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PELVIC ORGAN PROLAPSE AND CONCOMITANT STRESS URINARY INCONTINENCE: RESULTS OF SURGICAL TREATMENT

Hypothesis / aims of study
The aim of this study is to evaluat the functional, anatomical results and patients satisfaction after surgery for concomitant pelvic organ prolapse (POP) and stress urinary incontinence (SUI).
Study design, materials and methods
1127 patients with pelvic organ prolapse and stress urinary incontinence which have completed a minimal folow-up of 12 months were included in the study. The history of SUI and/or the demonstration of SUI during urodynamic studies constituted the indication for the sling procedure: TOT with Emmet needle, TVT and TVT-O (Ethicon Inc., Somerville, NJ).
Patients were prospectively evaluated with history including pelvic examination, urinanalysis, urodynamic studies and quality of life questionnaire to determine the overall impact of urinary incontinence on their lives (Urogenital Distress Inventory -UDI-6, the International Symptom Score Quality of Life Question (IPSSQoL)). Urodynamic studies included filling cystometry, pressure-flow studies and VLPP.
Results
1024 patients with mean age of 58.8 years (31-84) with pelvic organ prolapse were enrolled in this study. Among them, 456 patients had concomitant pathology (POP+SUI). The mean VLPP was 54.94 ± 9.21cm H2O, the mean detrusor pressure at maximum flow rate (Pdet at Qmax) was 22.7 ± 15.6cm H2O, and the mean maximum flow rate (Qmax) was 18.3 ± 9.1 ml/sec. The mean number of PPD used was 3.5 ± 2.4 (range 0-10). The mean score on the UDI 11.1 ±3.2 (range 0-18). All patients were “unhappy” preoperatively in response to the IPSSQoL. The TOT procedure was made in 207 patients, TVT - 90 patients, TVT-O - 264 patients. Among 1127 patients 70.54% had cystocele repair, 18% - had hysterectomy by vaginal or laparoscopic approach, 5.4% - had enterocele repair (McCall), 34% - had rectocele repair, 7.2% - had vaginal vault suspension with prolene tape by laparoscopic approach, 1,96% had genital hernioplasty. The mean hospital stay was 8.7 ± 5 day for patients with surgery for prolapse and 2.5 ± 1 day in patients with only SUI surgery. The mean duration of catheterization was 4.4 ± 1.3.
Interpretation of results
At a mean follow-up of 26.9 ±14.7 months, 35 (17%) reported persistence of preoperative urge incontinence, and 1 (0.5%) has de novo urge incontinence. No cases of recurrent stress incontinence occurred. The mean PPD use is 0.15 ± 0.56 (range 0-3) and 177 patients (86.9%) do not use pads. The mean score on the UDI was 3.28 ±3.09 (range 0-14). Data from patients who did have history of SUI preoperatively were used in the calculation of the rate of success or failure of the procedure. Thus, the overall improvement rate for SUI is 89%; mixed incontinence 74%, PPD 94%, UDI 71%, and IPSSQoL is 83%. Twelfth patients developed obstructive voiding witch didn‟t required tape release.
Concluding message
These results demonstrate the safety and efficacy of surgery for pelvic organ prolapse and concomitant stress urinary incontinence.

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Is this a clinical trial?	**Yes**
Is this study registered in a public clinical trials registry?	**No**
Is this a Randomised Controlled Trial (RCT)?	**Yes**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Ethics Committee of Russian Scientific Scenter**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**