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ANTERIOR PROLAPSE SURGERY AND STRESS URINARY INCONTINENCE. IS IT WORTH TO PREVENT?

Hypothesis/aims of study

Pelvic organ prolapse (POP) and stress urinary incontinence (SUI) are frequent conditions in women and can coexist or occur separately. Isolated correction of one of the described pathologies can be a risk factor for the appearance or aggravation of the other.

It is estimated that the occurrence of SUI after the correction of anterior vaginal wall prolapse to be between 11 and 22%, and that the need for its subsequent surgical correction to be 7,5%.

There is an ongoing controversy about SUI prophylactic correction in asymptomatic women who will undergo an anterior POP correction. Is the decrease in the incidence of subsequent surgical intervention for SUI worth it, taking the risks involved into consideration?

On the other hand, the placement of a transobturador mesh for anterior vaginal wall correction could exert some limited compression on the urethra and contribute to SUI improvement. In that case, both SUI prophylactic and therapeutic correction using a sling would be unnecessary during prolapse correction surgery.

This study aims at researching the occurrence of SUI subsequent to an anterior POP correction and at evaluating the risk/benefit of prophylactic surgery to correct SUI, analysing the different surgical options in the process.

Study design, materials and methods

Retrospective observational monocentric study with review of clinical data which includes 108 women with anterior POP that underwent vaginal surgical correction with mesh insertion from March 2005 to October 2008. The prolapse diagnosis was based on Baden-Walker classification. The sample included 86 continent women and 22 women diagnosed with SUI before intervention. From those 22, 50% underwent simultaneous transobturador sling correction (TOT). SUI research was done with conventional urodynamic studies (UDS) in 32,4% of the patients, and clinical information (including occult SIU research) in all.

Results

The median age of the population was 60 years; 96,3% had vaginal deliveries and 91% were menopausal. Thirty-four women had previously undergone pelvic surgery and 6 had undergone SUI correction. Average follow-up time was 22 months.

From the 11 women who underwent simultaneously TOT because of previous SUI, there was 1 recurrence (9%); from the 11 that had SUI confirmed by UDS but it was not corrected by surgeon's choice, there were 5 cases (45,5%) of symptom maintenance and 6 cases (54,5%) in which they were addressed. One of the cases of symptom maintenance was a mixed urinary incontinence and 4 underwent surgery to correct subsequent SUI (80%).

There were 4 cases of SUI *de novo* in 86 patients with no complaints previous to surgery and who did not undergo prophylactic SUI correction (4,6%).

Interpretation of results

In total there was 1 case of SUI recurrence; from the patients with SUI who didn't undergo an intent correction 45,5% maintained complaints and 54,5% improved. *De novo* SUI occurred in 4,6%; subsequent surgical correction occurred in 4,1% of the cases in which SUI correction was not made (4 out of 97 cases).

Concluding message

SUI prophylactic correction would only have prevented the occurrence of 4,6% of SUI and 4,1% surgical interventions, therefore, in the study group at question, it would not have been worth the surgical risks involved, as their incidence is highly variable in different studies.

The choice of not correcting SUI in incontinent women who underwent anterior POP correction had positive results, although limited by the small number of cases registered.

References

1. Stress urinary incontinence after transobturador mesh for cystocele repair. Int Urogynecol J (2009) 20:421-425
2. Is there any evidence to advocate SUI prevention in continent women undergoing prolapse repair? An overview. Int Urogynecol J (2009) 20:235-245

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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	**It was nor necessary**
Was the Declaration of Helsinki followed?	**Yes**

Was informed consent obtained from the patients?	**Yes**