

COMBINED MUS AND ANTERIOR COLPORRHAPHY VS. MUS ALONE IN THE TREATMENT OF SUI WITH LOW GRADE ANTERIOR POP, A RANDOMIZED CONTROLLED TRIAL.

Hypothesis / aims of study

Midurethral sling (MUS) is standard of care for female Stress urinary incontinence (SUI). Anecdotal experience accumulated to suggest that it can also correct low grade anterior Pelvic Organ Prolapse (POP). It our aim to compare the anatomical and functional results of MUS in the treatment of low grade anterior POP (POP-Q stage I and II cystoceles)

Study design, materials and methods

This is a randomized controlled trial carried out between November 2013 and March 2015. 60 patients who have low grade anterior POP associated with SUI were enrolled. Patients were divided into 2 groups: Group 1 with MUS alone and group 2 with combined MUS and anterior colporrhaphy, 30 women each. Both groups were evaluated at 6 months

Results

Patients' demographics were shown in table I. At 6 month, anatomical cure rates were 21/30 (70%) and 18/30 (60 %) in groups I and II, respectively. One case from group 2 developed tape extrusion after 3 months and was managed by excision. Two failures (failed anatomical correction of the prolapse) were noted and both belong to group 2 and had TOT; were managed by redo colporrhaphy

		Midurethral sling (n = 30)	Midurethral sling with anterior colporrhaphy (n = 30)	P Value
Age		46.3 ± 9.3	46.5 ± 7.2	0.088
BMI		31 ± 7.4	32.1 ± 5.9	
ASA	ASA I	20 (71.4 %)	22 (71.0 %)	0.280
	ASA II	6 (21.4 %)	9 (29.0 %)	
	ASA III	2 (7.1 %)	0 (0.0 %)	
Parity		3.43 ± 1.2	3.48 ± 1.1	0.788
Prior pelvic surgery	No	16	17	
	Hysterectomy	3	3	
	Cystocele repair	2	1	
	Other surgery	8	9	
Stage of POP	Grade I	19 (67.9 %)	8 (25.8 %)	
	Grade II	9 (32.1 %)	23 (74.2 %)	
Stress test	Positive	26 (92.9 %)	30 (96.8 %)	0.461
	negative	2 (7.1 %)	1 (3.2 %)	
SUI grades	Grade I	9 (33.3 %)	5 (16.7 %)	0.345
	Grade II	13 (48.1 %)	18 (60.0 %)	
	Grade III	5 (18.5 %)	7 (23.3 %)	
MUS type	TVT	13 (44.8 %)	14 (45.2 %)	0.988
	TOT	8 (27.6 %)	9 (29.0 %)	
	PVS	8 (27.6 %)	8 (25.8 %)	
3 months local exam	No POP	21 (72.4 %)	23 (73.3 %)	0.781
	stage I	7 (24.1 %)	6 (20.0 %)	
	stage II	1 (3.4 %)	1 (3.3 %)	
3 months pad test		6.90 ± 22.2	6.55 ± 18.3	0.988
6 months local exam	No POP	21 (80.8 %)	18 (77.3 %)	0.272
	stage I	5 (19.2 %)	3 (13.6 %)	
	stage II	0 (0 %)	2 (9.1 %)	
6 months pad test		4.58 ± 8.6	4.00 ± 4.9	0.462

Interpretation of results

MUS alone seem to be as effective as combined MUS and colporrhaphy. However, failures were noted in the combined group and with TOT. The preponderance of grade 2 cystocele in the combined group might have an effect. Follow up is short term and a minimum of 2 year is a must before drawing conclusions.

Concluding message

In terms of anatomical cure rates, MUS alone was a successful treatment option when compared to combined MUS and anterior colporrhaphy at short term.

Disclosures

Funding: Institutional **Clinical Trial:** Yes **Public Registry:** No **RCT:** Yes **Subjects:** HUMAN **Ethics Committee:** Urology dept. board **Helsinki:** Yes **Informed Consent:** Yes