THE EFFECT OF BODY MASS INDEX ON THE RESULT OF THE SPARC IN PATIENTS WITH STRESS URINARY INCONTINENCE

Hypothesis / aims of study
Obesity is a risk factor for stress urinary incontinence (SUI) and detrusor instability. There are little studies about the effectiveness of SPARC in obese women. The aim of the study is to evaluate the clinical outcomes of SPARC sling operation for the treatment of SUI, according to the body mass index (BMI).

Study design, materials and methods
A retrospective clinical trial was performed with 127 patients who underwent SPARC sling operation between January 2004 and July 2007. Based on BMI (2005 Asian body mass index), patients were categorized: normal weight (group A, 46 patients, BMI 18.5-22.9), overweight (group B, 60 patients, BMI 23-27.5) or obese (group C, 21 patients, BMI>27.6). The objective success rate and subjective success rate were assessed. Before surgery, the patients were evaluated with history taking, physical examination, and urodynamic studies. The objective outcome was evaluated with an 1-hour pad test in 6 month postoperatively and the subjective satisfaction rate was assessed using questionnaires for the patients’ satisfaction and evaluating by recommendation rates of SPARC to other patients. The objective success rate included cure and improvement, the subjective success rate satisfaction and improvement.

Results
There were no significant differences in preoperative characteristics except of body weight. The objective cure rates were 95.6% (A), 96.7% (B) and 95.3% (C) (p=0.994). The subjective cure rates were 97.8% (A), 98.0% (B) and 95.2% (C) (p=0.750). Recommendation rates for the SPARC sling operation were 91.3% (A), 93.3% (B) and 90.5% (C) (p=0.989). The complication rates were similar among the groups: 6.5% (A), 6.7% (B) and 9.5% (C) (p=0.317).

Interpretation of results
The results of SPARC sling operation in overweight and obese patients were similar with those of non-obese women.

Concluding message
Therefore SPARC sling operation can be done effectively and safely in overweight and obese women as well.

References
2. Killingsworth LB et al, Int Urogynecol J Pelvic Floor Dysfunct, 2009:20(9);1103-8
3. Rechberger T et al, Int Urogynecol J Pelvic Floor Dysfunct, 2010 Feb 24Epub ahead of print