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Title (type in  
CAPITAL  
LETTERS)THE IMPACT OF STRESS INCONTINENCE SURGERY ON THE  
QUALITY OF LIFE IN ELDERLY PATIENTS

**Aims of Study:** There has been some reluctance to perform anti-incontinence procedures on elderly patients (>65 years of age, Group 1) due to perceived intolerance to operative intervention. The quality of life assessment (urinary symptoms) of the elderly before and after stress incontinence surgery has not been studied. Our study reviews the quality of life assessment, success rate and complications of the elderly and compared these results to a control group (<65 years of age, Group 2).

**Methods:** We retrospectively reviewed the charts of 49 patients Group 1 and 48 patients Group 2 who underwent anti-incontinence procedures (Raz urethropexy, vaginal wall sling or pubovaginal sling with polypropylene mesh) for stress urinary incontinence (SUI) between August 1992 and May 1998. All patients had a complete history / physical examination and multichannel videourodynamics. All patients underwent a quality of life assessment (QLA) (0, excellent - 19, poor) using a standardized five-point questionnaire pre and postoperatively. Success rate was defined as being totally continent.

Complications assessed included persistent SUI (PSUI), de novo urgency (DNU), urinary retention (UR, defined as inability to void 3 months postoperatively without a catheter), urinary tract infections (UTI) <1 month postoperatively, wound infections (WI), urethral erosions (UE) or osteitis pubis (OP). All complications were determined during postoperative follow-up visits and telephone surveys. Statistical analysis included means, medians, Chi square analysis and Wilcoxon rank sum testing.

**Results:** Median pre and postoperative QLA were 11/11 (p=0.16) and 5/4 (p=0.45). Success rate was 82/75 % (p=0.43). Mean follow-up 25/36 months (p=0.01). Median age was 74/53 years. PSUI was 8/23 % (p=0.05), DNU was 5/7 % (p=0.55), UR was 2/4 % (p=0.55), UTI was 29/6 % (p=0.01) and WI was 6/6 % (p=0.88). There were no cases of UE or OP.

**Conclusions:** The elderly have an excellent improvement of QLA and success rate with a low complication rate when anti-incontinence procedures are performed. Advanced age should not dissuade the surgeon from performing an appropriate procedure when indicated.