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WEIGHTED VAGINAL CONES FOR URINARY INCONTINENCE — A SYSTEMATIC REVIEW

Aims of study

To evaluate the effectiveness of weighted vaginal cones in the treatment of female stress urinary incontinence.

Methods

The search strategy used was developed for the Cochrane Incontinence Group. Relevant trials were identified from the Group's Specialised Register of Controlled Trials which is described in the Cochrane Library. Several trials were added from the reviewers' knowledge or extra searching.

Trials had to be randomised or quasi-randomised controlled trials. One arm of the study had to use weighted vaginal cones. The women studied had to have stress urinary incontinence.

Included data were processed as described in the Cochrane Handbook ¹.

Results

Ten studies fitted the inclusion and exclusion criteria ²⁻¹¹. Four of these have only been published as abstracts. All of the studies were small and in many the quality was hard to judge. The studies tested seven comparisons, cones alone versus control, pelvic floor muscle training (PFMT), electrostimulation, PFMT plus cones and electrostimulation plus PFMT. Cones in conjunction with PFMT were compared to PFMT alone and electrostimulation. Outcome measures differed between studies, making the results difficult to combine. A moderate proportion dropped out of the treatment with cones and this was not much different to the dropout proportion in the comparison treatments.

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Cones were better than control treatment, and similar to PFMT and electrostimulation. Cones plus PFMT was no different to either cones alone or PFMT alone.

Conclusions

This review provides limited evidence that weighted vaginal cones are beneficial in women with stress urinary incontinence. They are better than control treatments but similar to PFMT and electrostimulation. However, the confidence intervals are such that cones may be much worse, or much better than PFMT or electrostimulation. This conclusion must remain tentative until further larger high quality studies are carried out using the same outcome measures so their results can be combined.

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