

#722 Bladder function among patients undergoing surgery for deep infiltrating endometriosis (BLISS): a prospective cohort study

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Hypothesis

- Bladder disfunction after surgery for deep infiltrating endometriosis (DIE) is a common problem.
- Although DIE is a benign disease, the growth is often infiltrative to neighbouring structures, often into the inferior hypogastric plexus (IHP).
- After surgical resection of DIE, bladder dysfunction occurs in up to 40%
- It is unclear if bladder dysfunction occurs due to the disease itself before surgery by
 - causing damage to the detrusor innervation
 - or as sequelae of operating interventions caused by damage to the IHP

Aims of the study

- To identify patients at risk prior to surgery and evaluating the role of pre - operative urodynamic testing

Study design, materials and methods

- Single-center prospective observational cohort study, 2015-2022
- Laparoscopic "nerve-respecting" surgery for DIE
- Fifty-one premenopausal women with surgery for DIE
- Staging of DIE according to the #Enzian classification system
- UD: preoperatively and 6 weeks after surgery according to the ICS/IUGA guidelines.
- Primary outcome measures included UD parameters
- Secondary outcome measures: international prostate symptom score
- Intermittent-self catheterisation (ISC) was indicated in patients with PVR >100ml

Results

VAS	P
mens pain	< .001
lower abdominal pain	< .001
dyspareunia	< .001
dyschezia	0.001
dysuria	0.074

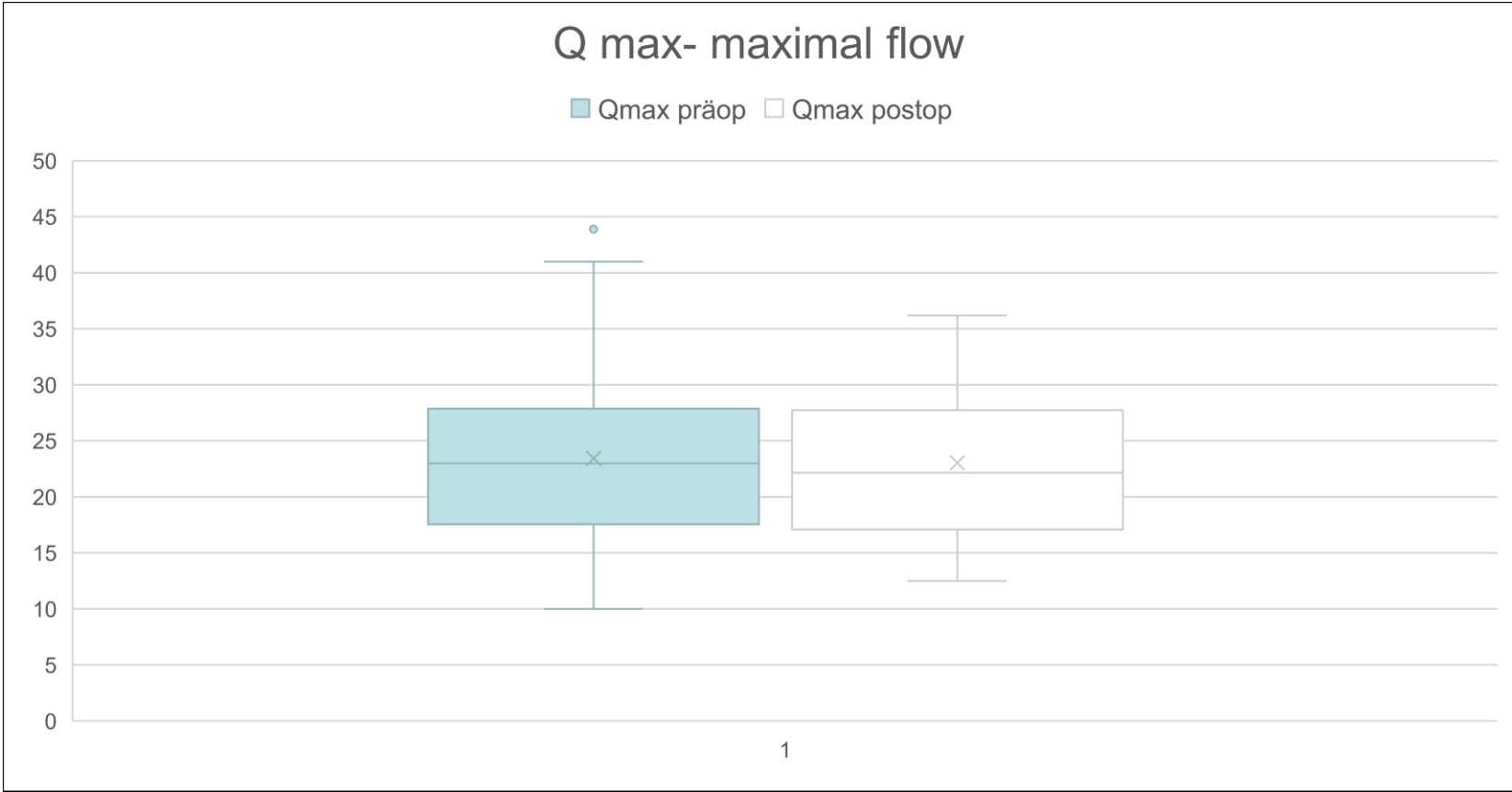
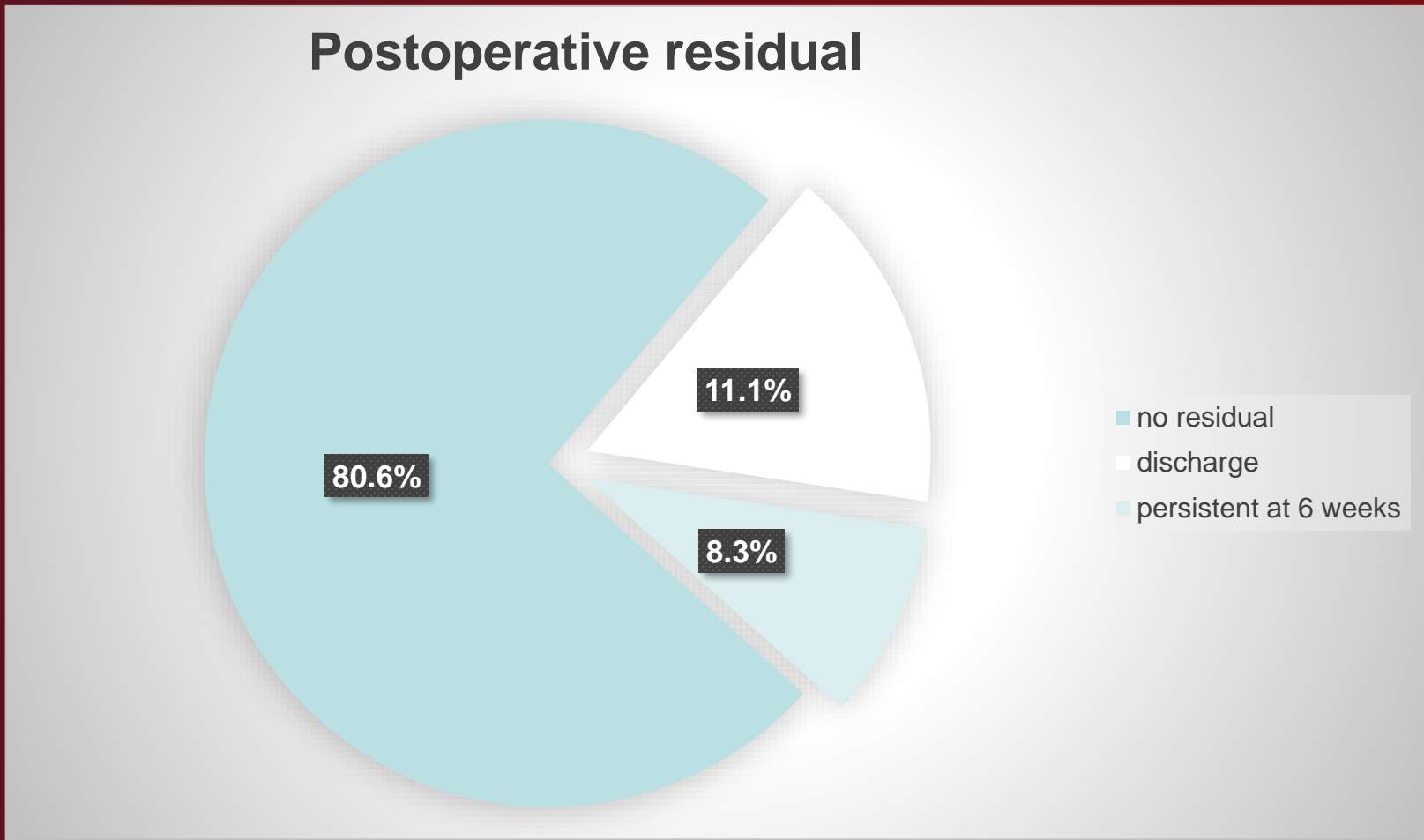


Figure 1
Shows the results of the Qmax (maximal flow) pre- and postoperatively as a box-whisker-plot as median and IQR, P = 0,56

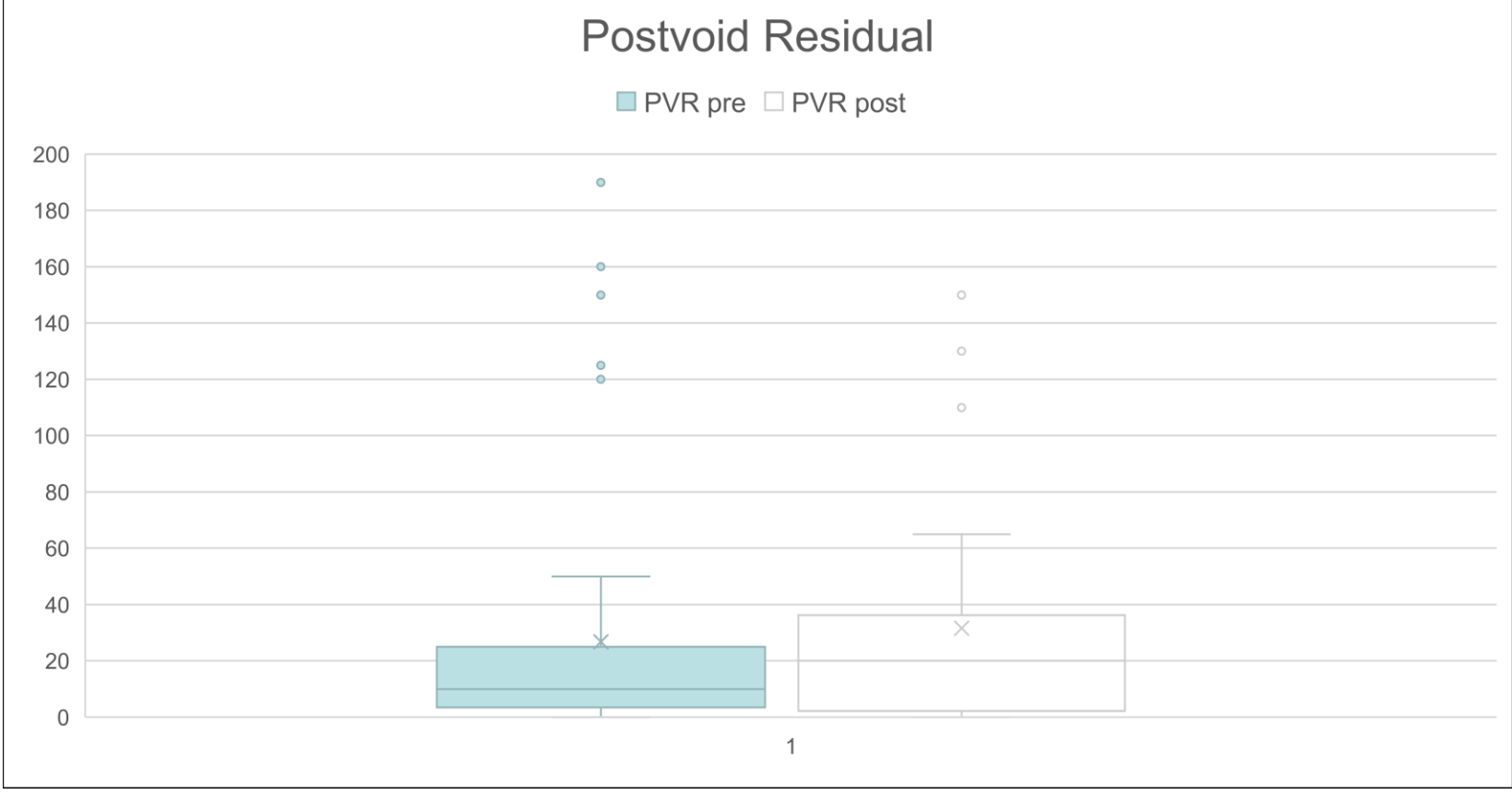


Figure 2
Shows the results of the post void residual pre- and postoperatively as a box-whisker-plot as median and IQR, P = 0.078

Interpretation of Results

- no significant clinical or UD deterioration of bladder function postoperatively
- IPSS: bladder symptoms remained unchanged and were not clinically significant.
- VAS: all endometriosis-typical complaints were significantly improved.
- the rate of preoperative pathological urodynamics was 20%.
- Lower maximal flowrate (Qmax) postoperatively without clinical significance

Conclusions

- no significant difference in uroflow in patients with DIE and surgery
- impaired bladder function among 20% of patients with DIE, both preoperatively and postoperatively.
- UD does not show isolated, clinically relevant findings
- post-void residual volume alone is sufficient to detect impaired bladder function.
- UD is not routinely recommended preoperatively