

DOES MIDURETHRAL SLING INSERTED AT THE TIME OF PELVIC ORGAN PROLAPSE SURGERY INCREASE THE RATE OF DE NOVO OAB?

Hypothesis / aims of study

Almost 20% women suffer from pelvic organ prolapse (POP) and SUI (stress urinary incontinence) [1]. OAB symptoms after mesh POP surgery are one the most bothersome complications with pronounced effect of women quality of life [2]. The aim of our study was to elucidate if simultaneous midurethral sling inserted at the time of pelvic organ prolapse surgery increase the rate of de novo OAB.

Study design, materials and methods

From August 2007 to October 2009 234 (114 patients operated due to POP and SUI and 120 due to POP alone) patients underwent clinical evaluation before surgical treatment for POP and SUI. The criteria of enrolment to the study were: SUI with genital prolapse as indicated by a full clinical examination, including a medical history, a complete gynecologic examination, and cough provocation test in the supine and standing positions with a comfortably full bladder, always after prolapse reposition or prolapse alone. The study group was free of any other gynecological diseases. Patients were operated with Prolift system, whereas women with additional overt or occult SUI after restoration of pelvic anatomy had simultaneously inserted midurethral sling (IVS 04M). All women were evaluated after 12 months. Patients were considered completely cured when they were free of all subjective SUI symptoms, cough tests as well as a pad test were negative. The operation was considered as a failure if the patient still reported urine leakage during increases of intra-abdominal pressure, or if the cough tests or pad test was positive. In the improvement group the cough test was negative but patients still reported occasional urinary leakage or the pad test was negative, but the increase in pad weight was less than 1 gm but not 0 gm. Additionally Incontinence Severity Index (ISI) questionnaire was used in order to assess efficacy of the treatment and OAB symptoms. It categorizes urinary incontinence (if any) into slight, moderate, severe, and very severe [3]. Statistical analysis was performed using Statistica package version 7.1 (StatSoft, Poland).

Results

Patients demographic parameters are shown in Table 1. Surprisingly de novo OAB symptoms were significantly more pronounced among women from POP only surgery group (n=28; 23.3%) when compared to Prolift plus IVS 04M group (n=12; 10.5%; p=0.0093).

Table 1. Demographic data of study groups.

Parameters	Prolift anterior with IVS 04M or Prolift anterior and posterior with IVS 04M (n=114)	Prolift anterior or Prolift anterior and posterior (n= 120)	P
Age (years)	61,70±10,3	64,24 ± 9,5	0,0509
BMI (kg/m ²)	27,67± 3,8	27,32± 3,78	0,480
Parity (n)	2,77 ± 1,3	2,42± 0,907	0,027
POPQ- 0 and I	0	0	
POPQ- II	9	17	
POPQ- III	89	70	
POPQ- IV	16	33	
Sexual activity	57	31	

Concluding message

Midurethral sling insertion at the time of pelvic organ prolapse surgery significantly decreases the rate of postoperative OAB symptoms.

References

1. Jama 2008; 300:1311-16.
2. BJOG 2005;112:971-6.
3. Int Urogynecol J Pelvic Floor Dysfunct; 2006;520.

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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	Medical University of Lublin Ethics Committee
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes