

DE NOVO URGENCY IN A MINORITY POPULATION FOLLOWING STRESS INCONTINENCE OR PELVIC ORGAN PROLAPSE SURGERY

Hypothesis / aims of study

De novo urgency following incontinence procedures has been estimated from 12 to 30%, studied in largely Caucasian populations. Studies suggest that Hispanic women report more bother from pelvic organ prolapse, however, they report a greater improvement in quality of life measures from surgical intervention for incontinence than other demographics. The objective of our study was to evaluate postoperative anticholinergic use and de novo urgency following incontinence procedures in a largely minority population.

Study design, materials and methods

We performed a retrospective review of patients undergoing suburethral sling or prolapse surgery by a single surgeon over a four-year period, and examined clinicopathologic variables potentially associated with the outcomes of interest, which included postoperative anticholinergic use and de novo urgency.

Results

In total, 226 women underwent a suburethral sling (n=181) or prolapse repair (n=45) from 2010-2014 of whom 172 (76%) were Hispanic, 26 (12%) Black, and 28 (12%) Caucasian. The overall rate of de novo urgency for the total patient cohort was 9.7%. By ethnicity, de novo urgency was 9.8%, 11.5%, and 0% for Hispanic, Black, and Caucasian patients, respectively. Among noncaucasian patients, median age was 51.47, median BMI was 31.56 kg/m², and median parity was 3. Among patients treated for pelvic organ prolapse (n=45, 20%), postoperative urgency developed in 3 (12%) vs. 18 (17%) in those treated with a suburethral sling. In patients with a history of preoperative urgency (n=87, 38%), 8 (19%) of the pelvic organ prolapse group required continued anticholinergic therapy, while 46 (27%) of the sling patients remained on an anticholinergic after their surgery.

Interpretation of results

Preoperative symptoms of urgency, detrusor overactivity, increased age, parity, and preoperative anticholinergic use are variables known to be associated with risk for postoperative UUI following an incontinence surgery. We found that positive predictive factors seen in established studies looking at largely Caucasian cohorts were not predictive of postoperative urgency in our minority population. The findings of prior studies, along with our reported data, highlight the need for further studies in this area of study. Cultural differences may be at the crux of the etiologies of OAB and urge urinary incontinence. We found that the rates of de novo urgency following surgery are similar across racial groups.

Concluding message

De novo urgency rates for our cohort of minority women was 9%, slightly lower than the established incidence in current literature. To our knowledge, this is the largest group of minority women studied, looking at de novo urgency rates following incontinence procedures.

Disclosures

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