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TREATMENT OF FEMALE URINARY INCONTINENCE BY EXTERNAL PERINEAL MAGNETIC STIMULATION: 50 PATIENTS AFTER 6 MONTHS OF FOLLOW-UP.

<u>AIMS OF STUDY</u>: External magnetic stimulation is a new non aggressive alternative(1) for treatment of female incontinence. Many questions have to be answered, before the full acceptance in the routine medical practice. One of them is the duration of the benefit. Herein, we pretend to evaluate the immediate results of treatment in 50 consecutive patients, evaluating early after the treatment and at an average follow up of 6 months, to check the duration of the results.

METHODS: Fifty-three women with demonstrable stress incontinence were enrolled in a prospective study. Pre and post treatment evaluation included history, physical examination, a validated quality of life survey(QQV) and a 72 hours bladder diary. Treatments included 16 perineal magnetic stimulation, with a minimum interval of 36 hours, consisting of 10 minutes of intermittent low frequency stimulation(5 Hz), followed by 10 minutes of intermittent high frequency stimulation (50 Hz) The results regarding number of pads, leaking episodes and quality of life score were statistically compared to patients age, body mass, parity, previous surgeries for urinary incontinence, menopause, time since beginning of incontinence, hysterectomy and grade of previous incontinence. The mean follow up was 6 months.

RESULTS: Three patients abandoned the study, for reasons not related to the procedure. Immediately after the treatment, twenty-one(42%) patients were completely dry(Table-2), not included 4 patients that had previously very occasional leaking episodes. The average number of pads were reduced from 3 to 1 per day (P<0.001). The leaking episodes were reduced from 4 to 1 per day(P<0.001) and the average of the previous score for quality of life that were 69, improving to 93(P<0.001)(Table-1). No difference were obtained regarding the age of the patient when compared to score (P=0.734). No difference was noted by comparison of various groups of body mass, parity, previous surgeries, time of menopause and incontinence, and previous hysterectomy.

After 6 months of follow up, the number of dry patients was reduced from 42% to $^{24\%}$. Two months and a half was the meantime of worsening for those who lost the dry condition.

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