787

Morsy S[1], Aly H[1], Fathy A[1], Farouk D[2], Hassan S[2], El-Sayed R[3], El-Ghamrawy H[1], Abdel-Rasool M[1], Abdel-Azeem M[1]

1. *Urology department, Cairo university,* ***2.*** *Obstetrics and gynecology department, Cairo university,* ***3.*** *Radiology departmeny, Cairo university*

MANAGEMENT OF FEMALE PELVIC FLOOR DYSFUNCTION; DIFFERENT APPROACHES.

Hypothesis / aims of study.

To compare the clinical outcomes of 3 different approaches for management of female Pelvic Floor Dysfunction; stress urinary incontinence (SUI) and pelvic organ prolapsed (POP) either symptom based, clinical examination based and or pelvic floor MRI based correction.

Study design, materials and methods

Prospective study including 60 female patients with pelvic floor dysfunction (SUI) or POP or both) from June 2012 to June 2014 in Cairo University Hospitals. Patients preoperative evaluation included history, physical examination , urine analysis, uro-flowmetry, post-voiding residual urine (PVR) and MRI pelvic floor (static & dynamic) . These 60 patients were divided into 3 groups: Group A: included 20patients whose treatments of SUI or POP were planned based mainly on the patients evident symptom. Group B: include 20 patients who underwent correction of all defects detected by clinical examination and are indicated for repair. Group C: included 20 patients in which the pelvic organ supporting system defects as well as functional abnormality that were detected with static and dynamic MRI were surgically repaired . Surgical procedures were unified in all groups (trans obtutator midurethral slings (TOT) for SUI, Tailored prolene mesh for cystocele posterior colpo-perineorraphy for rectocele. Postoperatively the patients in the 3 groups were evaluated as regard the cure rate, denovo events (SUI or urgency urinary incontinence (UUI), failure or worsening of pre-existing defect.

Results

The cure rates after 6months were 89%, 67%, 67% respectively in the 3 groups. Denovo UUI or SUI were highest in group A (50%) compared to the groups. Preoperative mixed urinary incontinence (MUI) improvement was high in group B & C compared to group A.

Interpretation of results

No statistically significant difference between the 3 groups as regard cure rate after 6months (89%, 67%, 67%) respectively. MRI pelvic floor has a notable role in preoperative planning for surgical correction of POP whether to use native tissues or synthetic mesh for defect correction.

Concluding message

The concept of treating all pelvic floor dysfunction problems at one surgical setting makes sense, this approach may reduce the incidence of denovo urgency and urge incontinence, denovo postoperative SUI or worsening of POP . MRI pelvic floor may be an adjuvant tool for preoperative evaluation and decision making of patients with PFDs specially for multi compartmental defects or complicated cases.

Disclosures

Funding: NONE **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Cairo University **Helsinki:** Yes **Informed Consent:** Yes