1043

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HOW USEFUL IS URODYNAMICS AFTER A FAILED SLING PROCEDURE?

Hypothesis / aims of study

Suburethral slings for stress urinary incontinence (SUI) are widely used nowadays because of their relative simplicity and high efficacy, but sometimes the patient remains symptomatic, even after a successful procedure. Our study reviews data from urodynamic testing of such patients.

Study design, materials and methods

Our retrospective analysis included 26 females, aged 29 to 68 years old who underwent TOT or TVT procedures for clinically diagnosed SUI. In none of these cases a previous urodynamic evaluation was available. Our evaluation protocol included history taking, clinical examination and pressure flow study.

Results

Clinically, our patients present signs of SUI, urgency incontinence or mixed incontinence, which are impossible to be objectively correlated with preoperative signs. None of the patients had pelvic organ prolapse at our examination and 77% had a negative Q tip test. Half of the patients were on antimuscarinic treatment for some time in the period after surgery and before our evaluation, but still not happy with the results. The urodynamic exam was normal in 38.5% of cases, showed signs of obstruction in 3 patients and demonstrated detrusor overactivity in 11 cases. The only possible correlation was that the patients with detrusor overactivity and urge incontinence had lower bladder capacities during urodynamics.

Interpretation of results

Concluding message

The ideal scenario seems to be the one in which all female patients undergo invasive urodynamics before surgery. Otherwise, the urodynamic exploration is only useful for confirming or not the symptoms and detrusor overactivity. One important aspect is that urodynamics is able to correlate sensations with detrusor activity, so a more targeted approach is possible.

Disclosures

Funding: Personal Clinical Trial: No Subjects: HUMAN Ethics not Req'd: Not required per local laws. Helsinki: Yes Informed Consent: No