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Author(s):	A. Athanasopoulos, E.N.Liatsikos, P. Perimenis, G.A.Barbalias.
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Institution City Country	Department of Urology, University of Patras Medical School,
	Double Spacing
Title (type in CAPITAL LETTERS)	FEMALE STRESS URINARY INCONTINENCE: PREDICTIVE FACTORS FOR THE OPERATIVE CORRECTION

Aim of the study: The aim of this study was the determination of several clinical and laboratory parameters as prognostic factors which could further help in the appropriate selection and prediction of treatment outcome in female stress urinary incontinence.

Methods: A total of 51 female patients with stress incontinence were examined prospectively, after they were assessed by clinical and laboratory tests with particular emphasis on urodynamic studies. Among the studied group 41 patients had genuine stress incontinence, and 10 mixed stress incontinence. Twenty six women underwent Burch colposuspension while 25 had Stamey endoscopic bladder neck suspension [1,2]. The selection was based on a 1 to 1 ratio in numbers randomly assigned by a computer. In all patients clinical and urodynamic evaluation was performed with the same methodology before and 1 month after the operation as well as one more time not earlier than 8 months after surgery (mean 8- 27 months).

Results: Clinical factors such as age, obesity, number of deliveries, and degree of incontinence do not influence the operative outcome. A negative influence is related to previous gynecologic operations, previous urinary tract infections, and preexisting urgency. The postoperative results are influenced by the immediate postoperative first sensation of micturition and the pre- and immediate postoperative functional bladder capacity, factors which have a relationship with the existence or absence of urgency. Another factor which seems to influence the surgical result is the preoperative residual urine which occasionally is related to cystocele. The ability of the detrusor to sustain the contraction during micturition is a good predictor. Furthermore, a positive Griffith's test found pre- and immediately postoperatively and the postoperative maximum flow rate were found to affect the outcome of the operation.

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Author(s):

A. Athanasopoulos, E.N.Liatsikos, P. Perimenis, G.A.Barbalias

In contrast, no indication was found that a low detrusor pressure during maximum flow rate would influence the operative result. Low pressure voiding does not appear to influence the result of the operation provided that the low amplitude contraction is sustained. The functional urethral length pre- and immediately postoperatively seems to influence greatly the stress maximal closure pressure as well as the operative result [3,4].

Conclusion: The use of several preoperative clinical and urodynamic parameters may serve a significant predictive role in the outcome of surgical treatment for stress urinary female incontinence. The normalization of several urodynamic parameters in the immediate postoperative period i.e positive transmission of abdominal pressure and the functional urethral length, can both serve as good indices of positive postoperative response in cure or improvement of stress urinary incontinence.

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