

THE INCIDENCE OF DE NOVO STRESS URINARY INCONTINENCE FOLLOWING APICAL PROLAPSE REPAIR IN CONTINENT WOMEN.

Hypothesis / aims of study

The incidence of de novo stress urinary incontinence following vaginal prolapse repair is unknown, and hence the need of concomitant incontinence procedure at the time of surgery is controversial^{1,2}. The aim of this study is to assess the incidence of de novo "moderate" and "severe" stress urinary incontinence following apical prolapse repair in a previously continent population.

Study design, materials and methods

122 continent women that underwent apical prolapse repair, without concomitant incontinence procedure between February 2010 and August 2011 were reviewed at 3 and 6 months post operatively. All subjects filled the King's Health Questionnaire, Prolapse Quality of Life Questionnaire (P-QOL) and were examined using the pelvic organ prolapse quantification system (POP-Q) preoperatively and at follow up visits. All women filled the Patient Global Impression of Improvement Questionnaire (P-GII) at follow up.

Results 28

women (23.5%) developed de novo moderate/severe stress urinary incontinence at 3 months. Seven of them (5.9%) felt the symptoms are bothersome and requested anti-incontinence procedure. Postoperatively, the anterior vaginal wall was at stage 0/1 in 77 cases (64.7%) and the vaginal apex was at stage 0/1 in 107 cases (89.9%). Three women underwent repeat prolapse surgery.

Interpretation of results

Routine anti incontinence procedure at the time of apical prolapse repair is not recommended. Although around one quarter of women develop new onset stress urinary incontinence, only 5.9% find the symptoms bothersome enough to warrant an incontinence procedure. Patient should be counselled about the different possibilities following apical prolapse repair and risks and benefits of concomitant incontinence procedure discussed with the patient.

Concluding message

The incidence of de novo moderate/severe stress urinary incontinence following apical prolapse repair in a previously continent population is 23.5% with 5.9% of patients needing anti incontinence procedure. This questions the need for routine anti-incontinence procedures at the time of apical prolapse repair.

References

- 1- Brubaker L, Cundiff GW, Fine P et al. (2006). Abdominal sacrocolpopexy with Burch colposuspension to reduce urinary stress incontinence. N Engl J Med; 354:1557-66.
- 2- Costantini E, Lazzeri M, Bini V et al. (2011). Pelvic organ prolapse repair with and without prophylactic concomitant Burch colposuspension in continent women: a randomized, controlled trial with 8-year follow up. J Urol. 185:2236-40.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** This was a prospective audit of the need of incontinence surgery in women undergoing apical prolapse repair, as the current unit guidelines do not recommend routine anti-incontinence procedure at the time of apical prolapse procedure if the patient is continent. **Helsinki:** Yes **Informed Consent:** Yes