WHAT IS THE ADVANTAGE OF VAGINAL WALL PROLAPSE SURGERY IN WOMEN WITH OVERACTIVE BLADDER SYNDROME SYMPTOMS AND PELVIC ORGAN PROLAPSE?

Hypothesis / aims of study

Approximately 16% of women between 45-55 years go down with mild prolapse and 3% go down with severe prolapse. women with severe prolapse, have high probability to suffer from overactive bladder (OAB) syndrome symptoms such as urinary urgency, urge incontinence, urinary frequency and nacturia. Detrusor overactivity is treated in several different ways: non pharmacologic managements (like weigth loss, Biofeedback), pharmacologe treatments (mainly oxybutinin and tolterodin) and surgical treatments for refractory cases (like cystoplasty). It seems in patients with OAB symptoms who have poor response to medical therapy and have advanced vaginal wall prolapse, standard colporrhaphy relieves their symptoms. Few studies have been done in this field. So, our aim of this study was, How vaginal wall defect repair, affects the quality of life in poor medical responder women with overactive bladder syndrome symptoms and prolapse?

Study design, materials and methods

This retrospective study designed to review the medical charts of women with urgency urinary incontinence and moderate to severe pelvic organ prolapse, from Jan 2020 to oct 2010. Thirty patients met the study criterion. all women were under anticholinergic therapy for at least one month, with poor response. All information of their hospital charts, including: personal characteristics, ICIQ-UISF score, physical examination (vaginal exam according to ICS grading system), medical history and urodynamics study pre-surgery was recorded. Standard anterior and posterior colporraphy or one of them was performed for all patients according to their request. ICIQ-UISF form was refilled 3 months after surgery. Then ICIQ-UISF results before and after surgery compared with each other.

Results

Patients had an average age of 44.9 ± 8.8 years (range from 32-68). Mean ICIQ-UISF was 14.3 ± 2.5 (before surgery). In vaginal exam 5 patients had anterior vaginal wall prolapse grade 2 or more, 3 patients had posterior vaginal wall prolapse grade 2 or more and 22 patients had both of them. In urodynamics study all except 4 patients had overactive bladder and sensory urgency observed in these 4 patients. 42% of cystometries in filling phase had phasic pattern, 38% had terminal pattern and about 20% had both of them. other urodynamic results were as below:

	Mean	minimum	maximum
Bladder capacity	110.5	18	356
Max. Detrusore pressure	9.45	1	37
Max. Flow rate	11.8	2.5	27.4
PVR	5.6	0	40
Pressure at peak flow	39	3	102.9

Standard colporrhaphy was done for all patients (70% ant. & post. Colporrhaphy, 16% posterior colporrhaphy and 14% anterior colporrhaphy).

3 months after surgery, ICIQ-UISF score reduced significantly to mean 5.4 ± 3.3 (95% CI 7.807;9.994 P=0.000) and most of operated patients (80%) cut their drug therapy immediately after operation and rest of them decreased the drug dosage.

Interpretation of results

In patients with over active bladder syn. Symptoms that have bothering vaginal wall prolapse, surgical construction of defect (even before starting to medical therapy), relieves their symptoms and improves their quality of life. So that most of them discontinue their medication.

Concluding message

Pelvic organ prolapse in any three pelvic zone can affect pelvic organs function. After pelvic reconstruction, the anatomy return to nearly normal position and for this reason it can improve bladder related symptoms and quality of life.

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References 1. urogynecology and reconstructive pelvic surgery (2007) 353-379

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Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	local ethical committee of tabriz university of medical science
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes