

#578 Post-surgical outcomes in patients with mild occult Stress urinary incontinence in Urodynamics after corrective Surgery for Pelvic organ prolapse



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Hypothesis / aims of study

This study aims to determine the impact on the quality of life of women with a positive result in Urodynamics (UD) for mild stress urinary incontinence (SUI) at maximum cystometric capacity and who underwent pelvic organ prolapse (POP) surgery

To identify the proportion of women with clinical SUI disappearance after POP surgery without anti-incontinence technique and to assess the proportion of women that developed clinical SUI, after POP surgery without anti-incontinence technique, in those with mild SUI in pre-surgical UD.

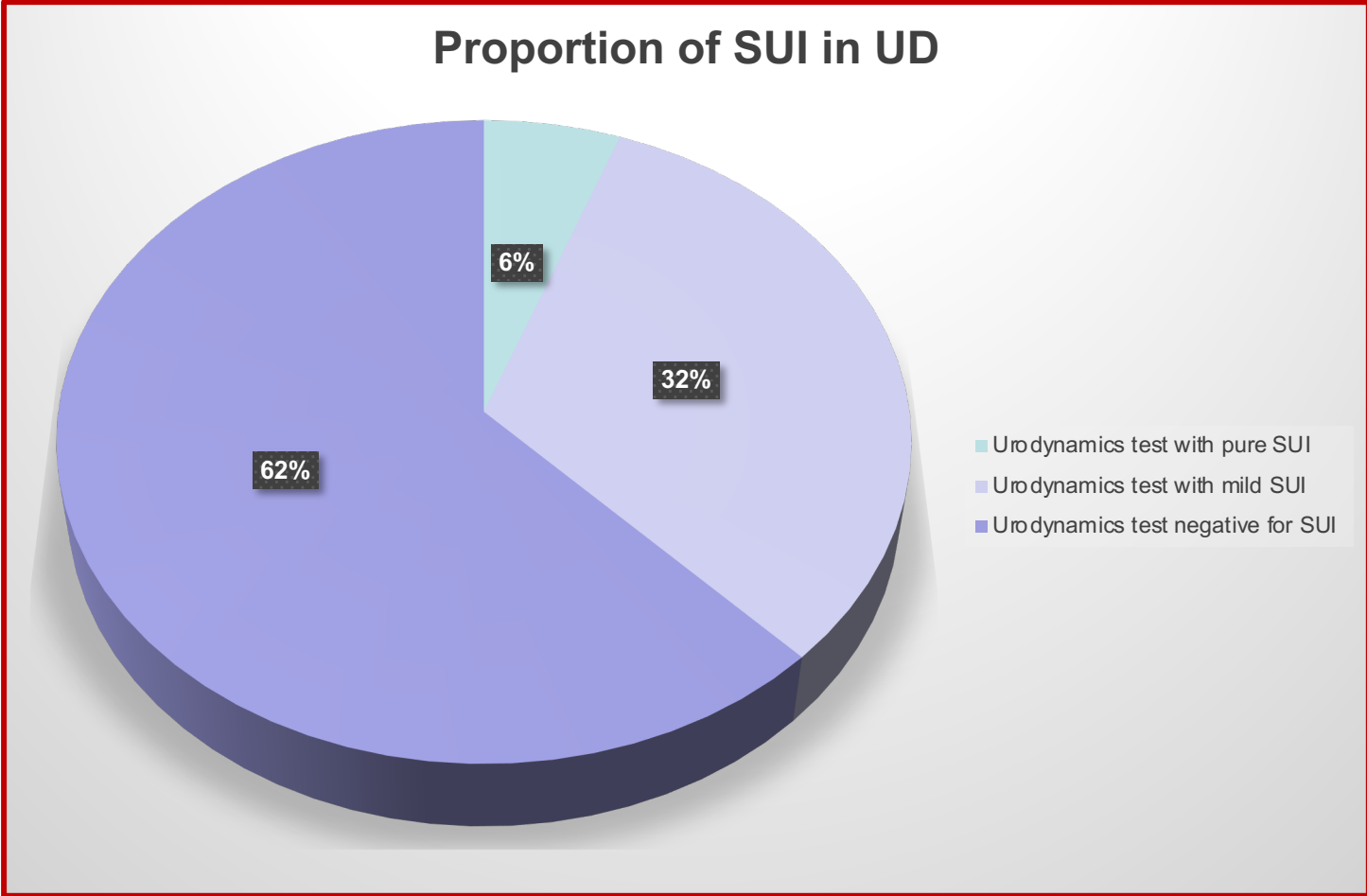
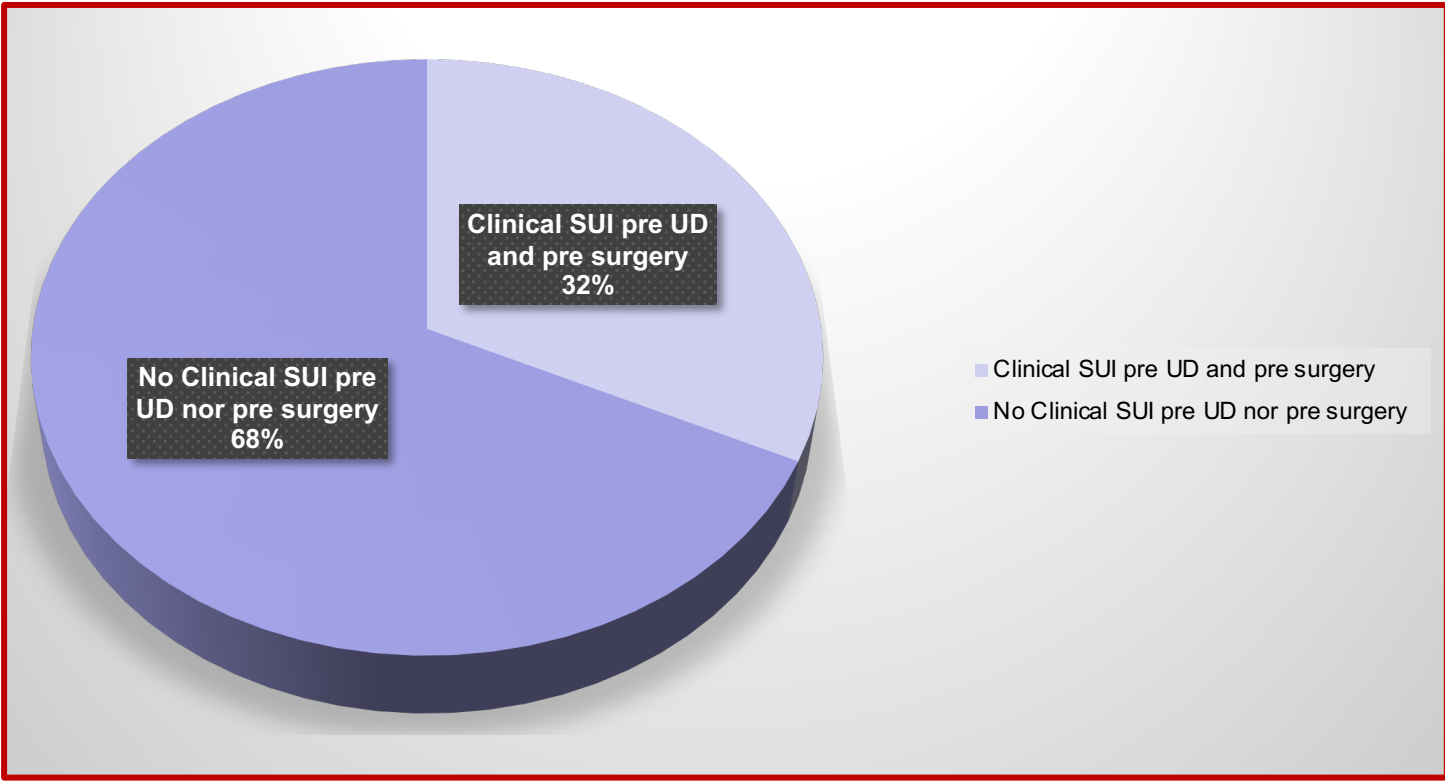
To perform an objective self-evaluation and self-criticism about our therapeutic attitude suggested and applied to patients treated in the pelvic floor unit. This descriptive study will allow us to compare conservative versus surgical treatment in terms of quality of life patient.

Study design, materials and methods

A retrospective cohort study without a control group was conducted involving 53 patients with POP and evaluated with Urodynamics before surgical treatment to rule out occult SUI due to POP, from January 1st 2020 to December 31 at 2021 All women underwent prolapse corrective surgery without anti-incontinence technique including: vaginal hysterectomy and/or anterior colpoplasty (with own tissues or with anterior mesh), subtotal hysterectomy (STH) associated with cervicopexy (CP) by laparoscopy and colposacropexy by LPS (CSP). The occurrence of SUI after surgery and the disappearance of clinical SUI were assessed through physical examination and patient-reported outcomes were measured using the International Consultation on Incontinence Questionnaire (ICIQ) at 3, 6 and 12 months post-surgery

Data was assessed in the SPSS program **Inclusion criteria:** women diagnosed with symptomatic POP, candidates for POP surgery with Urodynamics performed.

Results

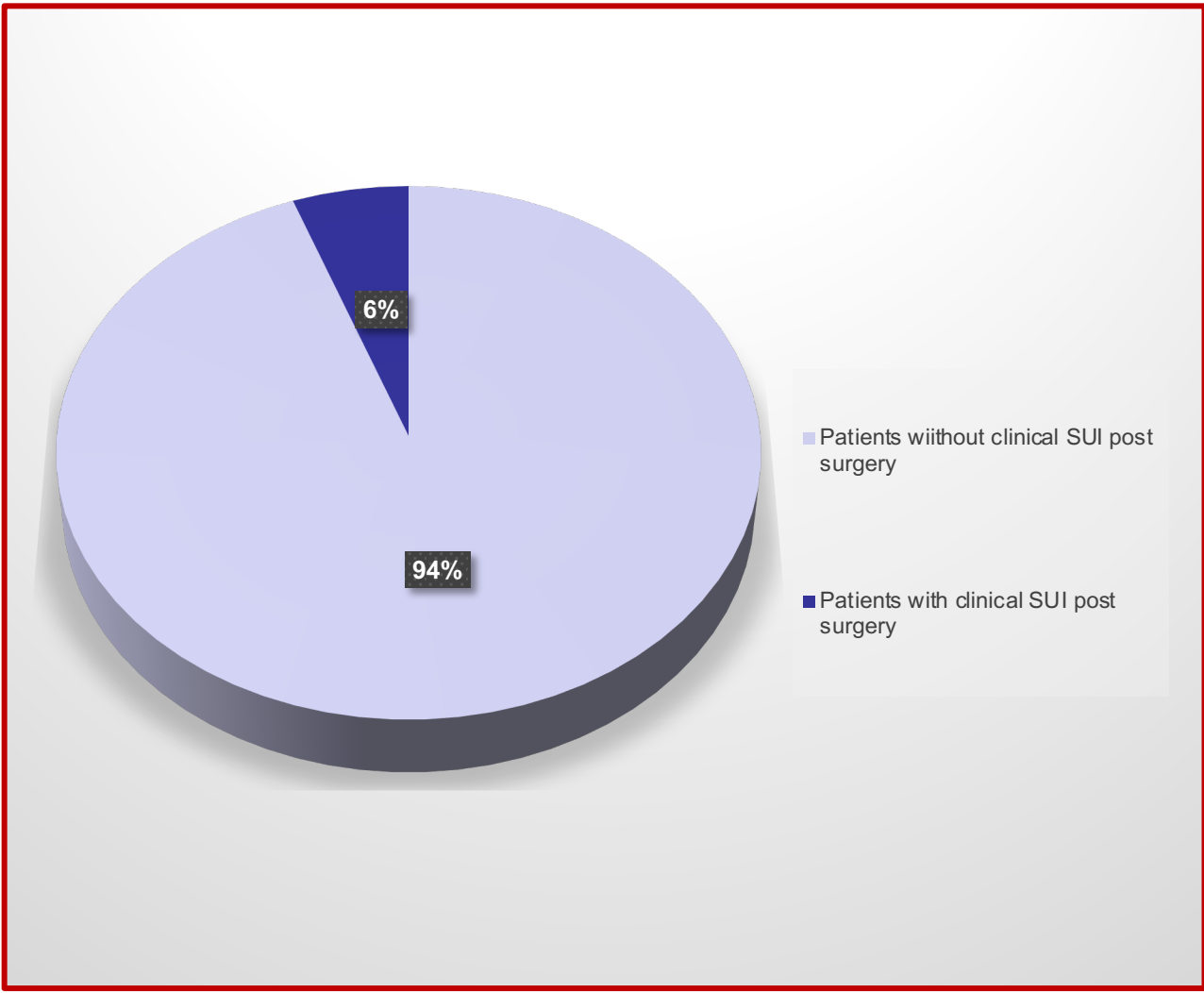


Results and interpretation

Results show an important improvement in patient quality of life who underwent surgical treatment with cure percentages of 88,24% without UI at 12 m post surgery in patients with mild SUI or weak SUI in UD.

Urodynamics is an effective and necessary diagnostic test in decision-making process when proposing surgical treatment for rule out SUI hidden by POP (1). In these two years, we observed a good clinical correlation in pure and occult SUI due to POP, diagnosed by UD

In the present study urodynamics exhibited a high specificity to rule out SUI hidden by prolapse (72,22%)



Conclusions

The study highlights the importance of Urodynamics in diagnostic, treating urinary incontinence and in the process of planning the surgical strategy in patients with POP (2).

Those patients who refer SUI before undergoing urodynamics may benefit from prolapse corrective surgery without anti-incontinence technique if the UD results is weakly positive. A study including a larger number of patients is needed and longer follow-up (2 to 5 years) of these patients would be necessary to evaluate the efficacy of surgery in the long term.

Prolapse corrective surgery improve patient's quality of life with overt or occult SUI due to prolapse (3) even in those patients with a mild SUI on UD but a comparative study will be necessary to test this hypothesis.

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