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Title: THE USE OF INTRAVAGINAL PROSTAGLANDIN E₂ IN PREVENTING URINARY RETENTION POST VAGINAL HYSTERECTOMY, ANTERIOR COLPORRHAPHY AND COLPOPERINEORRHAPHY

Aims of Study:

To determine the benefits of using the intravaginal 1.5 mg prostaglandin E₂ post vaginal hysterectomy and anterior colporrhaphy.

Methods:

The randomized clinical trial compares effectiveness of the prostaglandin E₂ tablets post vaginal hysterectomy, anterior colporrhaphy, colpoperineorrhaphy.

Place and Time of the Study:

The 40 cases that fulfill the acceptance criteria are divided into two groups: the case group of 20 sample given the intravaginal PgE₂ tablets post vaginal hysterectomy, anterior colporrhaphy, colpoperineorrhaphy, and 20 sample as the control group. All patients post the surgery operation are inserted transurethral catheter for 1 x 24 hours. Six hours after the catheter is extracted we observe residual urine after they are able to void. If the residual urine less than is 100 ml, it is considered that the patient is able to do spontaneous voiding; and if residual urine more than 100 ml, it is considered that the patient has urinary retention.

Results:

Of 40 cases we examine six cases in the control group are not able to do spontaneous voiding after the catheter is removed and thus there are only 14 cases that are able to measure their residual urine with mean residual urine volume of 60.7 ml (SD : 66,6), while in the case group there is only one cases that is not able to do spontaneous voiding and thus there are 19 cases that are able to measure their volume of residual urine with mean 122.5 ml (SD : 54,2). After we do statistical analysis the P value is 0.062 and it means that there is significant difference. In the determination of relation between the giving of 1.5 PgE₂ tablets and the incidence of urinary retention volume of 100 ml or more, there are 15 cases (37.5%) with the residual urine volume of = 100 ml in the control group and in the case group 4 cases (10%); there are 4 cases (12.5%) with the residual urine volume of < 100 ml in the control group and in the case group 16 cases (40%). From statistical calculation the P value is 0.0005 (significant). From statistical calculation the relation between the giving of PgE₂ tablets and spontaneous voiding capability post catheter removed is obtained and the P value is 0.037 (non significant). Finally, the relation between the giving of PgE₂ tablets and bladder capacity we obtain average bladder capacity in the control group 395.7 ml (SD : 18,7 ml) and

in the case group 390.5 ml (SD : 9,5 ml), and moreover from the statistical analysis the P value is 0.062 (non significant).

Conclusions:

1. The use of intravaginal 1.5 mg PgE₂ can prevent the incidence of urinary retention.
2. Number of the incidence of urinary retention post vaginal hysterectomy, anterior colporrhaphy and colpoperineorrhaphy in Cipto Mangunkusumo Hospital with the residual urine volume of 100 ml or more is 37.5% in the control group and 10% in the case group, while the urinary retention with no spontaneous voiding is 15% in the control group and 2.5% in the case group.
3. The giving of intravaginal 1.5 PgE₂ post vaginal hysterectomy, anterior colporrhaphy and colpoperineorrhaphy will shorten the length of using transurethral catheter and the length of patient's hospitalization.

Key Words:

PgE₂, vaginal hysterectomy, anterior colporrhaphy, colpoperineorrhaphy, residual urine.