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URODYNAMIC CORRELATES IN WOMEN UNDERGOING PARAVAGINAL DEFECT REPAIR FOR STRESS URINARY INCONTINENCE AND CYSTOCELE.

Aims of Study: To evaluate the functional and anatomic results of the paravaginal defect repair (PVR) in women with stress urinary incontinence (SUI) and cystocele, with or without other pelvic prolapse or intrinsic sphincter deficiency (ISD). To correlate pre-operative urodynamic findings in these women and link them to outcome.

Methods: Fifty two consecutive patients with a mean age of 61 years underwent PVR for the treatment of SUI and cystocele. Fluoro-urodynamics and a detailed physical exam were performed in all women pre-operatively. The table depicts the urodynamic findings and amount of cystocele descent present before surgery, as well as the percent improvement post-operatively.

n	Number of patients	Group 1 12	Group 2 15	Group 3 23	Group 4 2
Urodynamic findings	Type of incontinence	No leakage (only symptomatic prolapse)	Type 1 or 2 genuine SUI	ISD	Motor urge incontinence
Cystocele grade	mild (grade 1)	0	0	9	0
	moderate (grade 2)	4	3	3	0
	severe (grade 3 or 4)	8	12	11	2
Other procedures	Slings	0	0	23	0
	Rectocele	4	10	18	2
	Vaginal suspension	4	0	7	2
	Enterocele	3	0	7	2
% Improved	Incontinence	92	87	91	100
	Prolapse	83	80	96	100

Results: With a mean follow-up of 29 months, cure rate (defined as no pads and no leakage) for each group was 78%, 80%, 85%, and 100% in groups 1, 2, 3, and 4 respectively. When expanded to include substantially improved (1 pad or less per day), the success rate further improved in all groups (see table). Vaginal cosmetic results were excellent in all groups, but a slightly higher tendency toward obstructive voiding was noted in group 3 patients. Post-operative vaginal defects occurred in 8 individuals, but it was to a lesser degree than noted pre-operatively.

Conclusions: PVR restores the normal or near normal anatomy of the female pelvic floor and achieves good continence rates when patients are stratified by pre-operative urodynamics. Women with lateral cystoceles and little or no SUI (groups 1 & 2) are at low risk of post-operative leakage when only PVR is performed.

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