INCONTINENCE (SUI) is a burden that has gained increasing public awareness in recent years and thus growing demand from patients seeking an optimal outcome for their illness. To our knowledge there hasn’t been a publication in recent literature that reports on the long term follow up of different surgical procedures from the patient’s perspective. Usually satisfaction rate is good at dismissal from the hospital and care is taken by the family urologist and thus feedback to the surgeon is only given when there is a recurrence of incontinence. Primary goal of this study was to evaluate the satisfaction and continence of patients after a long period of time even without urological follow up. Secondly we were interested if there is a difference in satisfaction and continence for different levels of incontinence, durations of follow up, types of incontinence surgeries, numbers of prior operations, preoperative age or sportiness.

The conclusion of our paper can be drawn, that regarding SUI we should not hesitate to recommend surgical treatment even for patients with high pad count per day or a history of failed attempts. Good Satisfaction after surgery for SUI is mainly dependent on lower age, reduction in pad usage, sportiness and few postoperative pads. Hence, the amount of preoperative incontinence correlation for low postoperative pad count was found for young age at time of operation, few incontinence operations and few pads before operation. However the satisfaction rate was only influenced by low age, high reduction in pad usage, sportiness and few postoperative pads. Hence, the amount of preoperative incontinence operations correlates with low postoperative pads but not with the satisfaction rate. Furthermore people with severe incontinence tend to be the most satisfied because of their greater improvement concerning pad use.

In our referral centre with the experience of performing close to 100 surgeries for SUI/year including slings, balloons and AUS, 90,1% of the patients would recommend the operations to other patients.

Disclosures
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