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<u>Aim of the study</u>: By the aid of the linear passive-urethral-resistance-relation (linPURR) bladder outflow obstruction (BOO) can be demonstrated in men. The aim of this study was to evaluate whether this parameter - elaborated for obstructed men - may be used to for obstructed women as well.

Patient & Method: 42 women (mean age 61.5a, range 40-75a) with stress urinary incontinence were successfully treated either with microballoons (group 1; n=20), with Burch Colposuspension (group 2; n=15) or with a sling procedure (group 3; n=7). All patients were dry postoperatively (no pads) or significantly improved (1 "safety -pad" only) after the procedure. All patients presented with obstructed flow patterns postoperatively like straining during voiding, reduced stream, prolonged voiding time and residual urine. 6 patients had even to perform short term intermittend self-catheterisation due to voiding difficulties postoperatively. Patients were evaluated by a multichannel pressure-flow analysis preoperatively and 3 month after surgery. BOO was computed according to the linPURR scheme and controlled manually to exclude artefacts.

<u>Results</u>: 12/20 (75.0%) of patients in group 1, 14/15 (93.3%) in group 2 and all patients in group 3 were dry; another 5/20 (25.0%) and 1/15 (6.7%) were significantly improved postoperatively. The mean residual volumes increased from 9.8 ml preoperatively to 49.8ml postoperatively in group 1, from 20.0 ml to 75.4 ml ingroup 2 and from 15.0 to 80.5 ml in group 3. All but two patients in group 2 (linPURR=2) and one in



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group 3 (linPURR =2) were not obstructed pre-operatively. No patient was obstructed postoperatively (linPURR 0-1), only 4 patients increased to the equivocal zone (linPURR=2) - one Patient in group 2 and 3 patients in group 3 respectively. Those patients presenting with borderline obstruction preoperatively remained equivocal.

<u>Conclusion</u>: According to the findings in this study we were unable to quantify obstruction as assessed by linPURR in patients obviously presenting with postoperative obstructive voiding patterns. It is right unclear however, whether this finding indicates that incontinence operations in women are not obstructive at all or if this finding reflects the necessity for sex specific objective parameter for this purpose.