

**Abstract Reproduction Form B-1**

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Title (type in CAPITAL LETTERS)	URODYNAMIC FINDINGS BEFORE RADICAL HYSTERECTOMY FOR CERVICAL CANCER

**Aims of the Study:** To elucidate the urodynamic findings in patients with cervical cancer before radical hysterectomy and correlate the results with age, parity, menopausal status and cancer stage.

**Methods:** Between January 1996 and December 1998, all the patients with cervical cancer before radical hysterectomy who underwent urodynamic study (UDS) were recruited. Each patient received a detailed history and physical examination and multichannel UDS including uroflowmetry, filling and voiding cystometry, stress urethral pressure profile and 20-minute pad test. All terminology conforms to the standards recommended by the International Continence Society or Urodynamic Society [1-4]. The urodynamic findings were analyzed and correlated with age, parity, menopausal status and cancer stage.

**Results:** There were totally 2,160 patients who underwent UDS examination during the period. Of them, 210 (10%) patients were cervical cancer cases before radical hysterectomy. We found that the mean age of the 210 patients was  $48.7 \pm 11.0$  years with a mean parity  $3.3 \pm 1.7$ . Forty-four percent (n=99) of the 210 patients were menopausal, and 88% (n=184) belonged to stage IB while 10% (n=20) stage IIA and 2% (n=6) stage IIB. The urodynamic findings showed that only 9% (n=20) of the 210 patients were normal (group I), and 21% (n=43) with storing dysfunction (group II), 4% (n=8) with voiding dysfunction (group III) and 6% (n=12) with urinary incontinence (group IV). Of the remaining, 26% (n=54) had storing dysfunction and urinary incontinence (group V), 2% (n=5) had voiding dysfunction and urinary incontinence (group VI) and 15% (n=32) had both storing and voiding dysfunctions (group VII). The last group (VIII) comprised of 17% (n=36) of the 210 patients with urinary incontinence, storing and voiding dysfunctions. No statistically significant differences were noted in age, parity, menopausal status and cancer stage among the 8 groups. It was noteworthy that 79% (n=165) of the 210 patients had storing dysfunction, 38% (n=81) voiding dysfunction and 51% (n=107) urinary incontinence. Of the 107 patients with urinary incontinence, 36% (n=78) belonged to genuine stress incontinence (GSI) while 7% (n=15) detrusor instability (DI) and 7% (n=14) mixed GSI/DI.

**Conclusions:** Our data demonstrated that the urodynamic findings before radical hysterectomy for cervical cancer were normal in only 9% of the patients. Among the abnormal urodynamic findings of these patients, 79% had storing dysfunction while 51% with urinary incontinence and 38% with voiding dysfunction. Besides, 60% had two or three dysfunctions of lower urinary tract. Thus, it is mandatory to perform preoperative urodynamic study for cervical cancer before radical hysterectomy in order to definitely



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determine the impact of such a procedure on the lower urinary tract.

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2. Second report on the standardization of terminology for lower urinary tract function. Procedures related to the evaluation of micturition- flow rate, pressure measurement, symbols. Scand J Urol Nephrol 1977;11:197.
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