

IS SLING SURGERY FOR URINARY INCONTINENCE IN MORBIDLY OBESE PATIENTS A TREATMENT FOR WEIGHT REDUCTION??

Hypothesis / aims of study

Stress Urinary Incontinence is relatively common in morbidly obese females. Surgeons in general feel reluctant to offer surgical intervention due to associated anaesthetic and surgical risks of obesity. We present a case series of 12 patients with Urodynamically confirmed mixed incontinence with predominantly stress component and a BMI of more than 40 who showed a significant drop in their Weight and BMI within 12 months of TVTO sling surgery. Preoperatively they failed to lose any weight for 12 months of conservative medical management and strict weight reduction programme.

Study design, materials and methods

We carried out a multivariate analysis of data collected prospectively over last 5 years of 100 TVTO sling operations performed predominantly for urodynamic stress incontinence. We identified 12 females with morbid obesity that were initially managed conservatively with anticholinergic treatment, pelvic floor exercises and strict weight reduction programme and failed to improve either continence or achieve weight reduction.

Subsequently they underwent TVTO insertion for Urodynamic Stress Incontinence. At a follow up of 18- 48months, all 12 patients revealed cure of incontinence (0-1 pad usage) and a statistically significant weight reduction and a drop in BMI with no additional change in weight reduction programme.

Results

Mean age was 37.6 years (33.6 – 48.8 years). Follow up ranged from 18-48 months. 12 patients with predominantly urodynamic stress incontinence and morbid obesity (BMI > 40) had TVTO insertion under general anaesthetic uneventfully. Clinical parameters especially weight, BMI, Continence and I-QOL were compared 12 months before surgery, just before surgery and 12 months after surgery. Significant weight reduction and drop in BMI was identified as an independent factor improved after surgery in the multivariate analysis.

Concluding message

These unique observations in a limited number of patients suggest that Stress urinary incontinence has a major negative impact on the physical activity and psychological status. This in turn impacts negatively on any weight reduction programmes. Offering an early surgical intervention for stress urinary incontinence improves continence, self esteem as well as physical activity which in turn help weight reduction. Elevated BMI in this series did not show a negative influence on the outcome of sling surgery. We recommend offering sling surgery early in the course of management in morbidly obese patients and prospective randomised trials.

References

1. Eur Urol. 2006 Mar;49(3):544-50.
2. Int Urogynecol J (2009) 20:1103–1108
3. Eur Urol. 2008 Jan;53(1):176-82.

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What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	Research & Development Department, NLAG-NHS Foundation Trust
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	No