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Title (type in CAPITAL LETTERS)

EARLY AND LATE EFFECTS OF SPONTANEOUS DELIVERY ON THE DIFFERENT PELVIC FLOOR PARAMETERS IN PRIMIPARAE PATIENTS WITHOUT PELVIC FLOOR REEDUCATION

<u>Aims of Study:</u> to assess the immediate and long term effects of spontaneous non-instrumentally assisted vaginal delivery on the different pelvic floor parameters in primiparae patients without pelvic floor reeducation.

Methods: 47 primiparae women were investigated on three occasions: during pregnancy (T1), 8 weeks (T2) and 10 months (T3) after vaginal delivery. None of them received any form of pelvic floor reeducation. Following parameters were considered: history of stress incontinence/decreased sexual vaginal response/ fecal incontinence; bladder neck (BN) position and mobility determined with perineosonography, urethral stress pressure profile parameters in the standing position, intra-vaginal and intra-anal pressures during anus squeezing. These parameters measured at T2 and T3 were compared to the predelivery values measured at T1.

Results: 18 women (38%) experienced stress urinary incontinence (SUI) during pregnancy: among these patients, only 5 women (10.5% of the wole population) had persistent SUI at T 3 examination. The sexual vaginal response was delayed and/or decreased in its intensity in 25 % at T3, whereas fecal incontinence was present in 2 patients (4% of the whole population) at T3.

BN position in the standing position remained unchanged (T1: 26±5mm, BT2:25±5mm, T3: 27±4mm, P:0.7/0.5) whereas BN mobility was significantly increased (T1:11±4mm, T2:14±6, T3:15±5mm,P:0.05/0.001) after delivery. Urethral pressure profiles at stress in the standing position were as follows:

- functionnal length was significantly decreased two months after delivery, but regained predelivery values ten months after delivery (T1:32±8, T2:27±7mm, T3:31±7mm, P:0.004/0.5)
- area of continence at rest was not significantly modified by delivery (T1: 1426±643 mm2, T2: 1244±485 mm2, T3: 1511±584, P: 0.4/0.6) as well as maximal urethral closure pressure (T1: 80±35cmH2O, T2: 80±31cmH2O, T3: 85±31 cm H2O, P:0.9/0.5)



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- pressure transmissio ratio measured in the medium third of urethral functionnal length showed a significant decrease two months after delivery, but returned to normal values ten months after delivery (T1:72±21 %, T2:61±25 %, T3: 74±24 %, P: 0.05/0.4) whereas residual area of continence at stress was not significantly modified by delivery (T1: 605±454 mm2, T2: 559±338 mm2, T3:549±342 mm2, P:0.9/0.7).

Intra-vaginal pressures showed no significant modifications (T1: 35±20cmH2O, T2: 31±23 cmH2O, T3: 42±29 cmH2O, P: 0.4/0.1) after delivery, whereas intra-anal pressures show a significant decrease two months after delivery, but returned to normal ten months after delivery. (T1: 44±22cmH2O,T2:33±20 cmH2O, T3: 44±24cmH2O, P:0.02/0.8)

Conclusions: ten months after a spontaneous vaginal delivery, in the absence of pelvic floor reeducation, 10 % of patients had SUI, 25 % described a slight decrease in the vaginal sexual response and 4 % a fecal incontinence. Compared to predelivery values measured during pregnancy, the urethral pressure profiles parameters measured at stress in the standing position showed no significant modifications, apart from a transient decrease of urethral functionnal length. Similarly intra-vaginal pressures as well as intra-anal pressures during pelvic floor contraction showed no significant decrease when measured ten months after delivery.