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Title (type in
CAPITAL
LETTERS)**IS IT IMPORTANT THE POSITION OF
UV – JUNCTION AFTER OPERATION
FOR THE EFFECT OF THIS OPERATION ?****AIMS OF STUDY**

Gynaecologists have been interested in the support provided to the urethra and urethrovesical junction in women by the periurethral and paravaginal structures. Descent of the bladder neck and proximal urethra outside the intra – abdominal pressure transmission zone is considered to be one of the causes of the anatomical basis of female stress incontinence. The aims of our study were : to analyse the ultrasound parameters of the lower urinary tract in women after operations for stress incontinence /GSI/ and determine the importance of the position and mobility UV - junction.

PATIENTS AND METHODS

Thirty women with proven genuine stress incontinence /GSI/ participated in the study. Their average age was 55,8 , average weight 74,5 , average parity 2,1. The second group involved 30 women from 3 to 9 months after the Burch colposuspension. Their average age was 49,0 average weight 70,8, average parity 2,0. The third group involved 20 women from 3 to 24 months after vaginal hysterectomy and kolporrhaphia anterior. Their average age was 60,2, average weight 75,3, average parity 2,25. Everyone of these patients suffered from stress incontinence before operation. The diagnosis of GSI was confirmed by the urogynaecological examination consisting of history, vaginal and urodynamic assessments, including pad weight test. Then a perineal and introital ultrasound examinations in the patients in supine position / using Acuson 128 XP – 10, curved array probe 5 MHz and transvaginal sector probe 7,0 MHz/ were performed. Measurements of mobility of the urethrovesical junction were performed by curved array probe after filling the bladder at the capacity of 300 ccm. and introital measurements of the urethral sphincter were taken in the sagittal and horizontal planes by transvaginal probe after emptying the bladder. Additionally, the maximum thickness of the pelvic floor muscles was measured too. In the sagittal plane the thickness of the bladder wall at the anterior wall, at the dome and at the trigone was measured.

Results

Based on our ultrasound imaging, we didn't find a statistically significant difference in the thickness of pelvic floor muscles and in the areas and thickness of the urethral sphincter before and after operation. The differences in the position and mobility of UV- junction by the patients before and after Burch kolposuspension were statistically significant. The angle γ / the angle between the line connecting the inferior point of symphysis with bladder neck and the axis of symphysis / and mobility of UJ – junction were smaller. The differences in the UV- junction position in the rest by the patients with GSI and after vaginal hysterectomy and kolporrhaphia anterior who were without problems were not statistically significant. But the mobility by the patients after operation was smaller.

Conclusion

Ultrasound appears to be useful in evaluation of surgery outcome. Our results support our expectation that the position of UV junction isn't so important for determining of GSI like UV- mobility.

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