

Severity of preoperative urinary urgency and UUI may be the risk factor of OAB after robot-assisted laparoscopic sacrocolpopexy in POP patients

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【Background and subjects】

- Overactive bladder (OAB) is known to occur at a high rate in patients with pelvic organ prolapse (POP), and it is reported to be improved by surgery.
- We investigated changes in OAB symptoms in POP patients who underwent robot-assisted laparoscopic sacrocolpopexy (RASC) at our hospital.
- Patients with OABSS-Q3 ≥ 2 and total OABSS ≥ 3 were defined as OAB.

【Patients background】

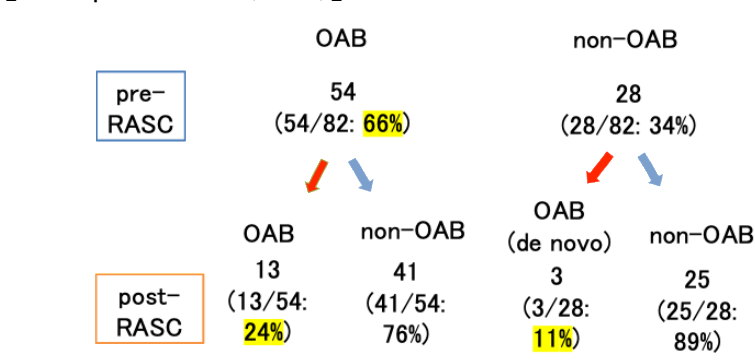
Number of patients, N	82	cystocele	14
		uterine prolapse	5
		vaginal vault prolapse	17
		cystocele+uterine prolapse	28
		cystocele+rectocele	7
		cystocele+uterine prolapse+rectocele	8
		uterine prolapse+enterocele	1
		cystocele+enterocele+rectocele	1
		enterocele+rectocele	1
POP Stage, N	Stagell: 11 / StageIII: 41 / StageIV: 28 /unknown: 2		
Age, y.o.	Median : 73 (42 - 83)		
BMI, kg/m2	Median : 24.2 (17.6 - 31.6)		
Operation time, min	Median: 243 (130 - 440)		
Console time, min	Median: 170 (84 - 291)		
Blood loss, ml	Median: 5 (1 - 100)		

【Result】

	Pre-RASC (n=82)	Post-RASC (n=82)	p
OABSS-Q1	0.8±0.5	0.6±0.5	0.0007
OABSS-Q2	1.6±1.0	1.2±0.8	0.005
OABSS-Q3	2.2±1.1	1.1±1.4	<.0001
OABSS-Q4	1.6±0.8	0.8±1.3	<.0001
OABSS total	6.2±3.6	3.6±3.0	<.0001

- OABSS significantly improved in all item and total after RASC.

【OAB prevalence (n=82)】



【Risk factors for persistent OAB (n=54)】

post RASC	persistent OAB (n=13)	OAB cured (n=41)	p
Age, y.o.	72 (64-80)	73 (42-79)	0.5
BMI, kg/m2	24.2 (19.4-31.6)	24.0 (17.6-30.5)	0.9
POP stage	3 (2-4)	3 (2-4)	1.0
pre-OABSS Q3	4 (2-5)	3 (2-5)	0.03
pre-OABSS Q4	3 (1-5)	2 (0-4)	0.04
pre-OABSS total	9 (5-13)	7 (4-13)	0.04
operation time, min	223 (173-390)	248 (162-440)	0.3
blood loss, ml	5 (1-60)	5 (0-100)	0.9
pre UUI, %	100	87.2	0.2
pre SUI, %	55.6	64.0	0.7
after hysterectomy, %	28.6	33.3	0.7
POP recurrence, %	21.4	23.1	0.9
Anterior wall prolapse, %	100	97.4	0.5

【Discussion & Conclusion】

- Preoperative DO and urinary urgency was reported as risk factors for persistent urgency after POP surgery. (Padoa A, et al: Int Urogynecol J:2023)
- In our study, preoperative urgency and UUI score was significantly higher in OAB remaining group after RASC.
- Preoperative urinary urgency and UUI might be the predictor I for persistent OAB after POP surgery.