

## EVALUATION OF PREOPERATIVE URINARY INCONTINENCE (UI) DIAGNOSTIC TESTS AND OUTCOME ANALYSIS OF PATIENTS OPERATED FOR UI, ASSOCIATED OR NOT WITH SURGICAL PELVIC ORGAN PROLAPSE.

### Hypothesis / aims of study:

Assess the results obtained in the absence / persistence of SUI (stress urinary incontinence) or incontinence "de novo" Differences in results of incontinence in patients operated. Assess differences in the diagnosis of urinary incontinence based on: the urodynamic test compared to incontinence test to assess what has more diagnostic reliability, analyzed according the results obtained. Percentage of patients who required adjustment TOT.(transobturator tape)

### Study design, materials and methods:

52 patients were operated for UI, pelvic organ prolapse with IU or occult urinary incontinence (OUI). The surgery were vaginal hysterectomy(VH) with or without associated incontinence type transobturator-tension-free (TOT).

### Results:

In terms of clinical, determined by the history of UI, 43% reported stress urinary incontinence (SUI), 24.5% mixed urinary incontinence (MUI), 9.4% reported urge incontinence (UUI), and 22.6% reported no UI. The surgeries performed were: 30 VH +TOT, 15 TOT, 7 VH. Total post-operative results were: the 85.9% not had IUE, 17.5% had UUI, but after anticholinergic treatment only 14%. 21% of the patients did not match the diagnosis made with the urodynamic incontinence in the test of 300 ml. As regards the need to adjust only 17.5%

### Interpretation of results

Results are very good. It is also within the ranges described in the literature. Test how the UUI resolved in a significant percentage (75%) in patients with prolapse operated plasties. Comparing results of TOT with or without HV we find that overall results are slightly better for isolated TOT. We also compared the diagnostic test of incontinence in medical consultation compared with urodynamic study and the results were: in 21.15% of cases no diagnosis agreed, but we have observed that when different if only one of them diagnosed with SUI, incontinence surgery was performed and the postoperative result was satisfactory. In our sample were adjusted to 17% of TOT ± HV thereafter and we think this action improved our results

### Concluding message

The study is merely descriptive and analyzes the quality control of our clinical care for the purpose of drawing conclusions regarding protocols in our department for this condition, which is widely discussed in the literature, in particular with regard to preoperative assessment of these patients and the decision on whether to add TOT to prolapse surgery. In our setting, this surgical technique has been increasingly used since these preoperative studies have been performed routinely. Our aim to perform a randomized clinical trial to obtain further information on the issues discussed in this report

### References

1. Ballert K, Biggs Y, Issealunhre A, Rosenblum N, Nitti W. Managing the uretra at transvaginal pelvic organ prolapse repair. A urodynamic Approach The Journal of Urology 2009;181:679-684

### Disclosures

**Funding:** none **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** It is a retrospective study **Helsinki:** Yes **Informed Consent:** No