EVALUATING THE RESULTS OF STRESS URINARY INCONTINENCE SURGERY WITH OBJECTIVE AND SUBJECTIVE OUTCOME MEASURES

HYPOTHESIS

Reporting the results of stress urinary incontinence (SUI) surgery is somewhat controversial. The cure or improvement rate can be defined following different objective or subjective outcome measures (OM).

AIM OF STUDY

The aim of this study was to assess the results of SUI surgery using different objective and subjective OM in women with pure stress urinary incontinence and mixed urinary incontinence (MUI). We also evaluated the degree of agreement between the different outcome measures in both groups.

STUDY DESIGN, MATERIAL AND METHODS

- This was a multicentre prospective cohort study including women operated on for SUI with or without Urge Urinary Incontinence (UUI).
- Six months after surgery, the results were reported using objective and subjective outcome measures.
- We used a standardized cough stress test as an objective OM, and different self-administered questionnaires as subjective OM.
- Symptoms of stress incontinence, urgency and urge incontinence were evaluated separately with the corresponding questions of the validated Spanish version of the “Epidemiology of Prolapse and Incontinence Questionnaire” (EPIQ) (1).
- Global incontinence assessment was evaluated with the validated Spanish version of the “International Continence Consultation on Incontinence Questionnaire- Urinary Incontinence Short Form” (ICIQ-UI SF) (2).
- Patient perceptions of surgery results was assessed with the “Patient Global Impression of Improvement” (PGI-I) questionnaire (3).

Kappa test (κ) were used to measure the degree of agreement between the different outcome measures.

MAIN RESULTS

- 308 women recruited (operated for SUI in 67 pelvic floor specialized in Spain).
- 277 (89.9%) attended the follow up visit and completed the self-administered questionnaire forming the study group.
- Mean age was 56.1 (SD: 11.2; range: 32-80) and mean BMI was 27.8 (SD:4.7; range:18.4-59).
- Incontinence surgery was associated with pelvic organ prolapse surgery in 95 women (42 in the pure SUI group, and 53 in the MUI group).
- A transobturator suburethral sling procedure was used in the majority of women in both the pure SUI group (73.2%) and the MUI group (82.1%).
- The second incontinence procedure in frequency was a single-incision sling (23.4% in pure SUI group, and 14.9% in the MUI group).
- The complication rate was low, urinary infection being the most frequent (7.9%) followed by urinary retention (3.9%).
- Resolution of urge component (EPIQ) n,% - 98 (60.8)
- Appearance of “de novo” IUU (EPIQ) n,% - 13 (11.2)
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- The complication rate was low, urinary infection being the most frequent (7.9%) followed by urinary retention (3.9%).
- No patient required urethral catheterization for more than one month after surgery.

INTERPRETATION OF RESULTS

- Both objective and subjective cure rates are high for women with pure SUI and MUI after stress urinary incontinence surgery in our country.
- A considerable percentage of women with mixed symptoms reported resolution of the urge incontinence component after surgery.
- The degree of agreement between different outcome measures varies widely from a very good agreement between subjective measures in women with pure SUI to a fair agreement between objective and subjective OM in women with MUI.

CONCLUSIONS

- There are different outcome measures to assess the results of SUI surgery but none of them alone is sufficient.
- Objective measures allow us to verify stress continence, whereas symptom questionnaires help us to evaluate not only the resolution of the stress component and the urge component but also the development of complications after surgery.
- Global assessment with the ICIQ-UI SF questionnaire is also important. This instrument allows us to know the severity and the cure and improvement rate of UI after surgery.

REFERENCES