

COMBINED MUS AND ANTERIOR COLPORRHAPHY VS. MUS ALONE IN THE TREATMENT OF SUI, RANDOMIZED CONTROLLED TRIAL

Hypothesis / aims of study

Midurethral sling (MUS) is the standard of care for female Stress urinary incontinence (SUI). Anecdotal experience suggested it can also correct low grade anterior Pelvic Organ Prolapse (POP). This study aims at comparing MUS alone vs. MUS and standard anterior colporrhaphy (AC) as a treatment of SUI concomitant with low grade anterior POP

Study design, materials and methods

This is a prospective randomized trial This is an RCT carried out between November 2013 and March 2015. 75 patients had 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 AC, 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 31/39 (81.6%) and 26/36 (81.3%) in groups I and II respectively. One case from group 2 developed tape extrusion after 3 months and was managed by excision. Two anatomical failures were noted and both belong to group 2 and had TOT; were managed by redo colporrhaphy. Table 2 shows outcome at 6 -month

Interpretation of results

Table 1

	MUS (n = 39)	MUS & AC (n = 36)	P Value
Age	46.29 ± (8.22)	46.47 ± (7.901)	0.74
BMI	31.18 ± (6.91)	31.57 ± (4.43)	0.072
Parity	3.24 ± (1.30)	3.41 ± (1.15)	0.750
MUS type			0.390
TVT	15 (38.5%)	16(44.4%)	
TOT	11 (28.2%)	13 (36.1%)	
PVS	13 (33.3%)	7 (19.4%)	

Table 2

Pre-operative ALPP		87.15 ± (31.17)	77.53 ± (30.32)	0.730
Pre- pad test		25.90± (5.57)	24.70 ± (2.38)	0.984
Preoperative POP grade	Grade I	27 (71.1%)	9 (25.0%)	NA
	Grade II	11 (28.9%)	27 (75.0%)	
3- month POP grade	No POP	30 (77.0%)	27 (79.3%)	0.714
	stage I	8 (20.5%)	6 (17.6%)	
	stage II	1 (2.6%)	1 (2.9%)	
3- month pad test		2.18 ± (4.26)	4.39 ± (1.83)	0.225
6- month POP grade	No POP	31 (81.6%)	26 (81.3%)	0.251
	stage I	7 (18.4%)	4 (12.5%)	

Concluding message

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

Disclosures

Funding: Institutional **Clinical Trial:** Yes **Public Registry:** No **RCT:** Yes **Subjects:** HUMAN **Ethics Committee:** Urology Dept committee **Helsinki:** Yes **Informed Consent:** Yes