#585 Patients' profile in real life urogynecological practice: a cross-sectional prospective study

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Hypothesis / aims of study

Pelvic disorders involve variety of different conditions such as bladder and bowel dysfunctions along with pain or sexual problems.

Many of these disorders are related to obstetric history and comorbidities. Clinical trials on this topic are involving very specific cohort of patients, and results could be hardly extrapolated on general population.

The aim of this observational study was to analyze patient`s profile in real life practice.

Study design, materials and methods

A study was conducted from March to October 2023 in the Female urology department of tertiary public University center.

In total of 150 patients admitted for the pelvic surgery were screened, data of 105 patients were collected and analyzed.

All patients completed questionnaires prior to surgery: PISQ 12 (Pelvic Organ Prolapse Incontinence Sexual Questionnaire), PFIQ-7 (Pelvic Floor Impact Questionnaire-7), PFDI 20 (Pelvic Floor Distress Inventory), ICIQ-SF (International Consultation Incontinence Questionnaire Short-Form).

Results and interpretation

The total number of patients operated was 105, with an average age of 55.7 years (±12.6). The average BMI was 28.6 kg/m2.

Hypertension was the most common somatic disease (46.7%), varicose veins of lower limbs were seen in 17.1%, followed by chronic bronchitis and asthma (10.5%), diabetes mellitus (10.5%).

The median number of pregnancies was 3.0 (minimum 0, maximum 8) while the median number of deliveries was 2.0 (minimum 0, maximum 5), only 67.6% of the patients gave birth. The highest number of independent deliveries was 5 (4.9%), the most frequent being one or two times during the life (39.3% and 36.1%, respectively).
Cesarean section was performed 1 to 2 times. At the same time, 26 (50%) patients who were born had ruptures in labour.

Stress urinary incontinence was detected in 44,8 % of the patients during the examination, while 41,0% had a mixed incontinence.
On examination, 26,7% of the patients had pelvic organ prolapse: 13% with rectocele, 65,3% with cystocele, and 21,7% with a combination of cystocele and rectocele.

Coital urinary incontinence was reported in 41.7% cases, 17.1% had difficult voiding, 42.3% - intermittent urination, and 31.4% experienced constipation.

Variable	N (%, SD)
Age, mean ±SD, years	55,7±12,6
BMI, mean (IQR), kg/m^2	28,6 (6,98)
Concomitant diseases:	
• Hypertension, % (n)	46,7% (49)
• Diabetes mellitus, % (n)	10,5% (11)
• Varicose veins of lower limbs, % (n)	17,1% (18)
• Connective tissue dysplasia, % (n)	1,0% (1)
• Chronic bronchitis and asthma, % (n)	10,5% (11)
• Anterior abdominal wall hernia, % (n)	1,0% (1)
• Multiple sclerosis, % (n)	1,9% (2)
Pregnancy	
Parity, mean (min-max)	3,0 (0-8)
Labour, % (n)	67,6% (71)
Examination	
Pelvic organ prolapse, % (n)	26,7% (28)
• POP-Q 2, % (n)	34,6% (9)
• POP-Q 3, % (n)	53,8% (14)
• POP-Q 4, % (n)	11,6% (7)
Rectocele, % (n)	13,0% (3)
Cystocele, % (n)	65,2% (15)
Rectocele + Cystocele , % (n)	21,7% (5)
The results of the questionnaires	
ICIQ-SF, score	16,0 (6,0)
PFDI-20, score	85,0 (53,0)
PFIQ-7, score	57,0 (52,0)
PISQ-12, score	31,6±6,85

Conclusions

Pelvic disorders limit female patients in their choice of professional activities, force them to leave their workplaces, and significantly restrict them in daily activities.
Surgeons should take into account the patient's expectations and lifestyle, her age, which is a determining factor in choosing the optimal approach, as well as risk factors for relapse.
As in different types of stress incontinence the mechanism of the destroyed urethral support is not the same, the principles of their surgical treatment are bound to differ.
Generally speaking, the surgical intervention in stress incontinence aims at securing forming an effective suburethral support, and correcting the elements of the prolapse.

References

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