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THE VALUE OF REPAIR OF ASYMPTOMATIC GRADE II PELVIC ORGAN PROLAPSE DURING MID URETHRAL SLING SURGERY FOR STRESS URINARY: A PROSPECTIVE RANDOMIZED STUDY OF 72 CASES

Hypothesis / aims of study

To compare the clinical outcome between midurethtral sling procedure for stress urinary incontinence with and without concomitant repair of asymptomatic grade II pelvic organ prolapse (cystocele) repair.

Study design, materials and methods

Seventy two female patients with stress urinary incontinence (SUI) and asymptomatic grade II cystocele were included in a randomized study between June 2014 and June 2015. They were divided equally into two groups. Group (A) treated only with trans-obturator tape (TOT) without treatment of the cystocele while in group (B) TOT was associated with cystocele repair by a tailored proline mesh. Postoperative follow up was performed after 3, 6 and 12 months. The two groups were compared regarding clinical outcome of SUI (cure, improvement or failure) and development of any denovo events.

Results

For clinical outcomes based on patients' subjective symptoms, the cure rate of group (A) was 77.8%.66.7% and 66.7% meanwhile for group (B) was 85%,90% and 90% at 3,6 and 12 months, respectively (p<0.05). Cystocele was cured in all patients in group (B). Six patients (17%) with asymptomatic cystocele grade II in group (A) became symptomatic or with a higher grade at 6 months duration that required surgical repair. Denovo urgency with or without UUI was 12.5% in group (A) increasing up to 50% at 6 months follow up which was treated with anticholenergic medications, but was 5% in group (B) with highly stastistically significant difference (p<0.05).

Concluding message

Concomitant asymptomatic cystocele repair with midurethral sling improve the cure rate of stress urinary insentience, reduce the incidence of denovo urgency incontinence and worsening of existing cystocele.

Disclosures

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