

QUALITY OF LIFE ANALYSIS FOR SURGICAL TREATMENT RESULTS OF STRESS AND MIXED URINARY INCONTINENCE. – A PROSPECTIVE OBSERVACIONAL STUDY.

Hypothesis / aims of study

Urinary incontinence is a disease with a strong physical, psychological, social, and economical impact. Its surgical treatment has a high rate of success. However, this rate is based on objective cure (patients with a negative stress test). This does not necessarily mean that there is a great improvement in a person's quality of life. Therefore, we have to try to obtain a success rate based on the quality of life to inform patients of the real prognosis

Objective: Compare the objective and subjective cure rates of surgical treatment of stress and mixed urinary incontinence.

Study design, materials and methods

We performed a prospective observational study of women submitted to urinary incontinence surgery between January 2004 and February 2008.

Preoperatively, the patients were evaluated with stress test, Q-tip test, Bonney or Ulmsten test, assessment of the pelvic floor, Pad test, cystomanometry and a quality of life questionnaire (King's Health questionnaire).

At 3, 6, and 12 months after surgery, the patients were evaluated with stress test and King's Health questionnaire. At the twelfth month the Pad test was also repeated.

The King's Health questionnaire results were transformed into percentages to eliminate errors introduced by unanswered questions.

Patients were divided into two groups. Patients in group A had stress incontinence and in group B mixed incontinence.

Objective cure was defined as absence of urine leakage during the stress test. Subjective cure was considered when the difference between the results of the King's Health questionnaire pre and postoperatively was higher than 38%.

Statistical analysis: The Student's t test for parametric and Mann-Whitney U test for non parametric continuous variables, and the chi-square test for categorical variables were used. P values less than 0.05 were considered statistically significant.

Results

143 patients were evaluated (group A=71 and group B =72). The two groups were homogeneous concerning race, body mass index, number of gestations, parity, postmenopausal status, previous or concomitant gynaecological surgery.

The median of the preoperative King's Health questionnaire results was 74.1% for group A and 69.5% for group B.

The total objective cure rate at 3, 6 and 12 months was 93.5%, 94.8%, and 92.1%, respectively. The rate of subjective cure was 42.9%, 40.6%, and 44.1% at 3, 6 and 12 months, respectively.

Group A had an objective cure rate of 91.3% and subjective cure rate of 54.9%. Group B had an objective cure rate of 92.9% and subjective cure rate of 33.3%.

All the differences had statistical significance except the difference between objective cure rates of group A and B.

Interpretation of results

Surgical treatment of female urinary incontinence is generally recognized as having a high success rate. However, our data demonstrates that there is a difference between objective cure and the patient's perception of wellbeing. This difference is more pronounced in patients with urge symptoms before surgery, but de novo urge symptoms may arise after surgery.

Concluding message

It is extremely important that patients with mixed incontinence are aware that there is a more pronounced difference between objective cure and the patient's perception of wellbeing.

Specify source of funding or grant	No funding or grant
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	This is a clinical study, non experimental, with a informed consent applied for surgery, investigation and teaching activities
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes