

SURGERY FOR PELVIC ORGAN PROLAPSE AND CONCOMITED OAB SYMPTOMS: DO THEY IMPROVE AFTER SURGERY?

Hypothesis / aims of study

Symptoms of a overactive bladder (OAB) are often seen in patients with Pelvic Organ Prolapse (POP). OAB is defined as urgency with or without urge incontinence, usually with frequency and nocturia. It is generally accepted that OAB is a highly prevalent disorder that increases with age in both sexes and that has a profound impact on quality of life. The goal of this study was to evaluate if OAB symptoms improve after pelvic surgery for Pelvic Organ Prolapse (POP).

Study design, materials and methods

In this study we did not only use the OAB syndrome as described in the official definition, but we also studied the various symptoms of OAB such as urgency, urge incontinence, frequency and nocturia. 1127 patients with pelvic organ prolapse which have completed a minimal follow-up of 12 months were enrolled in the study. Among them, 456 patients had concomitant pathology (POP+SUI) and passed surgery for stress urinary incontinence. They were excluded from the study. The reason for excluding concomitant incontinence surgery is that it is a well known risk factor for de novo OAB symptoms.

Patients were prospectively evaluated with history including pelvic examination, urinalysis, 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.

Among patients included in the study 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.

Results

The mean follow-up was 26.9 ± 14.7 months and showed an improvement of the OAB symptoms after operation. Among 671 patients included in the study OAB symptoms before operation: urgency – 21%, urge incontinence – 26.7%, frequency – 54%. After surgical procedure: urgency – 10%, urge incontinence – 5%, frequency – 1% of patients. "De novo" OAB symptoms had 1.5% of patients.

Interpretation of results

The results of the study revealed a relationship between OAB and POP and that after POP surgery the OAB symptoms improve or disappear.

Concluding message

Women with vaginal prolapse and symptoms of OAB can expect an improvement of these symptoms after POP surgery

<i>Specify source of funding or grant</i>	None
<i>Is this a clinical trial?</i>	Yes
<i>Is this study registered in a public clinical trials registry?</i>	No
<i>Is this a Randomised Controlled Trial (RCT)?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Ethics Committee of Russian Scientific Center for Obstetrics, Gynecology and perinatology
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes