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Title (type in CAPITAL LETTERS)	COMPARISON OF VALSALVA LEAK POINT PRESSURE TO THE INTRA-OPERATORY MANUAL LEAK POINT PRESSURE IN PATIENTS SUBMITTED TO SURGICAL CORRECTION OF STRESS INCONTINENCE

INTRODUCTION AND OBJECTIVES: The objective parameter to graduate stress urinary incontinence is represented by the Valsalva Leak Point Pressure (VLPP). Contraction of their striated sphincter can mislead this parameter. Herein, we provide a regular condition to register the abdominal pressure necessary for urinary leakage, under anesthesia. The objective is to check the reproducibility of VLPP under this new situation.

METHODS: Valsalva Leak Point Pressure were detected before surgery in 10 patients complaining of stress urinary incontinence, with bladder distended to 250 ml. At the time of vaginal surgery, after spinal blockade, cystostomy was done by puncture, under cystoscopy vision, and catheter connected to a transducer and a polygraph. With the bladder distended to 250 ml, manual abdominal compression was done, registering the intra-vesical pressure when urinary leakage occurs. The maneuver was repeated three times in all patients.

RESULTS: The average VLPP was 75.9 cmH₂O. At the surgery, the intra-operative manual leak point pressure (IMLPP) was 45.1 cmH₂O in average, thus significantly smaller than with the patient under regular urodynamic examination. The individual results were 60 and 50 cmH₂O, 70 and 54, 140 and 40, 60 and 58, 60 and 60, 90 and 32, 90 and 60, 70 and 60, 80 and 22, 39 and 15 cmH₂O.

CONCLUSIONS: The intra-abdominal pressure necessary to promote urinary leakage was much lower with the patient under anesthesia than awake. The muscular relaxation promoted by anesthesia and the impossibility of muscular voluntary contraction by the patient seems to be the unique change created. The individuals results were much variable, thus revealing the limitation of VLPP as a reliable parameter to evaluate and graduate stress urinary incontinence.