International Continence Society | August 22-26, 1999 | 29th Annual Meeting | Denver, Colorado USA

Category No. 5, 11, 14 | Video Demonstration | Ref. No. 216

Abstract Reproduction Form B-1

Author(s): Mouritsen L.

Double Spacing

Institution City Country: Dept. Gyn./Obst. Gentofte, University of Copenhagen, Denmark

Double Spacing

Title (type in CAPITAL LETTERS): EFFECT OF VAGINAL CONTINENCE PRODUCTS EVALUATED BY ULTRASONOGRAPHY OF BLADDER NECK MOBILITY

AIMS OF STUDY: To evaluate the mode of function of vaginal continence devices on bladder neck hypermobility in stress incontinent women.

METHODS: Fifteen women with stress incontinence and urinary leakage > 8 g at 24 hours pad test were evaluated by questionnaire, 24 hours pad weighing test and introital ultrasonography of bladder neck mobility and ability to squeeze: 1. without any device, 2. with a commercially available vaginal device, Conveen Continence Guard (CCG) and 3. with two different test models (TM) of a new developed vaginal device. The results from the 3 test situations were compared.
Bladder neck position and mobility were measured in degrees in relation to the midline of the symphysis pubis during rest, Valsalva and squeezing maneuvre.
The study was sponsored by Coloplast A/S.

RESULTS: Mean age of the 15 women was 53 years (29 – 74), and 73 % experienced daily incontinence, and 27 % were incontinent at least once per week.
Subjectively, 53 % became continent with the CCG and 47 % felt improved. No patient experienced any vaginal discomfort by the use, but 3 women had problems with the device sliding out of the vagina. Medium size CCG was chosen by 80 % of the women. Eleven women used the 2 types of TM, 7/11 preferred the same model, Bobbin, and 10/11 found the TM better or as good as the CCG. No patient complained of vaginal discomfort, and 2 patients had experienced the TM sliding out of the vagina during increase of abdominal pressure.
Mean leakage at the 24 hours pad test was 45.9 g (SD 52.6) without any device and was significantly reduced to 5.8 g/24 hrs (SD 5.34) with CCG, and 7.2 g/24 hrs (SD 8.94) with TM, respectively.
Evaluated by ultrasonography, the devices had no effect on the bladder neck position during rest. The mobility of the bladder neck during Valsalva maneuvre was reduced significantly from 34 ° (SD 17.38) without device to 18 ° (SD 13.09) with CCG and 15 ° (SD 12.55) with the TM, respectively.
Neither CCG nor TM showed any adverse effect on the ability to squeeze, i.e. the ability to elevate the bladder neck during pelvic floor contraction evaluted by ultrasonography was the same without any device as with CCG and TM.

Abstract Reproduction Form B-2

Author(s): Mouritsen L

CONCLUSIONS: Approximately 2/3 of stress incontinent women achieve continence with use of TM and CCG. There is no significant difference in the effect of the two products, both result in fixation of the bladder neck, measured by ultrasonography. There is no negative effect on the ability to contract the pelvic floor when using the aids.
Ultrasonography may be a fast alternative method to evaluate function and effect of vaginal continence devices in the individual patient as well as in testing new products.