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Title: SLING SURGERY PERFORMED WITH AND WITHOUT PREOPERATIVE URODYNAMICS:
A COMPARATIVE OUTCOMES ANALYSIS

Aims of Study:

We hypothesized that preoperative evaluation with non-urodynamic studies (urethroscopy, Q-tip test, and cough stress test in combination) compared to multichannel urodynamic studies would affect the outcome of sling surgery. We conducted a prospective randomized outcomes analysis that compared the outcome of sling surgery using preoperative urodynamics vs non-urodynamic studies (urethroscopy, Q-tip test, and supine cough stress test in combination).

Methods:

80 women with Type II and Type III stress urinary incontinence (mean age 48 years:range 29-87) underwent implantation of suburethral mycromesh sling. 40 were evaluated with preoperative multichannel urodynamics and 40 were evaluated with preoperative urethroscopy, Q-tip test, and cough stress test without urodynamics. Postoperative follow-up included pelvic examinations, Marshall test, urodynamics, and outcomes questionnaire (visual analogue scale).

Results:

Complete follow-up was available in all 80 patients. The mean follow-up was 36 months (range 12-46). Stress incontinence was cured in 39/40 (98%) vs 38/40 (95%) patients (urodynamics vs. non-urodynamics). Cure was defined as no urine loss with physical activity. Postoperative mean pad use was 1/day for both groups. De novo urge incontinence occurred in 0/40 (0%) vs 2/40 (5%) patients (urodynamics vs. non-urodynamics). Persistent urge incontinence occurred in 3/18 (17%) vs 5/24 (21%) patients (urodynamics vs. non-urodynamics). Mean postoperative Valsalva Q-tip angle was 10 degrees vs 5 degrees (urodynamics vs. non-urodynamics). The incidence of urinary retention and tissue erosion was zero for both groups. Mean satisfaction score was 9/10 vs 8/10 (urodynamics vs. non-urodynamics). Cause of dissatisfaction was persistent and de novo urge incontinence rather than recurrent stress incontinence.

Conclusions:

Lack of preoperative urodynamic studies did not adversely affect the outcomes of sling surgery. Careful preoperative evaluation with urethroscopy, Q-tip test, and cough stress test in combination with precise anatomic surgery produces similar sling outcomes as preoperative urodynamics. Urethroscopy, Q-tip test, and cough stress test in combination is a reasonable preoperative evaluation for those Urologists lacking urodynamic equipment.