

155

Authors: H. Asakura, H.Nagata, M.Muai, K.Nagatsuma, S.Nakamura
Institution: Dept. of Urology, Keio Univ. School of Med.
Title: FEMALE BLADDER OUTLET OBSTRUCTION IN CYSTOCELE PATIENTS-THE EFFECT OF VAGINAL PACK ON VOIDING

Aim of Study:

Bladder outlet obstruction (BOO) in women appears to be more common than previously recognized. Recently BOO nomogram for women was reported for the first time. One of the major etiology for BOO is a genital prolapse. Therefore we performed urodynamic studies in women with various degree of cystocele to investigate BOO in patients with genital prolapse.

Methods:

We evaluated 53 women with a mean age of 52 years who had cystocele, including 28 (58%) with grade 1 or 2 and 25 (42%) with grade 3 or 4 cystocele. Regarding the degree of BOO, patients were classified as severe, moderate, mild, no obstructed by Blaivas's nomogram¹. Thirty eight out of 53 patients were also enrolled to a vaginal package test to access the influence on voiding function by prolapse reduction. Vaginal pack formed of 2 rolls of 4 x 4 gauze inserted into vagina to reduce cystocele². Before and after prolapse reduction, pressure flow studies were performed

Results:

The prevalence of BOO and degree of BOO were almost identical between patients with grade 1 & 2 (low grade) and 3 & 4 (high grade) (Table 1). Parameters of urodynamic studies were not significantly different between grade low grade and high grade cystocele patients. Reduction prolapse significantly improved the voiding condition in patients with high grade cystocele than those with low grade cystocele (chi-square test, P=0.032) when the improvement in voiding was defined as both of increase of Qmax and decrease of PdetQmax following a vaginal package (Table 2). Vaginal package improved voiding function in all six mild obstructed patients with high grade cystocele.

Conclusion:

The degree of prolapse did not correlate with the degree of bladder outlet obstruction. Vaginal package may improve voiding urodynamic parameters in high grade cystocele compared to low grade cystocele. These findings may be useful to aid in the selection of patients who would benefit from cystocele repair.

Table 1 Degree of BOO in cystocele patients

	Grade 1 & 2	Grade 3 & 4
No obstruction	10 (35.4%)	10(40%)

Mild obstruction	13 (46.4%)	12(48%)
Moderate obstruction	5(17.8%)	3(12%)
Severe obstruction	0(0%)	0(0%)
	28 (100%)	25(100%)

Tabel 2 Improvement in voiding function following a prolapse reduction by a vaginal package

	Grade 1 & 2	Grade 3 & 4	
improvement	0	7	7
non-improvement	10	13	23
	10	20	30

(P=0.032)

References:

Neurourol Urodyn, vol .19, 2000: p.553-564

2. J Urol, vol 152,1994: p 931-934