

THE FATE OF PRE-OPERATIVE URGE URINARY INCONTINENCE IN CADAVERIC CYSTOCELE REPAIR WITH SLING

Hypothesis / aims of study

Since our initial description of cystocele repair with non-frozen cadaveric fascia with concurrent sling in 2000, we have continued to follow our patients. We recently undertook a review of our long-term data. Special focus was put upon those patients who reported preoperative urge urinary incontinence and/or mixed incontinence and the follow-up of their symptoms after cystocele repair.

Study design, materials and methods

A retrospective review of 344 patients who underwent cystocele repair with nonfrozen cadaveric fascia and concurrent sling procedure between 1997-2008 was performed. Cystocele repair was performed with the use of nonfrozen cadaveric fascia lata by a single surgeon. Patients who had pre-operative complaints of urge and/or mixed incontinence were noted. Patients had their outcomes evaluated by pelvic examination for prolapse recurrence and complications, a validated subjective continence and patient satisfaction questionnaire, and a quality of life score.

Results

The mean age of the patients was 64.6 years (range 31-89 years). 58/344 patients (17%) had pre-operative urgency or mixed incontinence complaints. 26 of the 58 patients (44%) reported symptoms of urge or mixed urinary incontinence after cystocele repair. 85% of patients, on follow up questionnaire, stated that their incontinence was improved post repair. 4 patients with urgency (6.8%) reported worsening of their symptoms and 7% were equivocal. When presented with a visual analogue scale, 55% of patients reported a 50% or greater improvement in their symptoms. 46% reported that they had improved to a degree of 70% or better.

Interpretation of results

In our experience, 85% of those patients with pre-operative urge and or mixed incontinence who undergo cadaveric cystocele repair with concurrent sling can expect to have improvement in their symptoms. Patient satisfaction and perceived improvement in voiding complaints was high.

Concluding message

With our preferred method of cystocele repair with non-frozen cadaveric fascia, our data suggests no worse outcomes in women with pre-operative urgency.

<i>Specify source of funding or grant</i>	Coloplast
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	Retrospective chart review of our clinics patients.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes