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CAPITAL
LETTERS)HYSTERECTOMY - AN IMPORTANT CAUSE OF LOWER URINARY
TRACT DYSFUNCTION

Aims of Study: Lower urinary tract symptoms are prevalent in female patients. We have reviewed our clinical experience of women with moderate or severe lower urinary tract dysfunction who have been evaluated in a tertiary continence center to determine the impact of hysterectomy on the pattern and severity of symptoms and physical findings.

Methods: 1104 women presented to our continence center from January 1995 to June 1998. Complete history and physical examination was performed. All data were collected prospectively on standard forms and recorded in an electronic database for analysis.

Results: Three hundred and ninety nine patients (36%) had an intact uterus (group 1), and 705 (64%) had had hysterectomy (group 2). The mean age was 53 ± 18 for group 1 and 61 ± 14 for group 2. Stress urinary incontinence was prevalent in 69% in group 1 versus 79% in group 2. The severity of incontinence was flooding in 31% of group 1 versus 48% of group 2 ($p = 0.0001$). Group 1 used an average of 3 pads per day versus 4 pads for group 2 ($p = 0.002$). Urgency was reported by 75% of group 1 and 87% of group 2. 54% of group 1 reported abnormal bowel habits versus 62% of group 2. The incidence of fecal incontinence was also different between the two groups with 35% of group 1 and 45% of group 2 reporting problems ($p = 0.02$).

On physical examination, cystocele was found in 49% of group 1 versus 60% in group 2, rectocele in 35% of group 1 versus 48% for group 2, and vault prolapse in 12% of group 1 versus 19% of group 2. These differences were statistically significant.

Conclusions: Patients who presented after hysterectomy had significantly more severe lower urinary tract symptoms and signs of pelvic organ prolapse. These data would suggest that hysterectomy is an important factor in promoting lower urinary tract dysfunction and pelvic prolapse.