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Title:

CHANGES ON UROFLOW AFTER SURGICAL CORRECTION OF CYSTOCELE

Aims of study

Cystocele, anterior compartment prolapse, may cause difficulty in voiding or incomplete emptying. Previous study reported that there was a strong relationship between large cystocele and urodynamically proven voiding dysfunction.¹ Surgical correction of cystocele with anterior colporrhaphy can improve flow rate and reduced post-void residual urine.² The aims of the study are: To assess the voiding function before operation.

To find the incidence of patients with cystocele have decreased flow rate.

To see, if any, changes in uroflow parameters in pre- and post-operation.

Methods

This is a prospective study. Patients with cystocele had anterior colporrhaphy with or without vaginal hysterectomy were included. Uroflow was performed when the patients had normal desire to void. The tests were performed before and 2 to 3 months after the operations by uroflowmeter. The Liverpool normograph was used in analysis of Qmax with related to the volume of urine passed³

Results

A total of 47 patients with mean age of 65.2 (SD 8.4, range 46-83) was included. Degrees of descent were Grade 2 in 17 patients, Grade 3 in 23 patients and Grade 4 in 7 patients. Before operation, 11 (23.4%) women whose Qmax were less than 10th Gentile. After the colporrhaphy, 17 (36.2%) patients had their Qmax less than 10 Gentile. The difference was statistically significant ($p < 0.05$, Chi-square test). There were no differences in Qmax, Qave, functional bladder capacity and time to Qmax in patients with different grades of cystocele. The changes in uroflow parameters before and after the operation were shown in the table. After the operations, all patients could pass urine well.

Table: changes in uroflow parameters

	Before operation	After operation	p-value
Qmax (ml/s)	26.3 (11.0)	23.3 (9.6)	0.154
Qmax (ml/s)	11.0 (5.4)	9.8 (4.8)	0.253
Functional bladder capacity (ml)	345.4 (150.6)	354.3 (181.7)	0.797
Time to Qmax (s)	7.7 (6.9)	8.3 (6.0)	0.623

Results were expressed as means (SD).

Conclusions

From this pilot study, asymptomatic voiding dysfunction is common in patients with cystocele. Present study does not show significant improvement in voiding after correction of cystocele. In fact, more women would have their Qmax less than normal range after the operation of anterior colporrhaphy.

Further study with larger number of patients is required to confirm it.

References

1. Neurourol & Urodyna 1999;18:327-328.
2. 27th AGM of ICS 1997, abstract 149.
3. Br J Uro 1989;64:30-38.

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