

WOMEN WITH BLADDER OUTLET OBSTRUCTION FOLLOWING ANTI-INCONTINENCE SURGERY: VALUE OF THE INTERNATIONAL PROSTATE SYMPTOM SCORE [I-PSS].

Hypothesis / aims of study

Post-operative bladder dysfunction due to bladder outlet obstruction [BOO] following anti-incontinence surgery is a distressing long term complication and often difficult to quantify. The I-PSS is widely used in men to assess BOO [1] and population studies on LUTS in women are also utilizing it [2]. This study aims to examine the value of the I-PSS in women with BOO.

Study design, materials and methods

The I-PSS values of 19 women with confirmed BOO following anti-incontinence surgery were determined. Their average age was 58 years [46-71]. Seventeen patients had suburethral tapes placed and two had pubo-vaginal slings placed for stress incontinence. The average time between surgery and evaluation was 40 months [6-120].

The presence of BOO was confirmed by clinical history, excessive peri-urethral fibrosis, increased PVR and urodynamic studies, including pressure/flow studies.

The I-PSS values of 15 women who had undergone suburethral tape placement and who were clinically unobstructed, were determined as a control group.

In 10 patients in the BOO group follow-up post-operative scores were available following urethrolisis procedures.

The I-PSS forms were all completed under supervision of the author.

Results

The average total I-PSS of the control group was [6] and the average QoL Index of this group was [2].

The average total I-PSS of the BOO group was 24 [15-34]. The average QoL Index was 5 [3-6].

The 4 questions relating to bladder emptying showed an average individual value of 3,5 and the 3 questions relating to bladder storage showed an average individual value of 3,4.

In the group of 10 patients where post-urethrolisis scores were available, their average total scores dropped from 26 to 9 and the QoL Index from 5 to 2.

Interpretation of results

During population studies the average I-PSS values for women were below 5 and QoL Index below 2 [2].

In the control group the average IPSS value was 6 and the QoL Index 2.

The average scores obtained for the BOO group were considerably higher and placed these patients into the "severe" symptoms category. The high score of the QoL Index confirmed the significance of their symptoms.

The individual questions relating to emptying and storage symptoms showed virtually identical values; confirming that the actual BOO and frequency/urgency symptoms are equally troublesome and of equal diagnostic value.

The dramatic decrease in all levels of symptoms scores following successful urethrolisis tends to suggest that the I-PSS may have some prognostic value for recommending urethrolisis.

Concluding message

The I-PSS as widely utilized in men seems to have the potential to become a valuable clinical tool in the diagnostic and prognostic assessment of women who present with symptoms of BOO and/or frequency/urgency following anti-incontinence surgery.

References

1. BJU [2007] 99[2]; 347-354.
2. Urology [2006] 68 [5A]; 11-12.
3. BJU [2006] 97; 109-112.

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HUMAN SUBJECTS: This study was approved by the Ethics Committee of the University of KwaZulu Natal, Durban, south Africa and followed the Declaration of Helsinki Informed consent was obtained from the patients.