

## EPIDEMIOLOGY OF SURGERY FOR PELVIC ORGAN PROLAPSE AND URINARY INCONTINENCE IN ISRAEL.

### Hypothesis / aims of study

Pelvic organ prolapse (POP) and urinary incontinence (UI) are conditions affecting women of all ages with a lifetime risk of undergoing surgery of 11% (1, 2). Most of the data on the epidemiology of POP comes from the USA. The objective of this study was to describe the incidence prevalence and distribution of POP and urinary incontinence surgery across age groups in Israel.

### Study design, materials and methods

Women of all ages who underwent primary surgical management of POP or UI were identified from the database of the ministry of health in Israel using ICD-9 codes of the discharge diagnosis and procedures. All patients with at least one of the ICD-9 surgical procedure for POP (68.5X, 69.2X, 70.5X -70.9X, 71.7X) or UI (59.3X - 59.7X) from 2002 to 2008 were included. Analysis of primary and reoperation rates was calculated.

### Results

A total of 5,427 surgical procedures were done for POP and UI in Israel in 2008, a rate of 20.2 surgical procedures per 10,000 women (15.6 and 4.6 per 10,000 women for POP and UI respectively). This rate has increased by 26.3% from 2002, mainly because of an increase in POP surgeries (Table 1). The majority of the procedures were done in the age group of 65 to 74 years, a calculated rate of 58.8 surgical procedures per 10,000 women. Reoperation rate was 3.3% in the period analyzed. The majority of the reoperations occurred in the first two years post initial surgery.

### Interpretation of results

The prevalence of POP and UI operations is high and continues to increase over the years. Although the prevalence of such operations is common in the elderly, they also occur in younger age groups. Reoperation rate in Israel is significantly lower than reported (1) in the American population.

### Concluding message

POP and UI appear to be common problems in Israel, undoubtedly affecting an even larger proportion of the women than suggested by this high cumulative incidence of surgery.

The rate of reoperations is significantly lower in Israel than reported in the literature, and reasons should be explored.

Table 1. Rate of surgery per 10,000 women.

Year	Incontinence surgeries	Prolapse surgeries	Total surgeries
2002	4.5	11.5	16.0
2003	4.5	12.1	16.6
2004	4.6	12.9	17.5
2006	4.5	14.2	18.7
2007	4.8	14.9	19.7
2008	4.6	15.6	20.2

### References

1. Olsen AL, Smith VJ, Bergstrom JO, Colling JC, Clark AL. Epidemiology of surgically managed pelvic organ prolapse and urinary incontinence. *Obstet Gynecol.* 1997 Apr; 89(4):501-6.
2. Fialkow MF, Newton KM, Lentz GM, Weiss NS. Lifetime risk of surgical management for pelvic organ prolapse or urinary incontinence. *Int Urogynecol J Pelvic Floor Dysfunct.* 2008 Mar; 19(3):437-40.

<b>Specify source of funding or grant</b>	<b>No</b>
<b>Is this a clinical trial?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>No</b>
<b>This study did not require ethics committee approval because</b>	<b>There was no identification of the patients by name or by Identity number</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>No</b>
<b>This study did not follow the Declaration of Helsinki in the sense that</b>	<b>There was no identification of the patients by name or by Identity number.</b>
<b>Was informed consent obtained from the patients?</b>	<b>No</b>

