

FREQUENCY OF URINARY INCONTINENCE AND ANAL INCONTINENCE SIX MONTH AFTER VAGINAL DELIVERY.

Hypothesis / aims of study

The aim of our study is to assess the frequency and severity of urinary incontinence (UI) and fecal incontinence (FI), and functional status and quality of life, six month after vaginal delivery in our zone.

Study design, materials and methods

We designed a cohort study with 130 women attending in our center between January 2011 and December 2012. We obtained data on 5 groups stratified by age, parity and birth weight instead of degree laceration: spontaneous with no injuries, spontaneous laceration, mediolateral episiotomy, operative vaginal delivery and anal sphincter laceration (third or fourth degree laceration). The field work was conducted during the control visit of the midwife during the postpartum. A self-administered validated questionnaire was used to assess UI International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF) and Wexner's Continence Grading Scale for the anal incontinence⁽¹⁾. Frequency of UI and FI and their confidence intervals (95% CI) were calculated in which group. With this questionnaire we estimated the degree of effect on daily life. Statistical analysis including comparison of proportions (Chi-square) was applied to estimate the association between IU and IF with a different degree of lesion in randomized groups.

Results

Our patients were analyzed with a mean age of 31 (range, 18-41). The prevalence of UI was 22% and 8% for the FI. Anal sphincter laceration was associated with greater risk of FI 22% (6/27) 95% CI 1.17-18.8 p <0.01) but not with the UI 26% (7/27) 95% CI 0.6-2.6 p>0.01. That result was supported after comparing severe laceration 22% (6/27) with spontaneous delivery with no injuries 0% (0/25) with p<0.01.

We reported no difference in UI or FI among other four groups of women: spontaneous delivery with no injuries (24% and 0%), mediolateral episiotomy (16 % and 4%), spontaneous laceration (8% and 4%) and operative delivery (28% and 8%).

Interpretation of results

It should be pointed out that those patients with operative vaginal delivery did not have a really significant increase in the risk of UI and FI compared with severe laceration (22% and 22% vs 28% and 8% respectively). However, operative vaginal delivery is a well-documented risk factor for anal sphincter laceration and other pelvic floor disorders⁽²⁾. It is demonstrated that this patients with UI or FI had negative effects on the questionnaire⁽³⁾.

In our study the frequency of UI and anal incontinence during postpartum period is not related with spontaneous delivery with no injuries, mediolateral episiotomy, spontaneous laceration and operative vaginal delivery.

Concluding message

Increased FI was shown to be associated with history of anal sphincter laceration. If we compare anal sphincter laceration with spontaneous laceration no significant results are observed but a positive tendency to obtain significant data is. And this must be a new focus to study. It is important to do a correct proactive screening of patients with fecal incontinence symptoms, because we could detect infra-clinic anal sphincter lesions with endoanal ultrasound⁽⁴⁾. The effect on daily life was high in those patients who had some symptoms.

References

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Disclosures

Funding: none **Clinical Trial:** No **Subjects:** NONE