Hypothesis / aims of study
To identify local incidence of voiding dysfunction (VD) after prolapse surgery (PS) without incontinence surgery, meaning anterior, posterior repair and apical surgery. To assess the management and outcome of these cases

Study design, materials and methods
This is a retrospective study. Our Sample includes only women having prolapse surgery who needed post-operative bladder care in 2012. All incontinence surgery or bladder damage cases were excluded. Data was collected from our urogynaecology specialist nurse held records.

Results
In the year 2012 we had 16 cases of Post-Operative Voiding Dysfunction Prolapse Surgery (PO-VD-PS) within the 161 cases of prolapse only surgery in year 2012. In 68% (11/16) cases surgery involved more than one compartment. The average time from surgery to specialist nurse review was 3.5 days. Intermittent self catheterization was used in 99% (15/16) of cases. Urinary tract infection occurred in 50% (8/16) of cases. In average 3 follow up appointments were needed (telephone encounters), and on average it took 17 day for the VD to resolve. No patients had a long term VD. On average patient’s need three telephones follow up appointments, most of them resolved within a month and none of them had long term PO-VD. One case took 265 days and 42 follow ups until recovery. This information is reassuring when counselling our patients with PS-PO-VD.

Interpretation of results
In 2012 the incidence of PO-VD-PS in our unit was 10 percent. There were no differences between anterior, posterior or apical compartment surgeries in the occurrence of PO-VD. The management of VD by our specialist nurses appears to be effective having a very good outcome.

Concluding message
Post operative voiding dysfunction after prolapse surgery can be managed with Intermitent self catheterisation and telephone follow up by urogynae specialist nurse in most cases. It resolves within a month in about 90 percent of the cases.

References

Disclosures
Funding: None Clinical Trial: No Subjects: HUMAN Ethics not Req’d: This study did not require ethics committee approval because it was undertaken as an audit for evaluation of service. Helsinki: Yes Informed Consent: No