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Title (type in CAPITAL LETTERS, leave one blank line before the text)	
<p>COCHRANE SYSTEMATIC REVIEW OF ANTERIOR VAGINAL REPAIR FOR URINARY INCONTINENCE IN WOMEN</p> <p><u>Aims of study</u></p> <p>About a third of adult women experience urinary incontinence. Anterior vaginal repair (anterior colporrhaphy) is an operation traditionally used for moderate or severe stress urinary incontinence in such women. We aimed to determine the effects of anterior vaginal repair (anterior colporrhaphy) on stress or mixed urinary incontinence in comparison with other surgical or conservative management options.</p> <p><u>Methods</u></p> <p>Randomised or quasi-randomised trials that included anterior vaginal repair for the treatment of urinary incontinence were identified from a wide variety of sources, including MEDLINE, the Cochrane Incontinence Group's Specialised Register of Trials and the Cochrane Library Controlled Trials Register. The date of the most recent search was March 1999.</p> <p>Both reviewers independently extracted data and assessed trial quality. One trial investigator who was contacted was able to provide additional information.</p> <p>When appropriate, meta-analysis was undertaken, using the methods of the Cochrane Collaboration¹. Categorical outcomes were presented as relative risks, and continuous variables as weighted mean differences. A fixed effects model was used for calculation of 95% confidence intervals.</p> <p><u>Results</u></p> <p>Five trials were identified which included 208 women having an anterior vaginal repair and 400 who received comparison interventions. All patients were having primary incontinence procedures.</p> <p>A single small trial provided insufficient evidence to assess anterior repair in comparison with physical therapy. The performance of anterior repair in comparison with needle suspension appeared similar but clinically important differences could not be confidently ruled out. No trials compared anterior repair with sling or laparoscopic interventions, or compared alternative vaginal operations.</p>	

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Anterior repair was less effective than abdominal retropubic suspension based on patient-reported cure rates in four trials both in the short-term (failure rate within first year after anterior repair 48/198, 24% vs 30/266, 11%; RR 2.15, 95% CI 1.4 to 3.28) and long-term (80/193, 41% vs 51/261, 20%; RR 2.25, 95% CI 1.66 to 3.04). There was some evidence from one of these trials that this was reflected in fewer repeat operations for incontinence. These findings held irrespective of the co-existence of prolapse (pelvic relaxation). Although later prolapse operation appeared to be equally common after vaginal or abdominal operation there were too few data to judge this reliably.

In respect of the type of abdominal retropubic suspension, most data related to comparisons of anterior repair with Burch colposuspension. The few data describing comparison of anterior repair with the Marshall-Marchetti-Krantz procedure were consistent with those for Burch colposuspension.

Conclusions

There were not enough data to allow comparison of anterior vaginal repair with physical therapy or needle suspension for primary urinary stress incontinence in women. Abdominal retropubic suspension appeared to be better than anterior vaginal repair judged on subjective cure rates in four trials, even in women who had prolapse in addition to stress incontinence. The need for repeat incontinence surgery also appeared less after the abdominal operation, but this was only reported in one small trial. However, there was not enough information about post-operative complications and morbidity.

References

1. Mulrow CD, Oxman AD (eds.). Analysing and Presenting Results. Cochrane Collaboration Handbook [updated September 1997]; Section 8. In: The Cochrane Library [database on disk and CDROM]. The Cochrane Collaboration. Oxford: Update Software; 1997, issue 4.