

QUALITY OF LIFE -KING'S HEALTH QUESTIONNAIRE- OUTCOMES ONE YEAR AFTER INSIDE-OUT TRANSOBTURATOR TAPE (TVT-O) SURGERY FOR TREATMENT OF RECURRENT STRESS URINARY INCONTINENCE.

Hypothesis / aims of study

Patients with symptoms of urinary incontinence have negative impact in their quality of life. Health problems, bad sleep, economic impair, sexual dysfunction, interpersonal uncomfortable relationships, decreased self-confidence-are causes to social exclusion and psychological problems of these patients. The treatment of urinary incontinence pursues not just the disease objective cure but also the improvement in patients' quality of life. The aim of this study is to quantify the impact of incontinence in patients' quality of life using the to use the King's Health Questionnaire and evaluate the subjective success rates and satisfaction related to the TVT-O surgery for treatment of recurrent stress urinary incontinence.

Study design, materials and methods

This retrospective study evaluated 39 patients with urodynamic recurrent SUI that underwent TVT-O surgery between December 2004 and March 2006. Among the subjects, there were 5 patients (12.8%) just with SUI symptoms, 34 patients (87.1%) with urge urinary incontinence symptoms associated to the SUI, 5/34 patients (14.7%) also had detrusor overactivity in urodynamics and ten patients (25.6%) with intrinsic sphincter deficiency (VLPP<60cmH₂O). The mean age was 57.8 years old (43-78). Preoperative evaluation included the King's Health Questionnaire (KHQ) that was repeated at the time of postoperative evaluation; mean time 15.3 months (11.6-25.7). The KHQ was applied by a doctor, who read the questions to the patient and took note of the answers.

Results

The improvement of the nine domains KHQ scores before and one year after the TVT-O surgery were statistically significant.

(Table 1 – KHQ scores before and one year after TVT-O surgery)

KHQ Domains	Questions	Preoperative	Postoperative	P value
General Health Perception	1	45.51 ± 26.82	31.41 ± 20.45	<0.01
Incontinence Impact	2	82.05 ± 33.19	4.27 ± 13.63	<0.01
Role Limitations	3a+3b	68.38 ± 38.19	3.85 ± 16.49	<0.01
Physical Limitations	4a+4b	70.94 ± 35.19	3.42 ± 16.30	<0.01
Social Limitations	4c+4d+5c	38.17 ± 30.85	1.42 ± 8.89	<0.01
Personal Relationships	5a+5b	44.82 ± 38.60	3.45 ± 15.67	<0.01
Emotions	6a+6b+6c	57.55 ± 37.62	1.99 ± 12.45	<0.01
Sleep / Energy	7a +7b	51.28 ± 38.50	3.42 ± 10.24	<0.01
Severity Measures	8a-8e	57.45 ± 28.01	4.27 ± 12.08	<0.01

n=39, except for personal relationship (n=29)

Interpretation of results

The King's Health Questionnaire has shown improvement in the quality of life of 36 patients (92.3%) that was compatible with the objective urodynamic SUI cure rate (94.8%), Pad-test cure rate (89.7%) and subjective SUI cure rate (90%). One patient with occult incontinence had no urinary symptoms before TVT-O surgery and maintained her quality of life scores. Two patients had decreased quality of life: one patient with de novo urge incontinence and one patient with subjective fail of TVT-O despite the objective cure of SUI in the urodynamic exam, this patient had detrusor overactivity before and after the surgery.

Concluding message

The KHQ shows the negative impact of urinary incontinence in patients' quality of life. There was a significant improvement in the quality of life of patients that underwent the inside-out transobturator tape (TVT-O) surgery for treatment of recurrent stress urinary incontinence and the data are comparable to the objective cure rates.

References

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HUMAN SUBJECTS: This study was approved by the Ethics Committee of Hospital do Servidor Público Estadual (CEP-HSPE) and Ethics Committee of University of São Paulo (CEP-UNIFESP) and followed the Declaration of Helsinki Informed consent was obtained from the patients.