RELATION BETWEEN VALSALVA LEAK POINT PRESSURES AND OTHER CHARACTERISTICS OF THE PATIENTS WITH STRESS URINARY INCONTINENCE

Hypothesis / aims of study
In this study we aimed to show, if there are any, the relation between Valsalva leak point pressure (VLPP) and age, previous hysterectomy for pelvic organ prolapse (uterine prolapse) or for any other benign condition, weight, and the presence of detrusor overactivity (DOA) during cystometry.

Study design, materials and methods
The data of the patients’ who underwent mid urethral sling operation between January 2010 and December 2012 were reviewed retrospectively. Urodynamic evaluation was performed to all patients before the surgery, and presence of detrusor overactivity and abdominal leak point pressures were noted. Additionally, data including age, weight, and previous surgeries were collected. Statistical analyses were performed to unveil any significant relationship between mentioned parameters.

Results
Between these dates 105 patients underwent mid urethral sling surgery (TVT or TOT). Ages of patients ranged from 33 to 84 with a mean age 59,3. Of these patients 16 underwent abdominal hysterectomy, 13 underwent vaginal hysterectomy for benign reasons previously. The minimum weight of the women’s was 45 Kgs, while maximum weight was 110 Kgs with a mean 74,69 Kgs. Valsalva leak point pressures ranged between 5 cm H\(_2\)O and 230 cm H\(_2\)O. In 20 patients, urodynamic overactivity was present during cystometry while the others had none. Mean VLPP for patients was 65,15 cm H\(_2\)O and 86,41 cm H\(_2\)O respectively for the patients with and without DOA. The mean VLPP was 88,88 cm H\(_2\)O in patients previously underwent abdominal hysterectomy, 75,62 cm H\(_2\)O in patients previously underwent vaginal hysterectomy, and 82,14 cm H\(_2\)O in patients with no previous hysterectomy. In patients under age 60 (n=54) mean VLPP was 90,52 cm H\(_2\)O while it was 73,73 cm H\(_2\)O for the ones greater than age 60 (n=54) We separated the patients in three groups according to VLPP values (VLPP <80, VLPP= 80-100, VLPP >100), the mean ages for these groups were 61,62, 56,5, and 55,31 respectively.

Interpretation of results
VLPP is significantly low in patients greater than 60 year old. VLPP is also significantly low in patients with urodynamically proven detrusor overactivity. The group of patients with VLPP higher than 100 cm H\(_2\)O is significantly younger than the patients having VLPP lower than 80 cm H\(_2\)O. Previous hysterectomies, whether abdominal or vaginal, do not have an impact on VLPP. There is no difference in VLPP’s of patients according to their body masses.

Concluding message
In older patients some more tension may be needed to improve the results. Although patients with proven DOA have also lower VLPP’s than the others, the same comment cannot be made for these patients, more tension may exacerbate urgency.

Disclosures
Funding: None Clinical Trial: Yes Public Registry: No RCT: No Subjects: HUMAN Ethics not Req’d: It is a retrospective study. We used the data of the patients which were recorded in our archives. Helsinki: Yes Informed Consent: No