2019 ERUS學術演講會

**投稿須知**

1. 投稿日期：**即日起至2019年01月31日，以E-mail日期為憑**，逾期恕不受理。
2. 投稿方式：一律以E-mail投稿，投稿相關檔案可自本會網址：[http:// erus2019.conf.tw](http://www.tua.org.tw) 下載，並於電子信件「主旨」處填寫醫院名稱、姓名、篇數，以利查詢，請email至erus@ms.sltung.com.tw 感謝您。
3. 內文格式：須含研究目的（Purpose）、材料與方法（Materials and Methods）、結果（Results）及結論（Conclusions），如範本。病例報告（Case Report）可不必依照此範例之段落打字；但需分段。字數限制300字。
4. 邊界設定：上下左右各空1.5公分。
5. 打字規則：
6. 字體：英文用Times New Roman。
7. 字級：除題目以14級加黑體(bolding)外，其餘皆以12級字繕打。
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➀對齊方式─左右對齊。

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➂標題加黑(bolding)，如**Purpose**。

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1. 摘要：

內文請一律用英文書寫，惟演講題目、作者姓名及服務單位，國內機構請用全名，中、英文並書。

(5) 作者：

➀主講者姓名下方請加註橫線。

➁作者分屬不同服務單位，請於姓名(右上角)及單位(左上角)加註1、2、3等上標字。

➂不同作者間以頓號(、)隔開，不同單位間以分號(；)隔開，不同部門間以逗號(，)隔開。

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**中文題目**--**標楷體加黑**字級14pt

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作者英文姓名--Times New Roman字級12pt

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(題目及摘要間空一行)

**Purpose: （內文，**英文Times New Roman，字級12pt）

**Materials and Methods:**

**Results:**

**Conclusions:**

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| 文章屬性：□臨床研究□基礎研究 □病例報告 | |
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**婦產科子宮全切除手術時及術後產生之泌尿科之併發症及其後續處理—區域醫院之經驗**

許兆畬1、劉錦成2、戴浩平1、陳祥來1、謝肇新1、黃鐘銘1、翁瑋駿1、

黃立華1、李毅彥1、童敏哲1

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**Urologic complications during and after total hysterectomy and subsequent management – A single hospital experience**

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**Purpose:** To review and discuss the cases underwent total abdominal hysterectomy, lapaparoscopic hysterectomy, robotic hysterectomy or transvaginal hysterectomy retrospectively, who had management and treatment of urologic complications after the above procedures at our hospital.

**Materials and Methods:** From 2012/1/1 to 2016/6/30, 696 female patients received total abdominal hysterectomy, laparoscopic hysterectomy, robotic hysterectomy or transvaginal hysterectomy at our hospital for variant gynecologic pathologies. 43 cases (6.2%) were performed urologic procedures during or after the operations.

**Results:** All 43 cases, 41 cases (5.9%) had initial management including cystoscopy, ureteroscopy, endoscopic ureterotomy, ureteral catheterization or double J stenting. Eight more complicated cases (1.1%) had subsequent managements including ureteroneocystostomy, endoscopic dilatation of ureter, cystorrhaphy, ureteroureterotomy or transureteroureterostomy. However, 6 cases had both initial and subsequent management. The mean delayed interval between initial management and gynecologic procedure was 142.67 days (from 0 to 1356 days). The mean delayed interval before subsequent management was 177.38 days (from 0 to 908 days).

**Conclusions:** The incidence of urologic injuries after total hysterectomy was similar compared with other studies. Thermal spreading、thorough dissection、improper traction and countertraction and improper tissue suture ligation were causes of urologic injuries. Strategy such as performing cystoscopy with intravenous dye material injection is method to shorten time interval of initial or subsequent urologic management.

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