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Moreno Castellanos M A[1], Sánchez Ferrer M L[1], Pastor Conesa M[1], Ruiz Merino G[1], Nieto Diaz A[1], Parrilla Paricio J J[1]

1. *Hospital Universitario Virgen de la Arrixaca*

EVALUATION OF DIAGNOSTIC TESTS OF INCONTINENCE PREOPERATIVE AND ANALYSIS OF RESULTS OF SUI PATIENS OPERATED WITH OR WITHOUT UROGENITAL PROLAPSE. EXPERIENCIA IN TERTIARY HOSPITAL, LAST THREE YEARS.

Hypothesis / aims of study

This descriptive study addresses the need for quality control and infer clinical care protocols in our service, this topic so widely discussed in the literature, such as pre surgical evaluation of patients with or without incontinence, prolapse and the decision whether or not TOT to add prolapse surgery.

Study design, materials and methods

We have analyzed the medical records of 76 patients who have undergone surgery in our department for urinary incontinence, uterine prolapse with overt or occult urinary incontinence.

In the preoperative study included: physical examination, stress incontinence test (performed with 300 ml) and reducing the prolapse (when present) to identify occult urinary incontinence and urodynamic study (conducted in urology)

The techniques introduced are: vaginal hysterectomies more plasty technique with or without associated incontinence, type transobturator tension-free band (TOT). This band was left tied to the groin to be adjusted postoperatively.

Statistical analysis was performed using SPSS

Results

Sample characteristics: median age is 63 years (± 9), mean BMI was 28 (± 3), the number of vaginal deliveries was 3 most common (40.4%). The 77.5% are menopausal, with an average age of menopause of 50 years (± 4.5). 82% were smokers. The majority (81.6%) were not taking anticholinergic medication before surgery. Most (84.3%) had no uro-gynecological surgery prior.

In terms of diagnosis, determined by history, urinary incontinence, 49% reported stress urinary incontinence (SUI), 24.7% mixed urinary incontinence (MUI), 5.6% reported detrusor overactivity incontinence associated (IUU) , and 15.7% reported no incontinence (UI).

The surgeries were performed 47 vaginal hysterectomy and anterior and posterior plasties + TOT (HV + TOT) TOT 22, 7 + plasties vaginal hysterectomy (VH).

The overall postoperative results were as follows: 69% had no associated sui efforts. 16.5% had UUI, but after anticholinergic treatment only 14%.

According surgery performed: In the HV, 75% of patients with UUI previous resolved after surgery, only 25% had postoperative IUM. (so that the preoperative was correct). Of the patients operated TOT: 100% had previous SUI, MUI 13%, 13% IUU "de novo" 40% had prior MUI, of these, 33% had posterior MUI. Among the patients operated HV + TOT: only 17.4%% had postoperative SUI, of which 66% had referred and only 33% were Urinary incontinence ocult, 16.7% had post-IUU, 6.7% had MUI, 21% of the patients did not coincide with the diagnosis made urodynamic testing against incontinence of 300 ml.

As regards the need to adjust the TOT only 9 cases specified in postoperative adjustment in all cases except one adjustment was to increase the tension.

Interpretation of results

The overall results are very good given that the sample included patients already previously operated urinary incontinence and / or associated with prolapse. It is also within the ranges described in the literature (failure rate for tension free bands between 17.6 and 5%)

We check how SUI resolved in a significant percentage (75%) in patients with prolapse operated plasties.

If we analyze patients with symptomatic MUI see that regardless of the surgical technique (or HV + only TOT TOT) persists in 33% clinical.

TOT Comparing results with or without prolapse repair surgery we see that the overall results are slightly better for isolated TOT, which is logical since the change in position of the urethra is less than when corrected static whole pelvic floor .

We also compared the diagnostic accuracy of the test query against incontinence and urodynamic results were: 21.15% of the cases did not coincide with the diagnosis performed urodynamic test against incontinence. But we have observed that differ when only one of them diagnosed SUI, incontinence surgery was performed and the postoperative result was satisfactory.

Although in principle the TOT is "tension free" is described is their instructions back option in the postoperative setting. In our sample, 9 if adjusted later and we think this action substantially improves our results.

Concluding message

The study is purely descriptive and responds to the need for quality control and infer our clinical care protocols in our service this topic so widely discussed in the literature, as is the preoperative evaluation of these patients and the decision whether or not to add TOT to prolapse surgery, which in our area has increased since these studies are performed routinely preoperatively. We intend to conduct a randomized clinical trial more broadly respond to questions that are discussed in this communication.

Disclosures

Funding: EVALUATION OF DIAGNOSTIC TESTS OF INCONTINENCE PREOPERATIVE AND ANALYSIS OF RESULTS OF SUI PATIENS OPERATED WITH OR WITHOUT UROGENITAL PROLAPSE. OUR EXPERIENCE IN THE LAST 3 YEARS **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** IS A DESCRIPTIVE STUDY **Helsinki not Req'd:** OUR team reviewed the medical histories of the patients and analyzed these data **Informed Consent:** No