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Predictors of de novo pelvic dysfunctions after vaginal reconstructive surgery

A prospective cohort study

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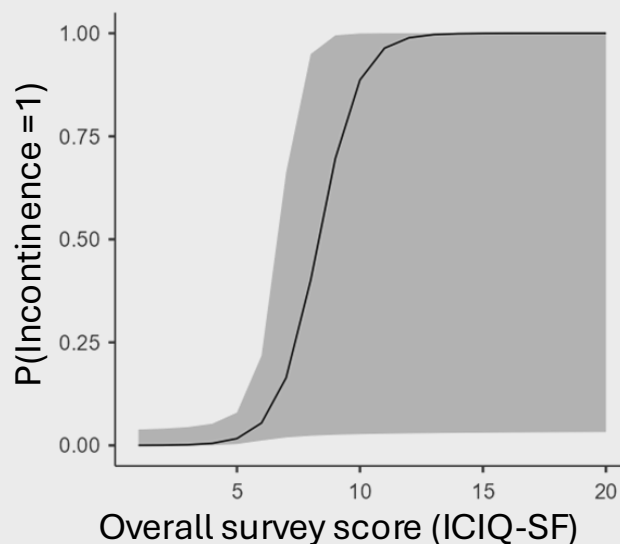
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Hypothesis / Aim

- Pelvic dysfunctions reduce quality of life worldwide.
- Vaginal reconstructive surgery helps, but some patients develop *de novo* symptoms.
- Aim: Identify predictors of postoperative pelvic dysfunction within 12 months.

Methods

- Design:** Prospective cohort study
- Period:** March–October 2023
- Patients:** 159 women with symptomatic POP or urinary incontinence (failed conservative therapy)
- Tools:** Validated questionnaires (ICIQ-SF, PFDI-20, PFIQ-7, PISQ-12) before surgery and at 3, 6, 12 months post-op.



Conclusion

- Early identification of at-risk patients allows for personalized counseling and management.
- Optimizing preoperative assessment can minimize postoperative complications and improve outcomes.

Results

Predictors of postoperative urinary incontinence:

- Higher ICIQ-SF score before surgery ($p=0.045$; OR 1.62; 95% CI 1.01–2.59)
- Higher BMI ($p=0.042$; OR 1.21; 95% CI 1.01–1.46)

Predictors of POP recurrence:

- Low preoperative PFDI-20 score – paradoxically associated with higher risk.
- Requires further validation (longer follow-up, larger cohort).

Interpretation

- Subtle preoperative symptoms may signal higher risk of de novo dysfunctions.
- Pre-op interventions (pelvic floor physiotherapy, biofeedback, lifestyle changes) may reduce risks.

