

315

**Authors:** Mineo Takei, Ritsuko Hara, Akito Yamaguchi  
**Institution:** Harasanshin Genera Hospitall  
**Title:** USEFULNESS OF PREOPERATIVE PRESSURE FLOW STUDY IN TVT(TENSION FREE VAGINAL TAPE) TO PREDICT POSTOPERATIVE VOIDING DIFFICULTY

**Aims of Study:**

Postoperative voiding difficulty is a significant problem of female stress urinary incontinence. We think that weak detrusor contraction is one of the causes of postoperative voiding difficulty. So we tried to study preoperative Pressure Flow Study (PFS) to evaluate the contractility of detrusor in order to predict postoperative voiding difficulty.

**Patients and Methods:**

49 patients who underwent TVT operation were investigated. The average age was 55 years old (39-75). 60 minutes pad test was an average of 21g. 4 patients had detrusor instability and 7 patients had ISD. All patients underwent by the original method under local anesthesia. The patients were divided into two groups from the difference of detrusor contractility of normal and weak using Schäfer nomogram, and compared Qmax and post void residual (PVR) one week after the operation.

**Results:**

20 patients were normal, 18 patients were weak detrusor contraction, and 11 patients could not be evaluated (10 patients could not urinate and in one patient catheter removed spontaneously during examination). Postoperative average Qmax was  $22.6 \pm 8.7$  ml/s of the normal group,  $14.2 \pm 6.8$  ml/s of the weak detrusor group. Postoperative Qmax of the weak detrusor group was lower than the normal group, it had a statistical significant ( $p = 0.0029$ ).

Since there was a lot of dispersion about PVR, both groups were compared by the number of days until PVR reached below 50 ml. In the normal group,  $2.21 \pm 2.25$  days were required but  $17.8 \pm 27.4$  days in the weak detrusor group ( $p = 0.0183$ ).

**Conclusions:**

Postoperative voiding difficulty is dependent on the detrusor contractility.

It can be predicted by using the Schäfer nomogram of PFS.