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Title (type in CAPITAL LETTERS): **IDENTIFICATION OF POSTOPERATIVE VOIDING DIFFICULTIES IN PATIENTS WITH STRESS URINARY INCONTINENCE**

Aims of Study Postoperative voiding difficulties may occur in patients undergoing surgical intervention due to stress urinary incontinence(SUI). This may be due to pre-existing weak detrusor contractility or excessive suspension during surgery. Identifying patients with potential post-operative voiding difficulties prior to surgery would be beneficial for the post-operative management. In this study, we evaluated various clinical parameters which may allow us to predict post-surgical voiding patterns.

Methods Seventy five consecutive surgical patients with SUI underwent pre-operative multichannel urodynamic studies. The parameters evaluated in this study were the age, symptom grade, presence of urethral hypermobility, Valsalva leak point pressure(VLPP). These were directly compared with the peak flow rate (Q_{max}), postvoid residual(PVR), detrusor pressure at peak flow rate($P_{det}Q_{max}$). The time interval for regaining normal voiding (PVR < 100 ml) after surgery was also compared to pre-operative detrusor voiding pressure (DVP).

Results The mean age of the patients enrolled in this study was 51.0 ±6.3 and the symptom duration was 5.1 ±4.1 years. The mean values of $P_{det}Q_{max}$, Q_{max}, and PVR were 21.1 cmH_2O, 22.9 ml/sec., 29.9 ml. respectively. Although $P_{det}Q_{max}$ correlated with patient age (r=0.367, p=0.04), the relationship between the Q_{max} and PVR were not significant with the other clinical parameters evaluated. The average post-void residual volume was significantly higher in the patients with urethral hypermobility than those without (p=0.04). Patients who were able to void early after surgery (< 5 days after surgery) demonstrated higher pre-operative $P_{det}Q_{max}$, when compared with the patients with delayed normal voiding (29.14 ±5.5cmH_2O vs 14.8 ±2.9cmH_2O, p=0.03).

Conclusions These results demonstrate that the pre-operative detrusor voiding pressure and post-voiding residual volume are related to patient's age and urethral hypermobility. Higher pre-operative detrusor voiding pressure appears to be associated with earlier voiding after surgery. These findings suggest that post-operative voiding difficulties may be expected in the aged patients with decreased pre-operative detrusor voiding pressure. Identification of these parameters prior to surgery may be helpful in managing patients with stress urinary incontinence.