 42% (0-80) p<0.001
2. Squat: 30% (-40-75) p<0.001
3. Side Lying Bent Knee Lift: 25% (14-72) p<0.001
4. Side Lying Straight Leg Circle: 25% (-33-63) p<0.001
5. Butterfly: 36% (-25-90) p<0.001
6. Bridge: 56% (15-82) p<0.001
7. Corkscrew: 21% (-50-57) p<0.001
8. Hovering: 49% (-12-80) p<0.001
9. All 4s Bent Knee Lift: 30% (-22-71) p<0.001
10. Cat Into Cow: 41% (-5-73) p<0.001

Each of the ten movements produced a mean statistically significant increase in PF activity than traditional (stationary) Kegel exercises.

CONCLUSION: Specialized movements, when performed in conjunction with voluntary pelvic floor contractions may provide greater motor unit recruitment than traditional Kegel exercises. Individuals vary as to the degree of enhanced engagement with any given movement.



DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Bruce S. Crawford: Nothing to disclose.

4 Long-term symptoms, quality of life and goal attainment after surgery versus pessary for pelvic organ prolapse

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OBJECTIVES: Pelvic organ prolapse (POP) has a negative impact on quality of life (QOL). However, treatment goals may be highly individualized as women are affected differently. When choosing between surgery and pessary, many women have information needs about long-term results and post-treatment expectations. Our objective was to compare long-term symptom and quality of life improvement and goal attainment between surgery versus pessary for POP.

MATERIALS AND METHODS: We conducted a prospective observational cohort study including women choosing surgery or pessary for symptomatic stage 2 or greater POP. Women undergoing any modality of POP surgery or those who were anticipating using a pessary long-term were eligible. Women completed questionnaires at baseline (pre-treatment) and at 6 and 12 months including: 1) Pelvic Floor Distress Inventory (PFDI) Pelvic Floor Impact Questionnaire (PFIQ) and Body Image Scale (BIS); and 2) pre-treatment goals, and post-treatment goals achieved. Treatment goals were categorized into "Symptom Goals" (prolapse, urinary, bowel, pain) or "Function Goals" (physical, social, emotional, sexual). Mean improvements in scores were compared using independent and paired t-tests. We defined a clinically meaningful improvement in symptoms as achieving at least the minimum important difference of 45 points on the PFDI. Multiple logistic regression was used to identify variables associated with not achieving goals.

RESULTS: One hundred sixty women were enrolled. Seventy-two (90%) surgical (mean follow up 12 months) and 64 (80%) pessary patients (mean follow up 8 months) had long-term data; 14 discontinued pessary use and 8 crossed over to surgery. Both surgery and pessary-continuation groups had significant improvement in PFDI, PFIQ and BIS scores (P<0.05 for all). More women choosing surgery had clinically meaningful improvements in PFDI compared to pessary users (68% vs. 45% p=0.02). In those women who did not have meaningful improvement, the majority still achieved all symptom and function goals regardless of surgery vs. pessary treatment (79% vs 83%, p=1.0 for symptom and 92% vs 100%, p=0.5 for function goals). Regarding goals, at baseline there was no difference between groups for the top pre-treatment goal type.