

BOWEL SYMPTOMS IN THE PATIENTS WITH PELVIC ORGAN PROLAPSE BEFORE AND AFTER TENSION-FREE VAGINAL MESH PROCEDURE.

Hypothesis / aims of study

There often found bowel symptoms in the patients with pelvic organ prolapse but the pathophysiology is still unknown(1). This study was aimed to assess bowel symptoms in the patients with pelvic organ prolapse, and evaluate the influence of tension-free vaginal mesh (TVM) on those symptoms.

Study design, materials and methods

86 women (mean age: 67.5) who have been done TVM procedure in our institute from December 2012 to May 2013 were reviewed. They were interviewed about bowel symptoms with Pelvic floor distress inventory 20 (PFDI), and the score of anorectal dysfunction were compared before and after TVM. The symptomatic patients were defined as the subjects those answered “somewhat”, “moderately” or “quite a bit” from the question 7 to 14 in PFDI. Either Q7 or Q8 positive patient was account to have constipation. If one among Q9, Q10, or Q11 was positive, the case was classified as the patient with anal incontinence

Results

Of 69 women replied before TVM procedure, there were 53 (76.8%) symptomatic patients. After TVM, symptomatic patients were found in 44(55.6%) of 80 (Table 1).

Constipated patients were detected 37 (53.6%) and the patients with anal incontinence were distinguished 34 (49.3%) before TVM. Moreover 22 (31.9%) patients had both constipation and incontinence. On the other hand, there found constipation in 37 (46.3%), anal incontinence in 25 (31.3%) and mixed symptoms in 18 (22.5%) after TVM.

In comparison with the scores in each item of PFDI, incomplete evacuation (p=0.039), formed stool incontinence (p=0.013), loose stool incontinence (p=0.023), urgency (p=0.027), bulging (p<0.0001) improved significantly after TVM (Table 2).

Table 1

69 patients before TVM procedure, 53 symptomatic patients (76.8%)

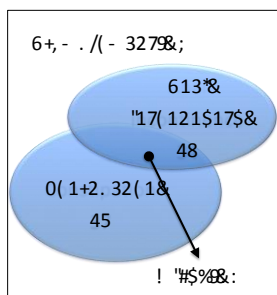
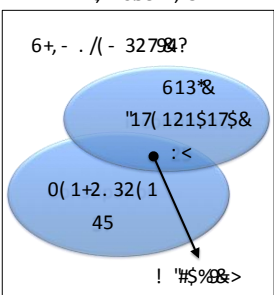


Table 2

80 patients after TVM procedure, 44 symptomatic patients (55.6%)



	p value
Q7. Straining to defecate	0.125
Q8. Incomplete evacuation	0.039
Q9. Formed stool incontinence	0.013
Q10. Loose stool incontinence	0.023
Q11. Flatus	0.068
Q12. Pain on defecation	0.410
Q13. Urgency on defecation	0.027
Q14. Bulge or prolapse	<0.001

Interpretation of results

In this study, it is clear that bowel symptoms were very common in the patients with pelvic organ prolapse. TVM could alleviate those symptoms but a part of them remained after TVM. From the point of that the patients with pelvic organ prolapse often had both constipation and anal incontinence it appears that anorectal dysfunction resulted from pelvic floor weakness.

Concluding message

PFDI was useful in the assessment of bowel symptoms in the patients with pelvic organ prolapse. For specific intervention the detailed examination should be needed about anorectal function.

References

1. Slieker-ten C, Pool-Goudzwaard L, Eijkemans J, Steegers-Theunissen P, Burger W, Vierhout E. The prevalence of pelvic organ prolapse symptoms and signs and their relation with bladder and bowel disorders in a general female population. *Int Urogynecol J Pelvic Floor Dysfunct*; 20: 2009

Disclosures

Funding: The authors declare that they have no conflict of interest. **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** informed consent was obtained from all patients and the personal data and privacy was protected. **Helsinki:** Yes **Informed Consent:** Yes