

A RETROSPECTIVE CHART REVIEW ON THE SIGNIFICANCE OF BLADDER TRABECULATION IN PATIENTS WITH PRIMARY STRESS URINARY INCONTINENCE BEING TREATED WITH MID-URETHRAL SLING PROCEDURE

Hypothesis / aims of study

Women who pursue treatment of their Stress Urinary Incontinence (SUI) via uro-gynecological consultation will inevitably have urodynamic testing and cystoscopy performed as a part of the evaluation of their incontinence. It has been noted that some subset of these women will be found on cystoscopy to have trabeculation as an objective finding despite urodynamic testing indicating primary SUI. The goal of this study was to look at the mid-urethral slings performed by one uro-gynecologist for the diagnosis of SUI during an 18 month period (from January 2011 to July 2012) and compare the subset of patients noted to have trabeculation on cystoscopy to those that did not in an attempt to find urodynamic and demographic differences.

Study design, materials and methods

The study was a retrospective chart analysis of 18 pts who received mid-urethral sling procedures from January 2011 to July 2012. All patients were seen out of one particular office of the uro-gynecologist and all received complex urodynamic testing and cystoscopy prior to the sling procedure. A number of urodynamic and demographic variables were analyzed using a simple 2-sample t-test.

Results

Of the 18 patients undergoing a mid-urethral sling procedure, 4 were noted to have trabeculation. The results showed that while there was statistical significance in the age of the group with trabeculation vs. the group without (an average age of 64 vs. 52 respectively) ($p = 0.05$) none of the other variables analyzed showed any significant difference. Post void residual volume showed a mean of 41.25ml in the group with trabeculation vs 22.14ml in the group without ($p = 0.07$). 1st sensation in the trabeculation group was a mean of 87.5ml vs. 99.2ml in the group without ($p = 0.3$). 1st urgency showed a mean of 224ml in the trabeculation group vs. 184ml in the non trabeculation group ($p = 0.13$). Urodynamic capacity also showed no significant difference with a mean of 344ml in the group with trabeculation vs. 337ml in the group without ($p = 0.34$).

Other findings that were of interest were that 75% of the group with trabeculation were noted to have had prior hysterectomies while only 21% of the group without trabeculation had had prior hysterectomy. Both groups had equivocal rates of HTN (50% vs. 40% respectively), and 25% (only 1 of 4) of the trabeculation group was noted to be Diabetic.

Interpretation of results

The ultimate conclusion is that although with this study there doesn't seem to be significant difference in the urodynamic and demographic variables analyzed aside from age (which is expected and a known risk factor for trabeculation), there are differences. It is speculated that this study may have been underpowered due to the small sample size studied and that possibly future larger studies may more effectively show differences in these patient subsets particularly in post void residual and 1st urgency volumes.

Concluding message

Older patients undergoing mid-urethral slings for primary stress urinary incontinence tend to have bladder trabeculation on cystoscopy.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** NONE