

Resilience and innovation: learning from brilliant failures

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It seemed so logical - until it didn't

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No Disclosures





**I am not going to tell you anything you
don't know already....**

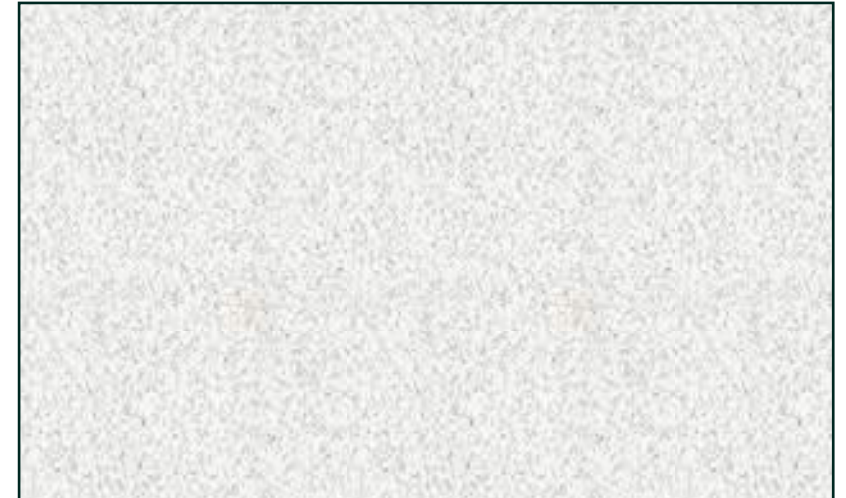
**Why we need (brilliant) failures to
understand the easy things?**

Brilliant failure.....

Female orthopedic surgeons are 3 times more likely to develop breast cancer compared to the general population.

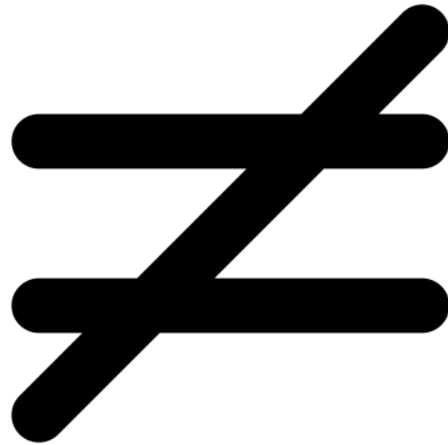
Why?

Female orthopedic surgeons are 3 times more likely to develop breast cancer compared to the general population. Why?



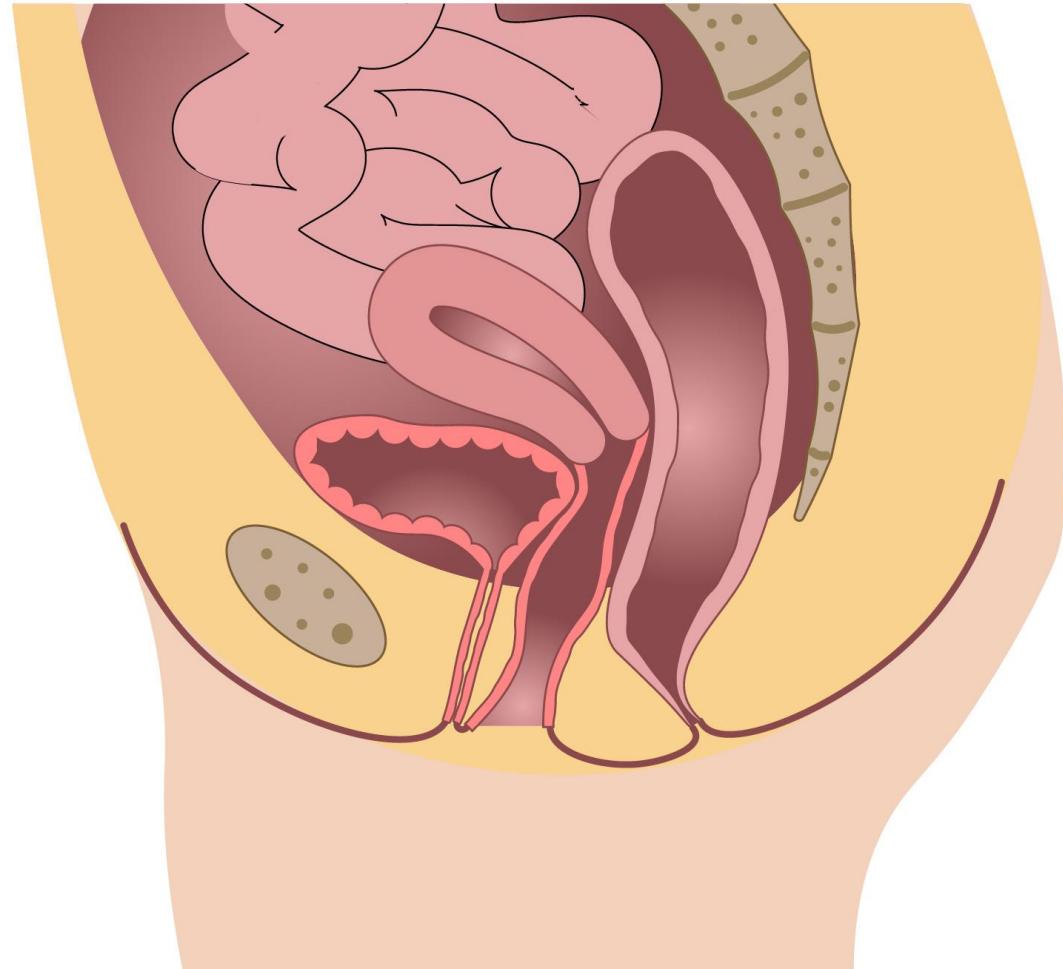
So what did we learn?

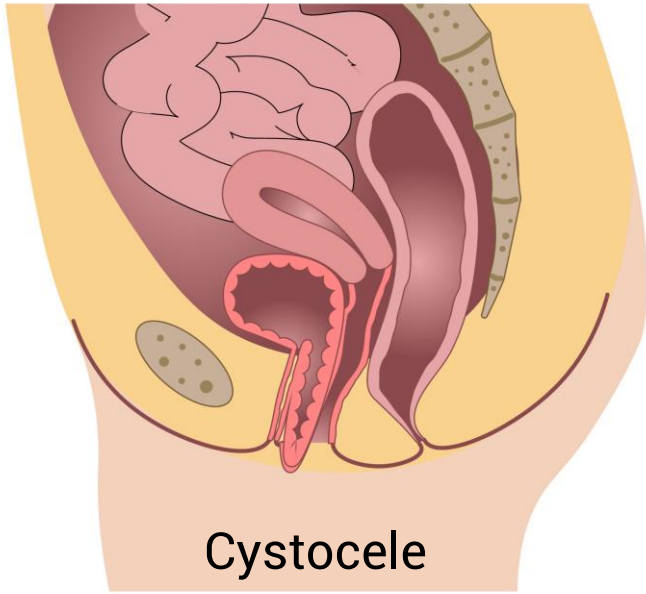
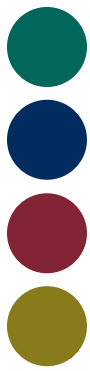
Take-home message 1:



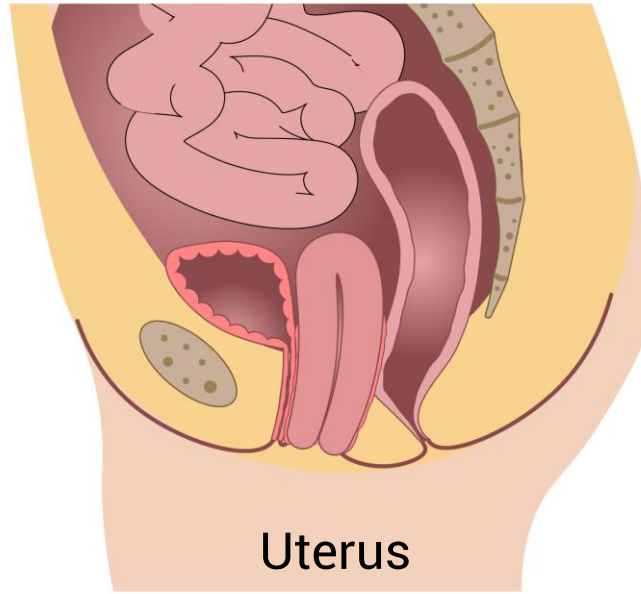
Pelvic floor disorders, diagnosis and treatment

- Pelvic floor disorders
 - Pelvic organ prolapse
 - Urinary / Fecal Incontinence
 - Obstructive Defecation
 - Dyspareunia
- 40% over women over 40y
- Taboo

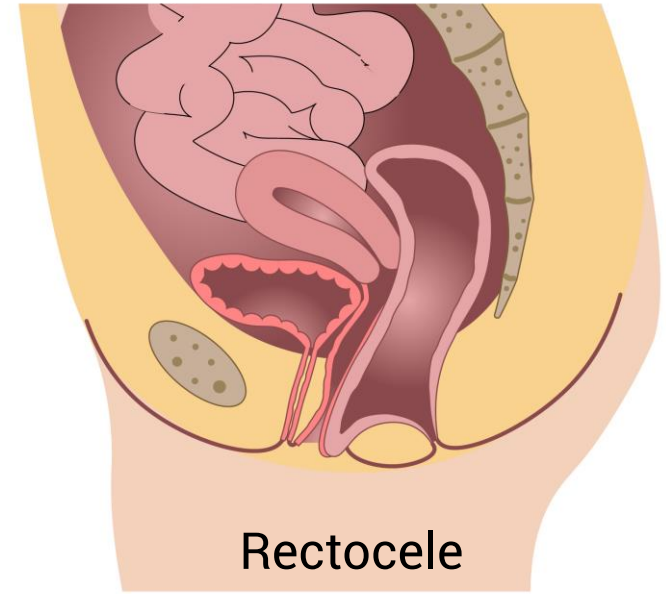




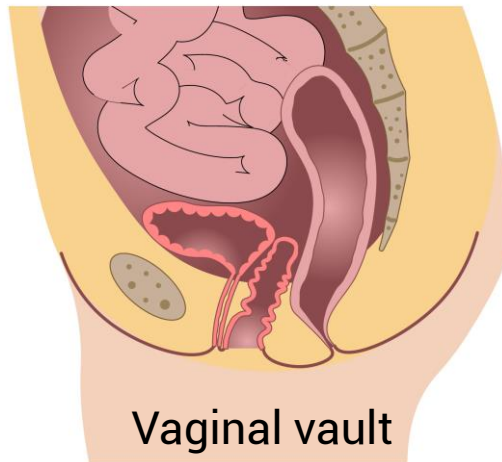
Cystocele



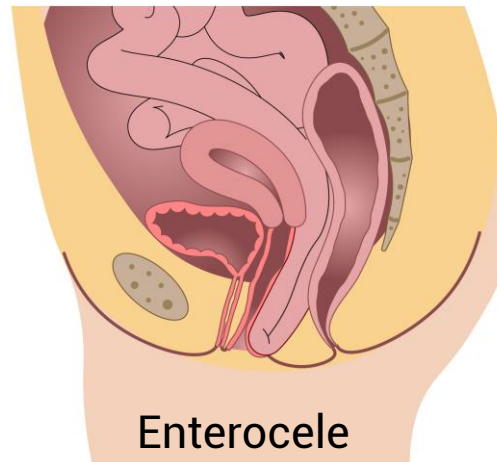
Uterus



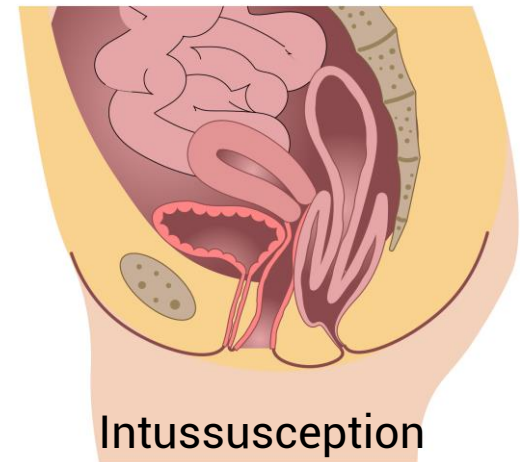
Rectocele



Vaginal vault



Enterocele



Intussusception

What we do - Diagnosis

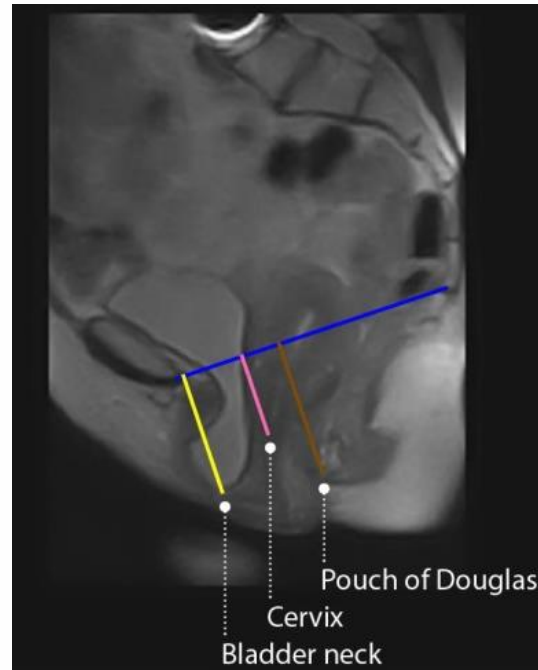
- Anamneses
- Physical examination and quantification
 - Gynecological chair
- Imaging on indication



Supine assessment, with complaints in upright position. Does it matter?

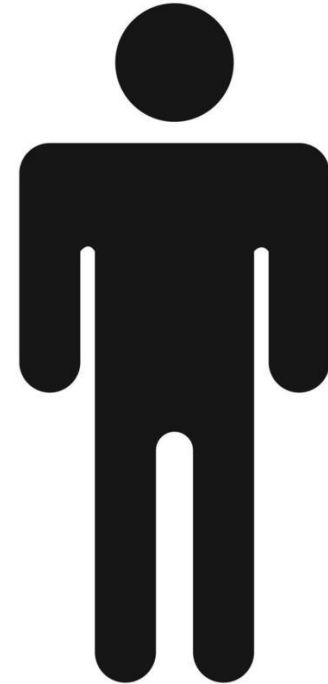
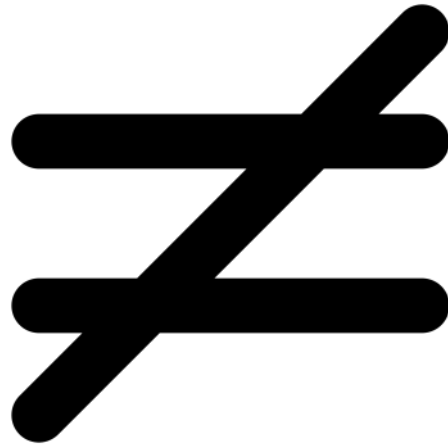
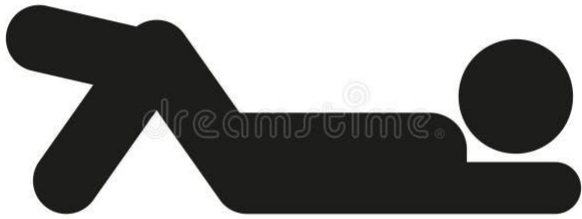


Does it matter?



So what did we learn?

Take-home message 2:



Now we understand right?

What we do – Conservative treatment

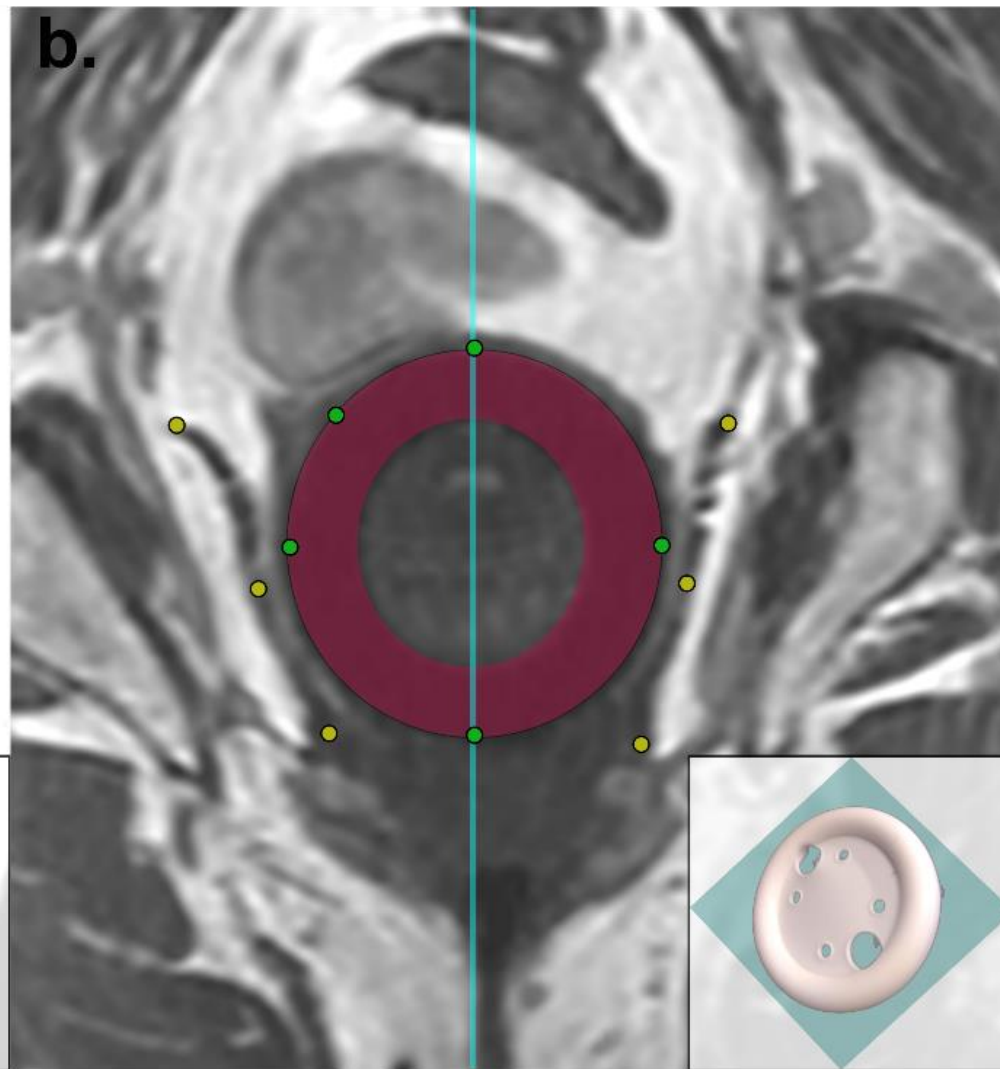
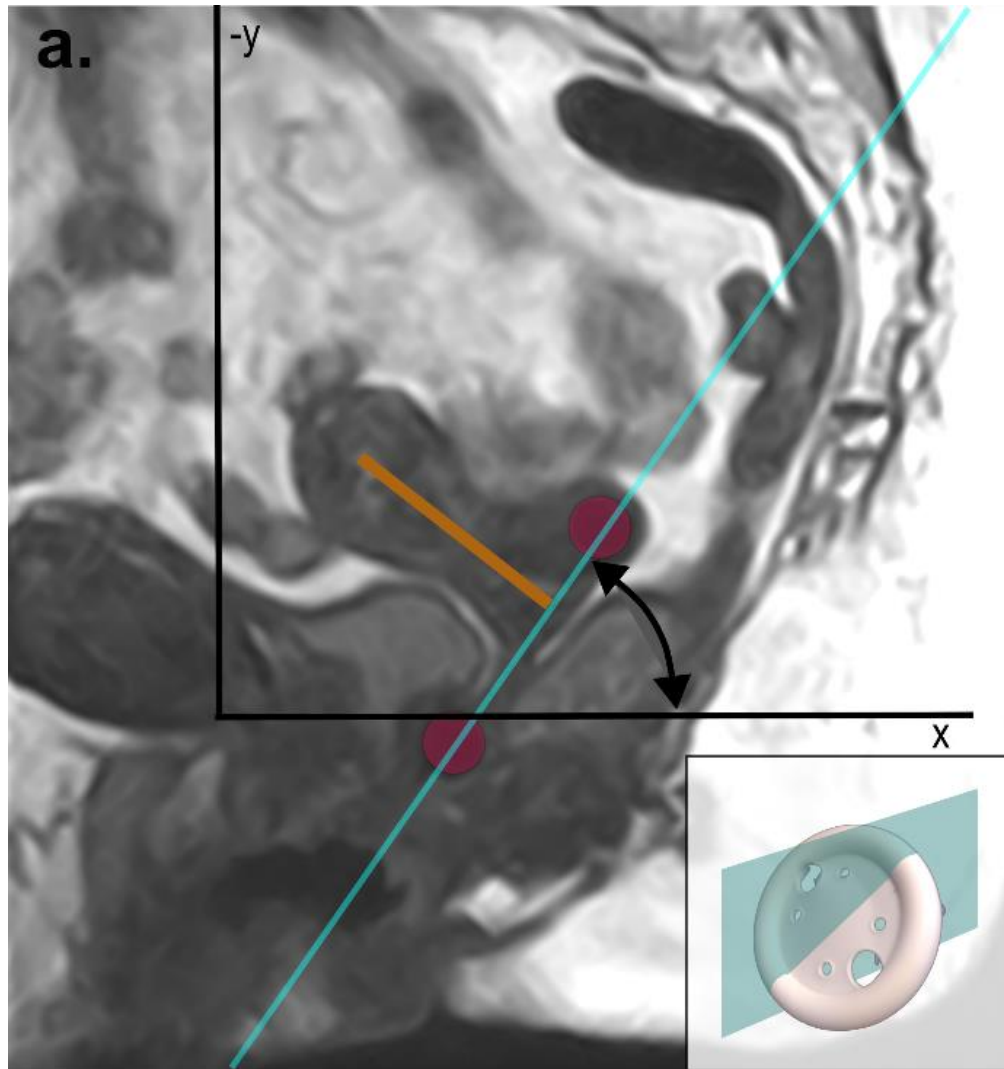
- Pelvic physiotherapy
- Pessary
 - 60% success rate
 - Drop-out

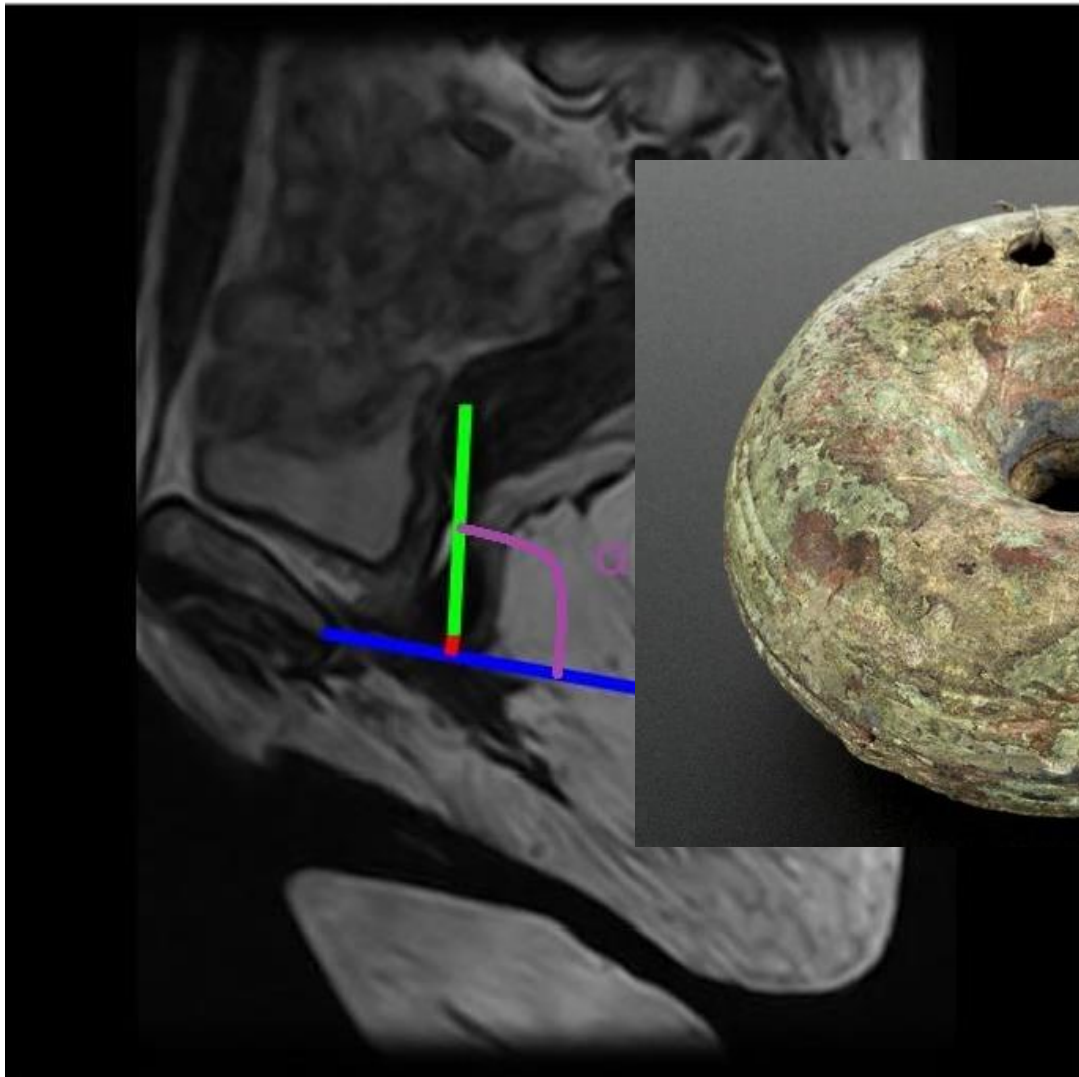
Working mechanism.....



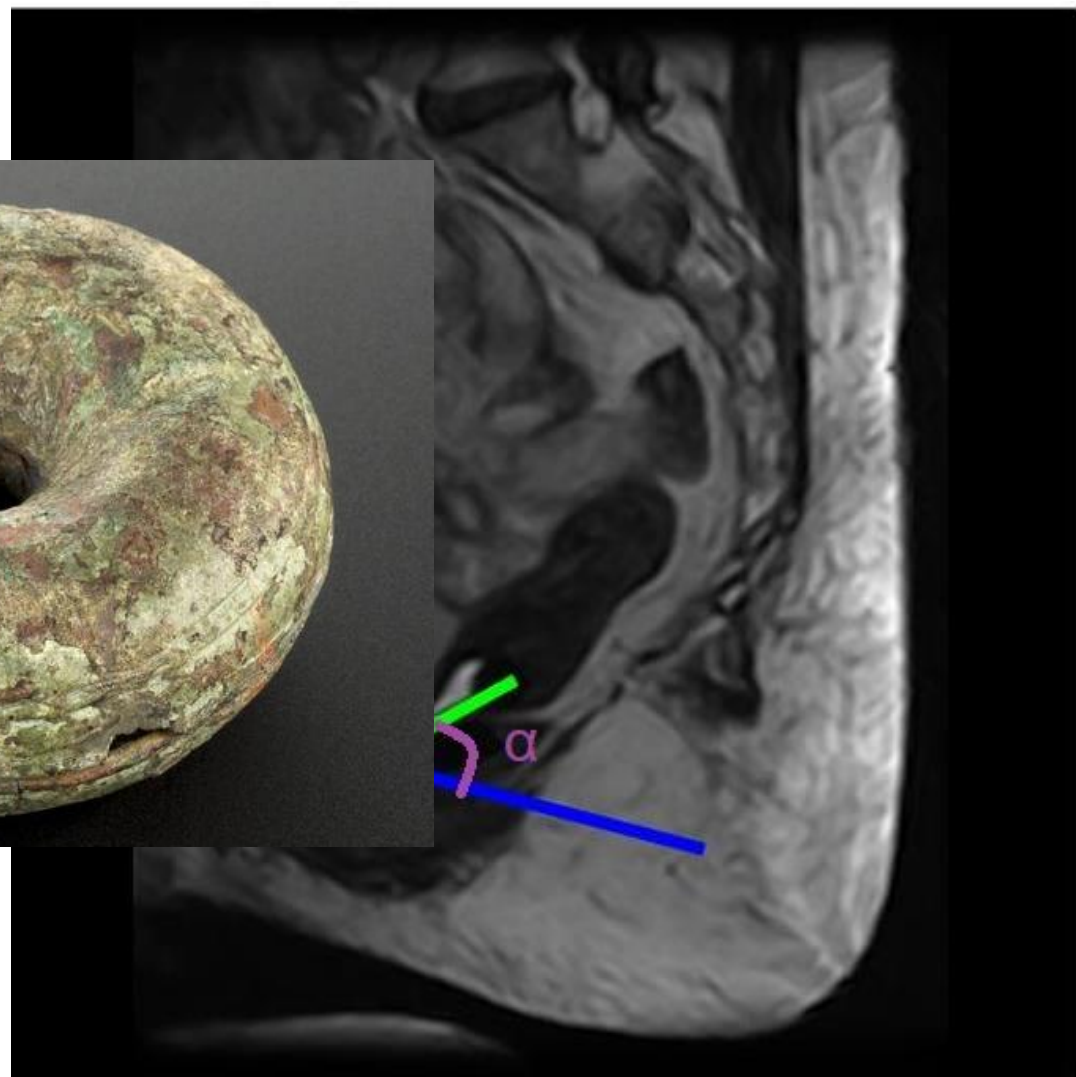
Supine assessment and insertion, wearing in upright. Does it matter?

Does position matter - Pessary





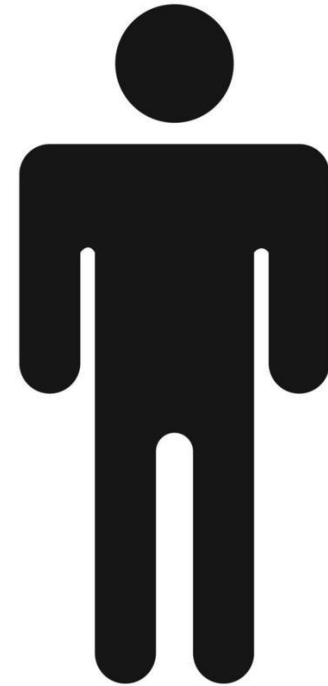
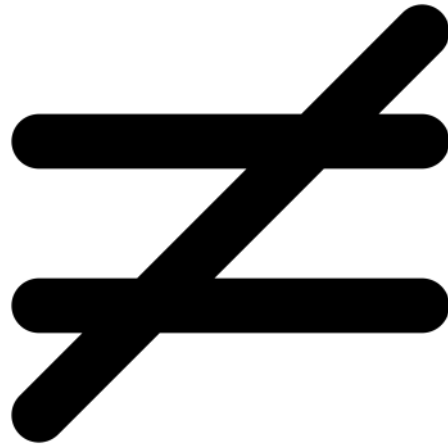
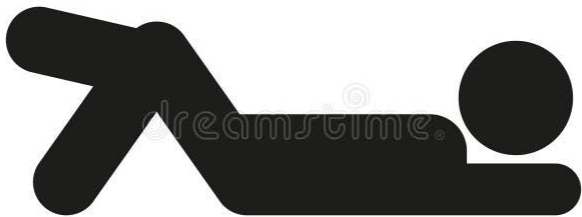
Supine MR scan with pessary in vertical position



Upright MRI with pessary in 45 degrees angle

So what did we learn?

Take-home message 3:

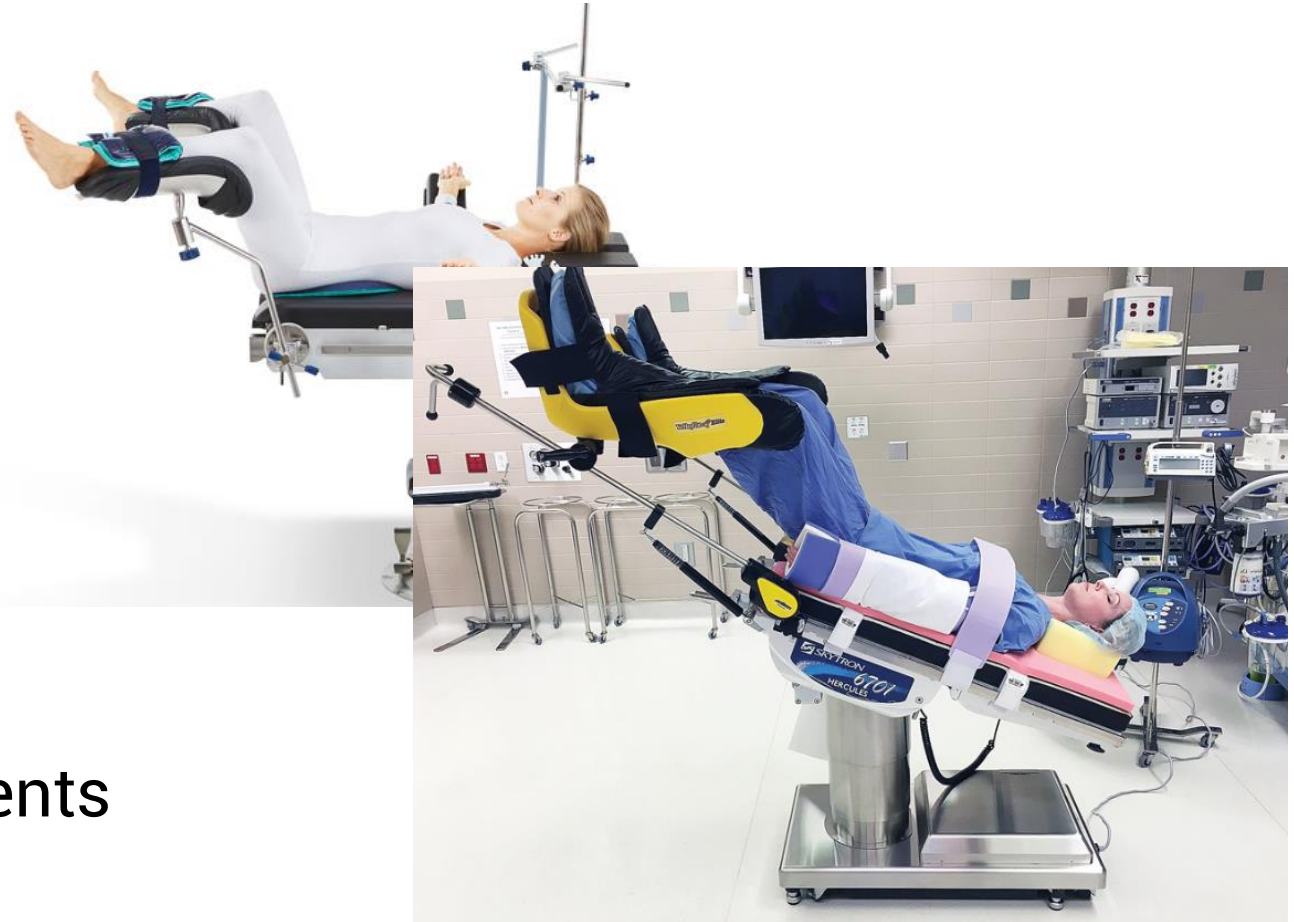


Not learning from failures limits development

What we do – surgical treatment

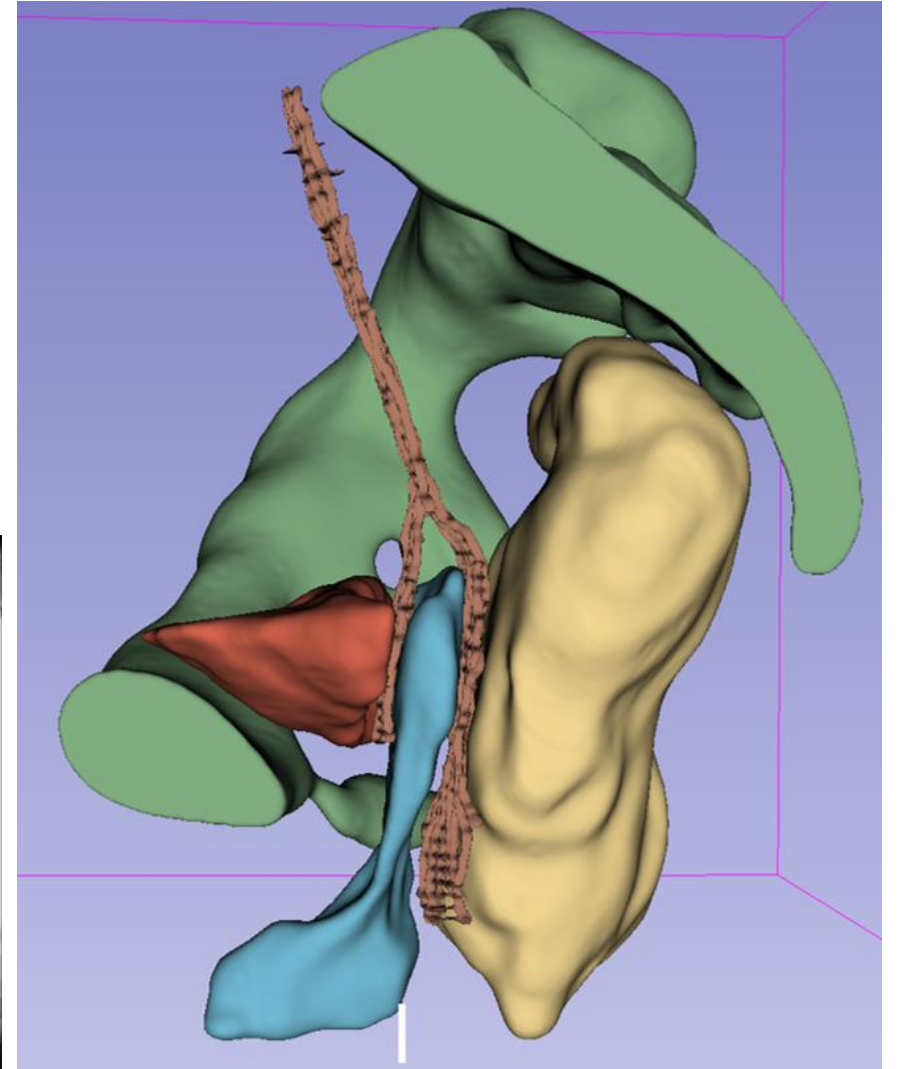
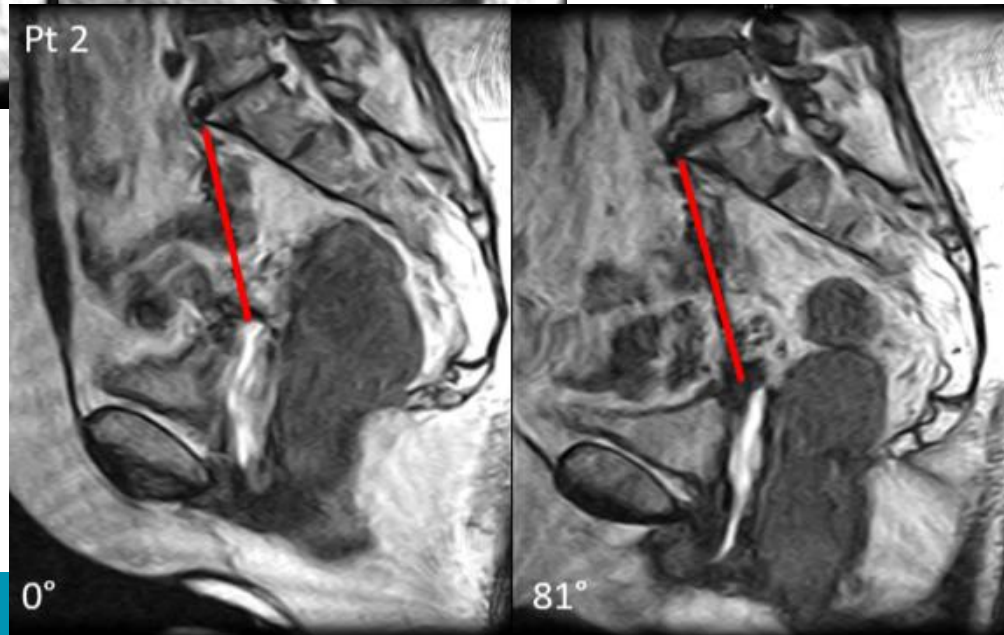
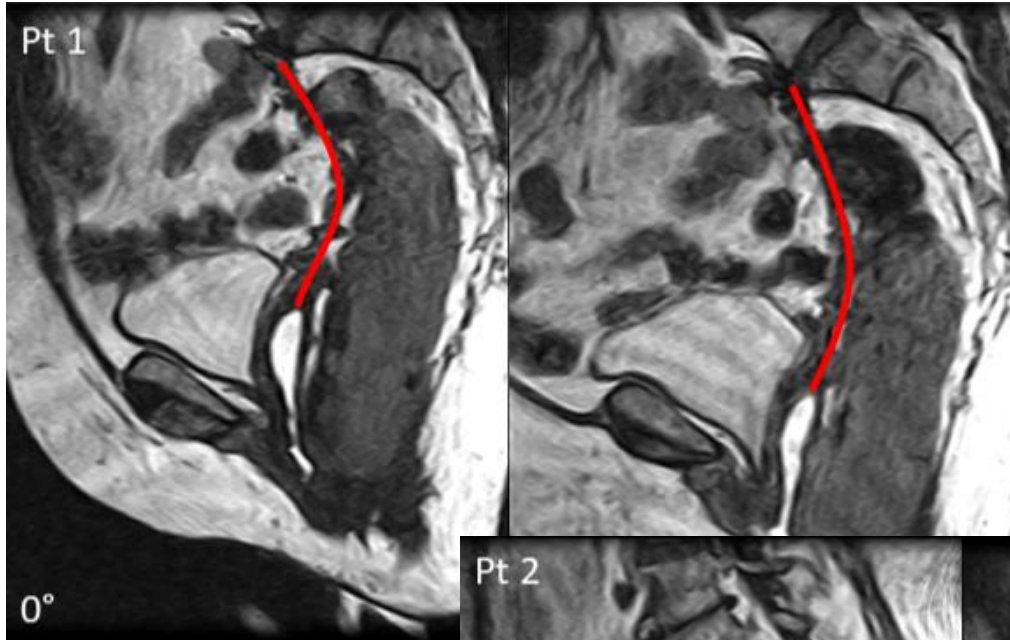
- Native tissue repair
- Mesh implant repair

- Commonly executed
- High failure (recurrence) rate
- Mesh related complications
- Lacking symptomatic improvements



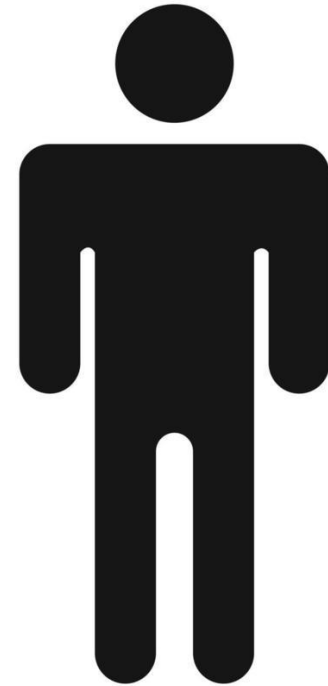
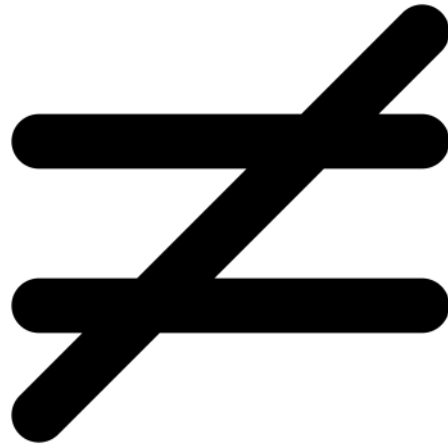
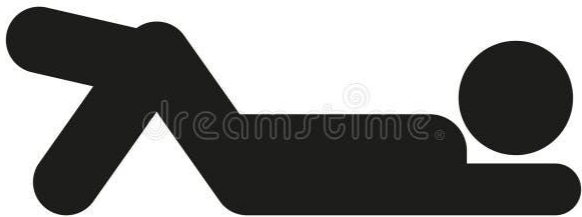
Supine surgery, daily activities in upright. Does it matter?

Does position matter - Surgery



So what did we learn?

Take-home message 4:



Not learning from failures limits development

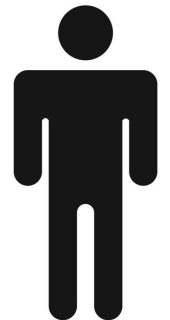
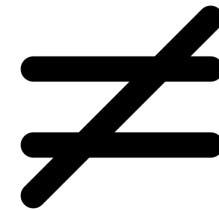
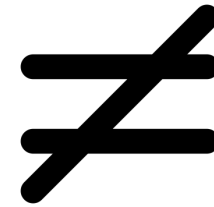
Supine – upright

Just a prolapse matter?



So what did we learn?

- Supine assessment:
- It seemed so **MORE CONVENIENT** until it didn't
- We have to start learning from (brilliant) failures.



In collaboration with

• Multi-Modality Medical Imaging

- Anique Bellos-Grob
- Frieda van Limbeek - van den Noort
- Irina de Alba Alvarez
- Mart Kortman
- Claudia Manzini

• Magnetic Detection and Imaging

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- Angelique Veenstra
- Akeel Alhafidh
- Karin Dekker



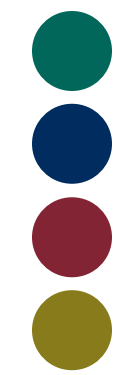
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Pauline Lecomte
Jean-Francois Witz
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Radboud UMC

Radboudumc Chris de Korte



Questions

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Resilience and innovation: learning from brilliant failures





Daniel van Dort slides



Resilience and innovation: learning from brilliant failures





Bob Geelkerken slides



The TechMed Event

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