Overactive Bladder Syndrome Following Cesarean Hysterectomy for Placenta Accreta Spectrum, A Cohort Study

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Background

The increasing incidence of placenta accreta spectrum (PAS) has emerged as a significant concern in obstetrics. This cohort study aims to assess the overactive bladder and other lower urinary tract symptoms (LUTS) in women who underwent cesarean hysterectomy for PAS.

Methods

In this cohort study, 84 consecutive patients with pathologically confirmed diagnosis of PAS at our academic hospital, Mashhad, Iran were enrolled and compared to a control group of 42 women who had cesarean section (CS) without hysterectomy, matched for age, gravidity, and number of prior CSs. Symptoms were evaluated using a questionnaire 6-30 months postoperatively.

Results

The median age of the cohort was 35 years (interquartile range [IQR], 31-38). In the cesarean hysterectomy group, cystotomy occurred in 17 (20.2%), ureteral injury in 5 (6.0%), and bladder fistula in one (1.2%), while none observed in the cesarean group. In women who underwent cesarean hysterectomy, urgency was the most prevalent symptom (48.8%) with the highest frequency and bother scores. Comparing patients who had cesarean hysterectomy to the control group, the urinary frequency was significantly more prevalent (34.5% vs. 14.3%; p=0.02) with a higher frequency and bother scores (p=0.017 and 0.005, respectively). Subgroup analysis within the cesarean hysterectomy group revealed that urinary frequency was significantly more prevalent in women who had placenta percreta with bladder invasion and experienced cystotomy, compared to others (p=0.03).

Implications

In conclusion, approximately half of patients who underwent cesarean hysterectomy for PAS would suffer OAB symptoms, possibly attributable to placental invasion into the bladder and subsequent lower urinary tract complications.