

PREVALENCE OF OCCULT STRESS INCONTINENCE AFTER VAGINAL HYSTERECTOMY FOR PELVIC ORGAN PROLAPSE

Hypothesis / aims of study

The aim of our study is to assess the prevalence of urinary incontinence (UI) in post-operative patients undergoing vaginal hysterectomy for pelvic organ prolapse stage III and IV.

Study design, materials and methods

After approval by the human ethics and research committee (CAAE 06803712.0.0000.5149) a retrospective study of cross-sectional cohort was conducted in patients undergoing vaginal hysterectomy for pelvic organ prolapse stage III and IV from 2009 to 2013 without urinary incontinence complaint in preoperative and who have not been investigated clinically for OSI. Seventy nine women who met the inclusion criteria was called for clinical evaluation at least 12 months following surgery. Exclusion criteria were: history of anti-incontinence procedure and radiotherapy. The post-operative protocol consisted of urogynecological history, physical examination for staging prolapse by POP-q system, 1 hour pad test and quality of life questionnaires (ICIQ-vs, ICIQ-SF and SF-36). The anatomic outcome after intervention was defined as recommended by the National Institutes of Health Terminology Workshop for Female Pelvic Floor Researchers in Disorders². A satisfactory anatomic outcome (improvement) after intervention is defined as stage I. An unsatisfactory anatomic outcome (persistence or recurrence, failed treatment) after intervention is defined as stage II or greater, or no change or worsening from the pretreatment stage.

Results

Of the 79 patients selected, 34 attended and consented to participate. The results are listed in the table 1. The mean follow-up was 46 months. Symptoms of Stress Urinary Incontinence (SUI) and urge incontinence (UII) started from immediate post-operative in 8 patients (23.48%) and the average value of 1 hour pad test was 1.48 g (1.4 g close to the limit set by the ICS³). The 4 patients with symptoms of pelvic organ prolapse had anatomic correlation with recurrence of prolapse. A satisfactory anatomic outcome (improvement) was observed in 63,76% and 36,24% had Aa point in stage II and III.

Interpretation of results

The prevalence of urinary incontinence was 23.48% and 17.6% of SUI. This results demonstrates the importance of investigate occult stress incontinence in pre-operative of women with POP stage II or greater.

Concluding message

We must discuss with the patient the association of anti- incontinence procedure at the time of surgical POP correction; even with different opinions about prophylactic treatment of OSI in women with severe POP.

Table 1- Results

	N (34)
Mean age	70,8 years
IMC	30,5
Parity	5,4
Birth weight	2266 gr
Follow-up	46 months
SUI	6 (17,6%)
Urge incontinence	2 (5,88)
Prolapse Symptoms	4 (11,76%)
Asymptomatic	22 (64,70%)
ICIQ-SF	3,7
ICIQ-VS	8,2
SF-36	67
1 hr pad test	0,75 gr
1 hr pad test in incontinent patients	1,48 gr
Aa point (POP-Q) stage 0 and I	21 (61,76 %)
Aa point (POP-Q) stage II and III	13 (36,24 %)

Disclosures

Funding: none **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Ethics Committee of Federal University of Minas Gerais **Helsinki:** Yes **Informed Consent:** Yes