

THE CONGRESS WHERE THE NEXT GENERATION LEADS

PELVIC FLOOR DISEASES



FACTOR

International Meeting for Young
Specialists in Pelvic Floor Disorders

**9th -10th NOVEMBER
2026
PISA - ITALY**

CHAIR: GABRIELE NALDINI

SCIENTIFIC DIRECTOR: JACOPO MARTELLUCCI

SCIENTIFIC COMMITTEE:

Member of Young ESCP to be assigned
Tamara Fernandez Miguel
Sara Tavares Nogueira
Serkan Zenger

RATIONALE AND VISION

Pelvic floor disorders, particularly posterior and multicompartiment conditions, constitute a complex and evolving field that demands close collaboration among multiple specialties. Despite substantial progress, significant variability persists in diagnostic pathways, therapeutic decision-making, and organisational models across centres and countries.

Pelvic Floor Diseases - X Factor is conceived as an international two-day meeting dedicated to young specialists (under 45 years of age) involved in the management of pelvic floor disorders. The event aims to foster a dynamic and forward-looking environment in which emerging experts can openly share real-world experiences, discuss challenges and setbacks, and collaboratively shape future strategies in pelvic floor care.

The “X Factor” represents the capacity to critically analyse one’s own results, learn from mistakes, integrate multidisciplinary perspectives, and translate experience into improved patient outcomes

OBJECTIVES

The meeting aims to:

- Build an international network of young pelvic floor specialists;
- Promote the exchange of real-life clinical experience, moving beyond idealised or highly selected cases;
- Compare diagnostic, rehabilitative, and surgical pathways across different healthcare systems;
- Foster critical thinking, transparency, and open discussion of pitfalls and limitations;
- Highlight emerging themes and future directions in posterior and multicompartiment pelvic floor disease.

TARGET AUDIENCE

The event is addressed to clinicians under 45 years of age, including:

- Surgeons (colorectal, general, pelvic floor specialists)
- Gastroenterologists
- Radiologists
- Pelvic floor physiotherapists and rehabilitation specialists
- Urogynecologist

The event places strong emphasis on fostering authentic and constructive multidisciplinary dialogue.

Attendance is open to all healthcare professionals with an interest in pelvic floor disorders, including senior specialists who wish to contribute their experience and perspectives.

SCIENTIFIC FORMAT

Call for Clinical Projects / Experiences

Participation as a speaker will be based on an open international call. Candidates will be invited to submit a structured abstract describing a clinical project or real-world experience rather than a traditional research abstract.

Abstract Structure (maximum 400–500 words):

- Title and thematic category
- Clinical background and rationale
- Patient selection and case volume
- Diagnostic pathway
- Rehabilitative and/or surgical strategy
- Video, if available
- Outcomes
- Critical issues and pitfalls
- Take-home message: what worked, what did not, and how results could be improved

SELECTION PROCESS

A Scientific Committee composed of four experts under 45 years of age will independently review all submissions.

Selection criteria will include:

- Clinical relevance
- Originality and innovation
- Methodological clarity
- Quality of the decision-making process
- Multidisciplinary approach

Applicants who are not selected for an oral presentation will be invited to serve as official discussants, actively contributing to the session discussions.

ROLE OF SENIOR EXPERTS

A limited number of internationally recognised senior experts (over 45 years of age) will participate exclusively as session moderators. Their role will be to ensure scientific quality, maintain session timing, and preserve balance, without actively engaging in discussions, thereby safeguarding the central role of young specialists.



SCIENTIFIC SESSION

The programme will be structured into surgical and diagnostic/rehabilitative sessions, with a focus on posterior and multicompartiment pelvic floor disorders.

1. Instrumental and functional assessment of multicompartiment pelvic organ prolapse
 - 1.A Dynamic pelvic floor imaging (MRI, ultrasound, defecography)
 - 1.B Functional testing and physiology
 - 1.C Standardisation of diagnostic pathways
 - 1.D Correlation between symptoms and imaging
 - 1.E Pitfalls and diagnostic controversies

This is your session if imaging findings in your series have influenced therapeutic strategy, patient selection, or surgical planning.

2. Factors influencing conservative, rehabilitative, or surgical decision-making
 - 2.A Patient selection criteria
 - 2.B Risk stratification and frailty assessment
 - 2.C Multidisciplinary decision pathways
 - 2.D When NOT to operate
 - 2.E Shared decision-making with patients

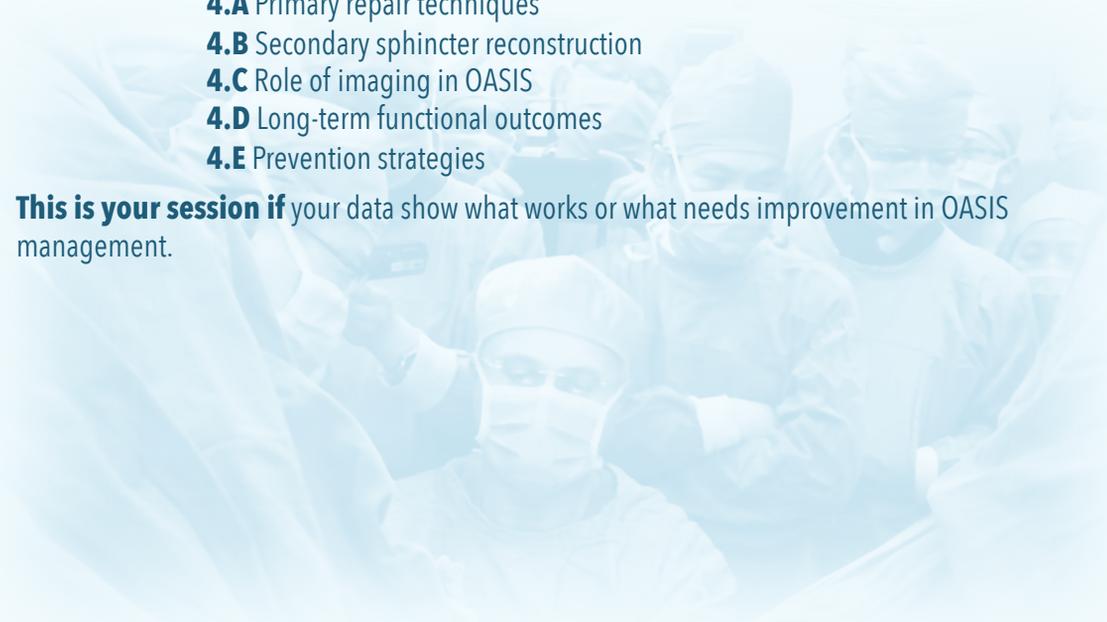
This is your session if your team applies structured decision pathways that meaningfully guide treatment choice.

3. Surgical management of multicompartiment pelvic floor prolapse
 - 3.A Combined abdominal and perineal approaches
 - 3.B Ventral vs posterior repairs
 - 3.C Mesh vs native tissue
 - 3.D Minimally invasive and robotic techniques
 - 3.E Technical pitfalls and intraoperative challenges

This is your session if your experience highlights technical decision-making, intraoperative pitfalls, or outcome differences.

4. OASIS management
 - 4.A Primary repair techniques
 - 4.B Secondary sphincter reconstruction
 - 4.C Role of imaging in OASIS
 - 4.D Long-term functional outcomes
 - 4.E Prevention strategies

This is your session if your data show what works or what needs improvement in OASIS management.



5. Pelvic floor rehabilitation strategies

- 5.A** Physiotherapy protocols
- 5.B** Biofeedback and neuromodulation
- 5.C** Prehabilitation before surgery
- 5.D** Postoperative rehabilitation pathways
- 5.E** Predictors of rehabilitation success/failure

This is your session if you can present outcome data from structured rehabilitation pathways.

6. Management of double incontinence

- 6.A** Integrated diagnostic work-up
- 6.B** Conservative management pathways
- 6.C** Neuromodulation strategies
- 6.D** Surgical options
- 6.E** Multidisciplinary care models

This is your session if you manage patients with both urinary and fecal incontinence and have real-world clinical results.

7. Surgical treatment of internal and external rectal prolapse

- 7.A** Abdominal vs perineal approaches
- 7.B** Ventral rectopexy techniques
- 7.C** Management of recurrence
- 7.D** Functional outcomes vs anatomical success
- 7.E** Patient selection controversies

This is your session if your series explores indications, technique selection, or recurrence management in rectal prolapse.

8. Pelvic floor pain

- 8.A** Diagnostic challenges
- 8.B** Myofascial pelvic pain
- 8.C** Neuropathic pain syndromes
- 8.D** Multidisciplinary pain management
- 8.E** Role of surgery (when appropriate)

This is your session if you are dealing with challenging pelvic pain patients and can share diagnostic or therapeutic experience.

9. "Sex" and the pelvic floor

- 9.A** Impact of pelvic floor disorders on sexual function
- 9.B** Post-surgical sexual outcomes
- 9.C** Female and male perspectives
- 9.D** Counselling and patient-reported outcomes
- 9.E** Sexually transmitted infections and pelvic floor

This is your session if your data address how pelvic floor disorders or treatments impact sexual health.

10. Management of complications or recurrence after surgery

10.A Early vs late complications

10.B Mesh-related problems

10.C Redo surgery strategies

10.D Failure analysis

10.E How to audit your own results

This is your session if you have analysed failures, complications or redo procedures in your practice.

11. Pelvic floor and regenerative therapy

11.A Stem cells and biologics

11.B Platelet-rich plasma

11.C Tissue engineering

11.D Current evidence vs hype

11.E Future clinical applications

This is your session if you are exploring regenerative therapies with clinical data or early clinical experience.

The scientific program will be defined following abstract selection to ensure alignment with the submitted projects.

EDUCATIONAL PHILOSOPHY

Each presentation must clearly report:

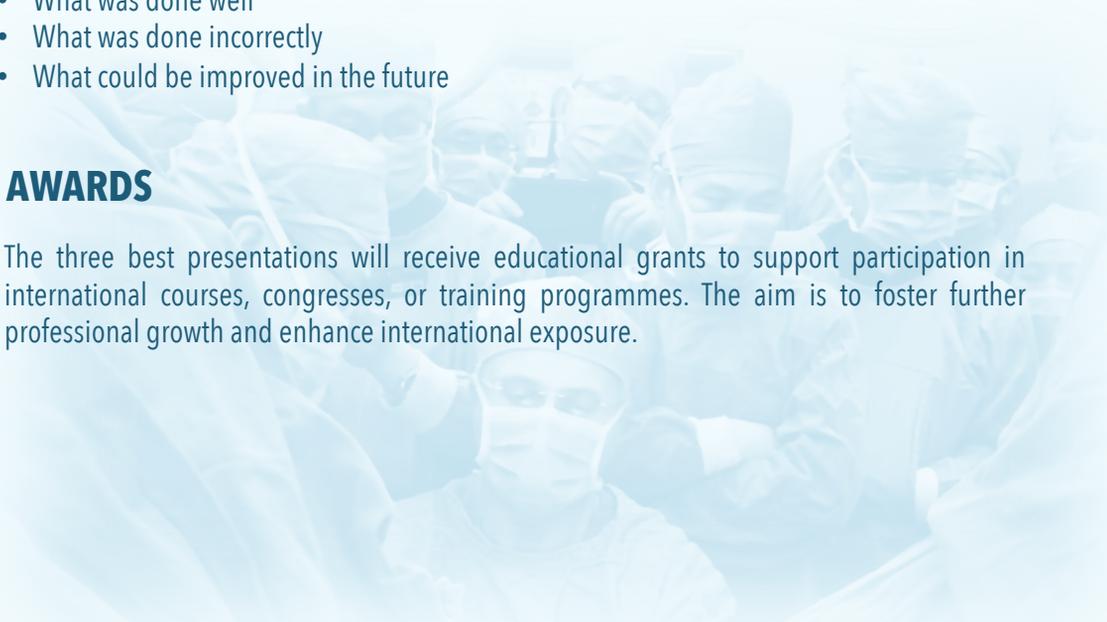
- The size of the personal or directly involved clinical series
- Criteria guiding treatment selection
- Diagnostic, rehabilitative, or surgical techniques used
- Clinical and functional outcomes

Presenters will be explicitly encouraged to address:

- What was done well
- What was done incorrectly
- What could be improved in the future

AWARDS

The three best presentations will receive educational grants to support participation in international courses, congresses, or training programmes. The aim is to foster further professional growth and enhance international exposure.



GENERAL INFORMATION

OFFICIAL LANGUAGE: English

PARTECIPANTS: 100 persons maximum

DEADLINE FOR SUBMISSION: 30th June 2026

REGISTRATION

Registration fee: €500 + VAT

Early registration before 1st June 2026: €400 + VAT

The fee includes: Congress registration,

Access to all scientific sessions,

Coffee breaks,

Social dinner

Attendance will be limited to preserve interaction and discussion quality.

PLEASE NOTE: once the registration has been completed and paid, you will receive the login credentials for abstract submission. Only one abstract may be submitted per topic.

CONGRESS VENUE

Auditorium Nino Ricci C.C.I.A.A. Piazza Vittorio Emanuele II, 5, 56125 Pisa – Italy

CONCLUSION

Pelvic Floor Diseases X Factor is designed as a high-level, interactive, and forward-looking meeting that places young specialists at the centre of scientific discussion. By promoting openness, multidisciplinary dialogue, and critical self-assessment, the event aims to make a meaningful contribution to the future of pelvic floor disease management.

ORGANIZING SECRETARIAT



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