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WOMEN'S EXPERIENCES OF STRESS INCONTINENCE SURGERY

Hypothesis / aims of study

This work aims to explore the experiences of women who have undergone surgery for urodynamic stress incontinence. The ultimate aim is to identify features which could be modified for future women undergoing such treatment to improve their satisfaction. We hypothesise that there may be women who have unrealistic expectations or who are not adequately prepared for surgery or who do not adapt to their postoperative condition. We also hypothesise that our patients may have experiences and feelings which they do not share with their clinicians that may affect their satisfaction and this work aims to explore this in detail.

Study design, materials and methods

In depth qualitative interviews were held with twenty women who had previously undergone surgery for urodynamic stress incontinence and were still attending the continence services. Interviews were conducted by a single clinician in a UK tertiary centre for urogynaecology. These were unstructured free flowing interviews with the direction of discussion governed by the participants rather then the clinician. Interviews were recorded in writing, transcribed and then underwent thematic analysis. The umbrella study involved several cohorts of participants and in addition to interviews, repertory grids and quality of life measures were performed. The interviews covered many experiences of incontinence and its treatments and other topics as determined by individual participants.

The results presented here are limited to findings related to surgery for stress incontinence obtained by interview with a cohort of women who had previously undergone stress incontinence surgery.

Results

There were diverse experiences relating to stress incontinence surgery amongst participants. All subjects had undergone either a tension-free vaginal tape (TVT) operation or colposuspension.

The results are demonstrated in this table:

Global Theme	Example Themes	Example text segments
Positive comments	Reduced leakage	'I wasn't wet at all' 'I didn't need to wear pads anymore which improved my self confidence'
	General cure	'I feel I have been cured' 'The TVT is brilliant'
	Quick recovery	'It was a very short recovery time and the effect was instant'
Negative comments	Voiding dysfunction	'I have to do self catheterisation but there are no facilities for this at work' 'I am not emptying bladder fully and the best way to go to the toilet is to stand up'
	Tape erosion	'My husband was ripped'
	Bleeding	'I was surprised at the blood loss'
	Pain/Discomfort	'I have always got a discomfort like the bladder is full, even when I have just been to the loo, there is a pressure feeling' 'I was sore for 3 or 4 days missing work and missing out on my birthday'
	Urinary infections	'I feel I have more urinary infections than I used to'
	Reduced libido	'I lost the urge to have sex'
	Bruising	'I was very heavily bruised, very swollen. I had to be catheterised for 6 days to let the bruising subside and for everything to settle down'
	Nausea	'I felt very sick the next morning'
Decision for surgery	Told	'I was told to have the incontinence operation along with hysterectomy as I would probably need it in a couple of years' 'He suggested TVT straight away. Told me it would be amazing, change my life, not like the old days. I would be out the same day. It all sounded so simple. I didn't get any other options'
	Tests	'I had a test which said I needed an operation. Then I had the operation'
	Information	'I found it great. I had been given a leaflet and had decided to have it done' 'I felt prepared and knew the risks Mr_ explained the complications. I had every one of those complications on the green sheet' 'I was worried I would have to do catheterisation. She gave me a couple of lessons in that'
	Reluctance	'I was apprehensive about having surgery. Don't like messing with my body. If something can be done without intervention then I'll follow that process first'
	Secrecy	'I had it when I was off work and not to have to tell people what you are doing'
Procedure	Unprepared	'It was a bigger operation than I thought. Because it was a local anaesthetic I'd assumed it was minor'
	Unpleasant	'When I came around from the anaesthetic I thought I was in the morgue. I was sick and so cold'
		'The procedure itself wasn't a pleasure but it wasn't degrading or anything like that. It went very smoothly and neatly'
	Anaesthetic	'They couldn't get the epidural in…He did a different anaesthetic which was brilliant. I was able to talk to Mr_ during the operation and didn't feel a thing. I had the advantage over the other ladies. They had to stay in bed because of the epidural. I could move about and that worked well'
	Delay	'Late having surgery and had to stay overnight'

Interpretation of results

This group of women were still attending the uroynaecology service and therefore are not representative of all post operative women, they are women with ongoing problems. Women undergoing surgery for urodymanic stress incontinence appear to hold a variety of beliefs before they undergo surgery. Some feel that it is something to be avoided, a last resort. Others feel it is the only option they were given and seem not to have taken on board what is involved in the procedure itself and what to expect post operatively.

Perhaps certain risks are explained better than others. Simple things like discomfort and bruising may not seem important to the clinician while these are of interest to patients. Some women were very pleased with their result while others had difficulties including significant voiding problems requiring intervention.

Concluding message

Clinicians need to turn their attentions to those women with ongoing problems. Those who are satisfied do not need further treatment. These postoperative recollections are highly enlightening. There are points of good practice to learn from this such as:

1. Providing comprehensive information to allow women to be involved in the decision for surgery.
2. Providing information for not only continence specific complications but also the experience of surgery itself and the anaesthetic.
3. Providing information on what to expect in the immediate and longer term post operative period.

One problem with this methodology is that it relies on the individual's memory of their experiences. This may be coloured by various things such as their actual outcome or emotional factors.

There has been a further cohort of women interviewed both before and after surgery. This is currently undergoing analysis and is expected to add more to the knowledge in this area. This work is being developed to find ways of improving patients' satisfaction with existing treatments, aiding patient selection for surgery and identifying treatment adjuncts.

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Was this study approved by an ethics committee?	**Yes**
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Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**