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## **Abstract Reproduction Form B-1**

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Title (type in CAPITAL LETTERS)	APPLICATION OF PERINEAL ULTRASONOGRAPHY IN MODIFIED SLINGLIKE COLPOSUSPENSION FOR STRESS URINARY INCONTINENCE

<u>Aims of Study:</u> The present prospective study was undertaken in order to evaluate and compare information obtained by a perineal ultrasonic transducer and by X-ray colpourethrocystography before and after surgery in women with stress urinary incontinence.

<u>Methods:</u> We studied forty eight patients who underwent modified slinglike colposuspension for stress urinary incontinence (mean age 56 years, range 36-62, mean parity 2, range 1-4). The evaluation of urinary incontinence included negative urine culture, history and physical examination, cystometry and urethral pressure profiles at rest and under stress. Colpourethrocystography was taken at rest and on maximal straining. Ultrasonography was performed in standing position of patients with perineal curved linear 3.5 MHz probe (Sonoline Prima, Siemens, Germany) in rest and during Valsalva's maneuver. The position of the bladder neck was registered and was calculated in relation to the symphysis in two directions (horizontal X and vertical Y). Following completion of these tests, patients underwent surgical corrections of their anatomical defects. There were no intra-operative or post-operative complications and forty seven incontinent patients were still continent, twenty four months post-operatively.

The Student t-test was used for statistical analysis.

<u>Results</u>: Both, colpourthrocystography and perineal ultrasonography when evaluating the anatomical support of the urethrovesical junction, were sensitive 94% and 97% respectively. In regards to the position of the bladder neck in horizontal X direction no significantly rest and stress values were observed after slinglike colposuspension surgery. The absolute position of the bladder neck in vertical direction Y during stress showed significantly reduced movement (t=2.10; p,0.01), twenty four months after operative treatment.

<u>Conclusion:</u> Our results suggested that perineal ultrasonography can be used for postoperative follow-up of slinglike colposuspension. The simplicity of the test, its sensitivity and the availability of ultrasonic equipment make it more attractive and cost effective than x-ray studies. Reproducible measurements were obtained and a reliable determination of the anatomical situation after suspension is possible in a noninvasive manner.