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"DE NOVO" URGENCY AFTER SURGICAL TREATMENT OF STRESS URINARY INCONTINENCE

Hypothesis / aims of study
To analyze the improvement or disappearance of previous urgency incontinence and the emergence of "de novo" urgency in patients treated of urinary stress incontinence (SUI) using tension-free vaginal tapes (TOT)

Study design, materials and methods
A retrospective observational descriptive study of a total of 275 patients diagnosed with urinary incontinence undergoing surgery using tension-free vaginal tapes between January 2009 and December 2012.
The data collection was done through computerized medical records. The pre-surgical study included anamnesis aimed at diagnosis of the type (SUI or MUI), degree and duration of incontinence (ICIQ-SF Questionnaire), age, parity, history of pelvic surgery and associated medical and gynecological pathology. The physical examination evaluated the presence of other associated pelvic floor defects (POP-Q), contractile capacity of the perineal musculature (Oxford Scale), urethral mobility by ecografy , stress test (five blows of cough supine and standing), as well as general (weight, height), gynecological and neurological examination. Urine culture and / or sediment was requested in 34,2% of the cases. In the 46.36% of the patients, a urodynamic study was performed as a complementary test for the diagnosis.
134 patients had Mixed Urinary Incontinence (MUI) (48.84%); 141 patients had pure SUI (51.16%).
4.1% of patients had recurrent UI.
The mean age was 61.6 years (range 35-82). The parity of 2.5 (range 0-9). With a history of sphincter tears in 6.2%. The mean time for to the first asistance since the onset of symptoms was 7.57 years (range 3 months-30 years). The BMI above 25 was presented by 65 % of patients.
The most important associated medical-surgical pathology comprised: arterial hypertension: 42%; Diabetes mellitus: 12%; Depression: 12%; Fibromyalgia: 12 %; Staining: 9%; Abdominal histerectomy: 9%
Sixty percent of the patients were menopausal, and a 20 % smokers.
All the interventions were performed under ambulatory regimen.

The technique used was in 100% of the cases TOT out-in . Polypropylene meshes were used in all cases.
The majority of patients were discharged after the first urination, with controls after the month, 6 months and annually, to the present.
The bladder catheter was removed prior to discharge.

Results
The observational period was 4 to 7 years after surgery.

The bladder catheter was removed in all cases prior to discharge, except in 9 cases, because of post-voiding residue greater than 100 ml (8 cases) or acute urinary retention (1 case), which required permanent catheterization for 10 days.

Healing of the stress component was achieved in 94.57% of the total. 93.65% in MUI and 95.45% in pure SUI. 3.10% had some leakage of urine only at great efforts and 2.32% do not report improvement or have worsened.
The prevalence of "de novo" urgency was 5.43% (14/275) and the treatment was conservative in all this patients.

Regarding the healing of the urge component, it was achieved in 84.13% of the MUI.
The symptoms of hyperactive bladder (urgency, frequency, noctury) persisted in 15.87% of patients being operated with the initial diagnosis of mixed incontinence, receiving medical treatment.

Interpretation of results
The evidence shows that the procedures for correction of SUI produce one of its main side effects, the emergence of "de novo" urgency. Paradoxically, a large percentage of patients with mixed urinary incontinence, have resolved their urgency component after corrective surgery of SUI.

Concluding message
Suburethral tension-free vaginal tapes are a standardized technique, simple and safe, with high efficacy in the treatment of SUI.

The urgency of IUM is corrected by more than 80% after surgical treatment with tension-free vaginal tapes, but in patients with overactive detrusor and / or voiding dysfunction, the results are worse. In these situations, other therapeutic modalities such as miccional rehabilitation and the pelvic floor rehabilitation should be studied. According to our experience, the emergence of de novo urgency is related to obstructive clinic, already present prior to surgery, with a low rate of associated incontinence.

Disclosures
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