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Title (type in
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LETTERS)**DYNAMIC MRI ASSESSMENT OF BLADDER BASE DESCENT
IN WOMEN**

AIMS: To dynamically assess the degree of bladder base descent whilst straining in the upright position and to determine whether this correlated with symptoms in nulliparous/ multiparous, pre and post menopausal women.

METHODS: Open MRI produces fast dynamic MRI images facilitating assessment of pelvic anatomy during straining in supine, sitting or standing positions. Bladder base descent was assessed in 100 patients: 59 were asymptomatic and 41 had symptoms of urinary incontinence +/- genital prolapse. All women were scanned at rest, maximal pelvic strain and maximal pelvic contraction. The perpendicular distance between the bladder base and the line connecting the inferior border of the symphysis pubis and the junction of the last two coccygeal segments was measured (mm).

RESULTS: In premenopausal asymptomatic nulliparous women, the bladder neck did not descend below the line on maximal straining, however, in asymptomatic parous women, the bladder base descent was 4.3mm in premenopausal women and 13.7mm in postmenopausal women. In symptomatic parous women bladder base descent was more marked at 18.1mm and 17.7mm in pre and postmenopausal women as compared to nulliparous women and this was most marked in postmenopausal groups.

CONCLUSIONS: This study demonstrates that childbirth is associated with increased bladder base descent, which is further increased after the menopause; these changes are more marked in symptomatic women, but also occur in asymptomatic women. Thus the finding of bladder base descent should not be used as a sole indicator for surgical treatment of pelvic floor dysfunction, and a tendency to do so in the past may have contributed to surgical failures.