

VOIDING DIFFICULTIES AFTER TRANSOBTURATOR MESH IMPLANTATION SURGERY IN STRESS URINARY INCONTINENCE WOMEN

Hypothesis / aims of study

Bleeding, infections, mesh erosion, urethral injury, persistent incontinence, voiding difficulty (VD) were the complications of the female incontinence surgery. Postoperative voiding difficulty was significant complication, which can be associated with increasing post voided residual urine (PVR), sometimes with urinary retention. We report possible risk factors related to postoperative voiding difficulty after transobturator mesh implantation surgery in stress urinary incontinence women.

Study design, materials and methods

Between 2008 December and 2012 February, 168 female patients age 31 to 76 years (mean age 51.0±8.6) with SUI were operated with transobturator mesh implantation. Many preoperative risk factors of postoperative voiding difficulty were evaluated including age, clinical diagnosis, urodynamical parameter, the presence of vaginal, rectal prolapse, previous anti-incontinence and gynecological operations, BMI, accompanied diseases, preoperative voiding symptoms and intra-operative complications.

Results

Patients who had voiding difficulty 27 (16.1%, 20.6±26.1 vs 200.5±145.1) and patients who had urinary retention 4 (2.3%, 436~700ml). Mixed urinary incontinence was significant associated with the higher prevalence of symptoms of postoperative increasing PVR ($p=0.009$), and of the necessity of CIC because of urinary retention ($p=0.006$). In urodynamic parameters, compliance is only associated with increasing PVR ($p=0.047$). There were no more significant parameters between voiding difficulty and evaluated factors.

Concluding message

The most important significant risk factor of postoperative voiding difficulty is the combined mixed urinary incontinence and lower compliance. The effect of mixed urinary incontinence and lower compliance for postoperative voiding difficulty and urinary retention were limited because the incidence is low. The urinary retention is a less common finding after female anti-incontinence operations, but it is mostly transient and solved conservative treatment with CIC. It is needed further study for the used mesh type, effect of mixed incontinence on the voiding difficulty after SUI surgery.

Disclosures

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