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THE EFFECT OF SIMULTANEOUS PELVIC ORGAN PROLAPSE REPAIR ON VOIDING SYMPTOMS AND SURGICAL OUTCOME IN SLING OPERATION

Hypothesis / aims of study
It is controversial that stage II pelvic organ prolapse (POP) repair should be done when performing sling operation. The effect of simultaneous TVT and POP repair on voiding symptoms and surgical outcome was evaluated in patients with stress incontinence and stage II POP

Study design, materials and methods
Retrospective review of the medical records was performed for 60 patients that had stage II POP and underwent mid urethral sling repair between March 2006 and March 2010. The patients were divided into two groups: the concomitant correction group (n=26) included patients that underwent tension free vaginal tape (TVT) and POP repair. The sling only group (n=34) included patients that underwent TVT only. The voiding symptoms were evaluated with IPSS, uroflowmetry and post void residual (PVR) before surgery, as well as one and three months after surgery. Cure of incontinence after the procedure was defined as the absence of subjective leakage under circumstances of abdominal straining.

Results
Pre operative IPSS and the post operative IPSS was not different in comparisons between the two groups. Although there was a difference in the preoperative and postoperative peak flow rate between the two groups, the change in the peak flow rate was not different between the two groups. There was no difference in the preoperative PVR, postoperative PVR and cure rate between the two groups.

Interpretation of results
In patients that had stage II POP and stress incontinence, there was no difference in the voiding pattern and surgical outcome between the concomitant repair group and sling only group.

Concluding message
POP repair can safely be omitted when performing TVT in patients with stage II POP.

	Sling only group	concomitant correction group	p-value
Preoperative IPSS	15.8±8.5	12.6±6.5	p>0.05
Postoperative IPSS	8.7±5.7	10.1±5.0	p>0.05
Preoperative Q max(ml/sec)	25.0±9.7	17.6±6.9	p<0.05
Postoperative Q max(ml/sec)	24.4±14.7	15.8±7.2	p<0.05
Change of Q max (ml/sec)	0.4±15.2	1.2±6.9	p>0.05
Preoperative PVR (ml)	21.4±15.9	28.1±31.4	p>0.05
Postoperative PVR (ml)	27.6±39.4	38.4±49.7	p>0.05
Cure of incontinence rate (%)	94	92	p>0.05

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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?	**Yes**
Specify Name of Ethics Committee	**Konkuk univerisity ethics comittee**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**