

POSTOPERATIVE STRESS INCONTINENCE ON PROLAPSE REDUCTION CAN NOT PREDICTED FROM PREOPERATIVE URODYNAMIC STUDY.

Hypothesis / aims of study

A number of pelvic organ prolapsed (POP) patients complain of concomitant stress urinary incontinence (SUI). Surgeons should discriminate the nature of UI. Overflow of urine owing to POP also cause the patient symptom of SUI. Moreover, some advanced POP patients can not notice the presence of SUI, masked preoperatively by prolapsed organ cause urethral kinking and external urethral compression.(1-3) Therefore, one of indications of performing urodynamic study is before POP surgery. However, the rate and the outcome of urodynamic stress incontinence (USI), namely "stress incontinence on prolapsed reduction" has been rarely reported. The aim of this study is to know the rate of stress incontinence on prolapsed reduction in advanced POP patients and to evaluate the prediction power of preoperative urodynamic study.

Study design, materials and methods

A total of 24 consecutive female patients with stage III, IV POP who visited and underwent operations in our urogynecologic department between January 2009 and August 2009 were enrolled. All patients underwent the preoperative evaluation including cough stress test and urodynamic test. For prediction of postoperative urinary conditions, all these tests were performed with prolapse reduction using a vaginal gauze packing. A 1-hour pad test was performed according to the recommendation of the ICS. A stress test was performed at a bladder volume of 300 ml or maximal bladder capacity. A positive stress test was defined as the involuntary loss of urine upon coughing. Collection of data included age, BMI, parity, vaginal delivery or caesarean section history, birth weight of largest vaginal delivered infant, medical and surgical history. Postoperative evaluation was as follows. At 1 week, 2month, and 6 months after POP surgery. Postoperative SUI were determined by symptom assessment and to whom with positive SUI symptoms, cough stress test and urodynamic study was used for evaluation.

Results

Of the 24 patients, only 2 patients were positive on preoperative urodynamic study revealing the presence of stress incontinence on prolapsed reduction. The remaining 22 patients were negative on preoperative urodynamic study, however 2 patients were complaining of postoperative stress incontinence at 2 months follow-up visit. The 2 patients who were positive on preoperative urodynamic study underwent a concomitant transobturator vaginal tape operation and were continent during follow-up period.

Interpretation of results

Postoperative stress incontinence on prolapse reduction can not predicted from preoperative urodynamic study.

Concluding message

The complete prediction of postoperative stress incontinence on prolapse reduction is not possible with preoperative urodynamic study, so warning of the possibility of postoperative SUI occurrence should be included in preoperative counselling.

References

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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	This is a small retrospective chart review.
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes