

LONG TERM FOLLOW UP OF OCCULT STRESS URINARY INCONTINENCE

Hypothesis / aims of study

Concerning pelvic organ prolapse surgery, conventional urodynamic studies are requested to objectivize occult stress urinary incontinence (OSUI). A recent study demonstrated manifestation of a preoperatively evaluated occult urinary stress incontinence to be extremely rare direct postoperatively. In addition only few women required anti-incontinence surgery directly after prolapse surgery [1].

Aim of our study was to figure out the prediction of OSUI regarding to the necessity of anti-incontinence surgery. Furthermore the question arises, if preoperative urodynamics are needed in continent patients anterior to prolapse surgery.

Study design, materials and methods

Between January 2001 and December 2007 primary or secondary prolapse surgery was performed in 531 patients either vaginal or abdominal. Preoperatively stress- and pad-test as well as urodynamics were implemented. Patients with evidence of OSUI were informed about the possibility of a two-step anti-incontinence surgery. Postoperatively all patients received local estrogens for minimum six months and were reevaluated 6 weeks after prolapse surgery. In a follow-up time of 2 – 7 years the patients were scheduled again for vaginal examination as well as for stress- and pad-test.

Results

In 122 of 531 patients (22.9 %) OSUI was diagnosed preoperatively. Anti-incontinence surgery was performed in one-step with prolapse surgery in 26 patients (21.3 %). Further 35 patients had to be excluded for other reasons (e.g. address unknown, deceased). A total of 61 patients with preoperatively evidence of OSUI could be examined in a period up to 7 years after prolapse surgery. 6 of the 61 patients (9.8 %) showed a manifesting SUI in the long-term follow-up, whereas only one patient (1.6 %) needed TVT-surgery postoperatively. 10 patients indicated SUI in the case history without degree of suffering and which was not manifesting in stress- and pad-test. In 15 of 61 patients (24.5 %) re-prolapse was shown (stage II to III).

Interpretation of results

In spite of preoperative evidence of OSUI the manifestation of SUI is rare in the long term follow up after prolapse surgery (9.6 %). Anti-incontinence surgery proved to be necessary in one case.

Several reasons can be adduced:

1. OSUI is caused iatrogenic by reposition of the prolapse
2. Quite a few of the prolapse-surgeries have an additional anti-incontinence function and respectively cause continence by "dislocation" of the genital.

Concluding message

As a result we call for restraint of one-step anti incontinence surgery in prolapse surgery of patients with evidence of OSUI. Additionally, preoperative urodynamics can be limited for one-step prolapse and anti-incontinence-surgery.

References

1. Jundt et al., Eur J Obstet Gynecol Reprod Biol., submitted for publication

<i>Specify source of funding or grant</i>	NONE
<i>Is this a clinical trial?</i>	Yes
<i>Is this study registered in a public clinical trials registry?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	The patients were examined as part of the normal urogynaecological routine examination. There was no additional invasive examination.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes