

Table Two. Urodynamic findings of asymptomatic compared to symptomatic women.

Symptom	Urodynamic diagnosis			
	Normal (n=136)	Genuine stress incontinence (n=8)	Detrusor instability (n=12)	Voiding disorder (n=6)
Asymptomatic (n=117)	105	0	7	5
Stress incontinence (n=22)	15	5	1	1
Irritative symptoms (n=17)	11	0	3	3
Mixed symptoms (n=12)	6	3	1	2

Conclusions: This study has demonstrated that postpartum bladder dysfunction is common with up to 27% of women reporting either irritative symptoms or stress incontinence. However although the main reported symptom was stress incontinence in 19% of women, genuine stress incontinence was only confirmed by urodynamics in 5% of women. A similar proportion of women (6.8%) were noted to have detrusor instability.

Vaginal delivery has been implicated as a major risk factor for postpartum incontinence, however a high proportion of women who underwent a caesarean section reported symptoms and 9% were found to have either genuine stress incontinence or detrusor instability. We acknowledge the small numbers of positive urodynamic diagnosis in this study, especially in the caesarean section group, however the incidence of both detrusor instability and genuine stress incontinence was similar in both the vaginal delivery and caesarean section group. This may explain why caesarean section has not always been shown to be protective against reducing the risk of postpartum stress incontinence¹ as the aetiology of postpartum incontinence maybe detrusor instability rather than genuine stress incontinence. This data also questions the validity of epidemiological data in reporting that vaginal delivery results in stress incontinence and highlights that additional tests are required to assess the cause and true incidence of postpartum bladder dysfunction.

References

1. Br J Obstet Gynaecol 1996; 103, pp154-161.
2. Int J Gynecol Obstet 1981;19, 13-20.
3. Obstet Gynecol 1992;945-949.

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Title (type in CAPITAL LETTERS, leave one blank line before the text):

URINARY AND FECAL INCONTINENCE AFTER INSTRUMENTAL VAGINAL DELIVERY. A CASE-CONTROL STUDY

Aim of study:

To evaluate the incidence of symptoms of urinary and fecal incontinence in primiparous women after instrumental delivery using a ventouse compared to spontaneous vaginal delivery.

Methods:

All primiparous women were invited to return for a follow-up appointment 6 to 24 months after delivery. For each instrumental delivery a matching control was examined. Matching criteria included the weight of the baby, type of episiotomy (no episiotomy, midline, medio-lateral) and perineal tears. Participants completed a detailed questionnaire on symptoms of urinary and fecal incontinence including the frequency of symptoms and a visual analog score (VAS) to evaluate subjective severity. Women were asked to state if symptoms had started before pregnancy, during pregnancy and after delivery. Pelvic floor muscle strength was assessed using the Oxford grading (0= nil to 5=very strong). Endoanal ultrasound was performed to detect defects of the internal and external anal sphincter. All patients with symptoms were offered to join the pelvic-floor reeducation program.

Results:

Eighty-two women were examined (42 matched pairs). In each group 9 women (21 %) had had a median episiotomy, 30 (71 %) a mediolateral and 3 (8 %) no episiotomy. None had a third degree perineal tear. Of the 42 women with vaginal-operative delivery 34 (81 %) had had epidural anesthesia compared to 18 (43 %) in the spontaneous delivery group ($p < 0.02$, Chi-Square-Test). The second stage of labour was longer in the instrumental delivery group (mean 107 minutes, standard deviation (SD) 71 min. vs. mean 73 min., SD 48 min., $p < 0.01$, t-test). There was no difference in pelvic floor muscle strength between the two groups (Score: 2.6, SD 1.5 vs. 2.4, SD 1.4, not significant). 19/42 (45%) of women after instrumental delivery had at least one symptom symptoms of anal incontinence compared to 18/42 (42%) after spontaneous delivery.

The number and percentage of women, who stated to have symptoms of urinary incontinence is summarized in Table 1

The number of women who were sure that symptoms had either started during pregnancy or after delivery is give in column 3 and 4 (post partum only).

Table 1:

Symptom	ventouse	spontaneous	ventouse (post partum only)	spontaneous (post partum only)
Stress incontinence	9 (21%)	18 (42 %)	8 (19%)	11 (26%)
Urge incontinence	6 (14%)	8 (19%)	6 (14%)	7 (17%)
Urgency	13 (31%)	13 (31%)	9 (21%)	10 (24%)

Table 2 shows the results for fecal incontinence symptoms. Severe symptoms of anal incontinence starting after birth were more frequent in women with instrumental delivery.

Table 2:

Symptom	ventouse	spontaneous	ventouse (post partum only)	spontaneous (post partum only)
fecal urgency	10 (24%)	5 (12%)	6 (14%)	5 (12%)
flatus incontinence	16 (38%)	13 (31%)	9 (21%)	6 (14%)
incontinence for liquid stool	9 (21%)	6 (14%)	5 (12%)	1 (2%)
incontinence for solid stool	4 (10%)	1 (2%)	4 (10%)	1 (2%)
fecal soiling	9 (21%)	11 (26%)	4 (10%)	4 (10%)

Conclusion:

In this study both instrumental delivery and spontaneous normal vaginal delivery was associated with urinary and fecal incontinence symptoms. While the incidence of urinary incontinence did not differ between the two groups, severe fecal incontinence symptoms (incontinence for liquid and solid stool) were more frequent in women after operative delivery. Although it has been stated that vacuum delivery should be the instrument of choice, if instrumental delivery is necessary [1], this study highlights that anorectal morbidity is still high.

References:

[1] Int J Gynecol Obstet 1998;61:113-119