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URINARY CONTINENCE AND PSYCHOSOCIAL / PSYCHOSEXUELL EFFECTS AFTER SURGERY FOR STRESS INCONTINENCE: A CRITICAL FOLLOW UP STUDY
<u>Aims of Study</u>
The aim of this study is the evaluation of urinary continence and psychosocial and psychosexuell effects in patients after surgery for stress incontinence.
<u>Methods</u>
35 patients were interviewed with a questionnaire developed in our department to evaluate patient's continence situation and sexual history after surgery for stress incontinence. Follow up was up to 50 months (in mean 26.8 months). The patients aged on average 62.8 years and had in mean para 2.8. All patients had previous gynaecological surgeries, 7 of which had multiple previous operations for incontinence. Incontinence surgeries were performed as fascial sling procedure or Burch colposuspension with or without vaginal sacropelexie. The results were correlated to gravid and parital risk factors and to previous operations.
<u>Results</u>
Preoperatively, 23 patients had stress incontinence grade II and 12 patients had grade III. Patients suffered from symptoms of urinary incontinence on average of 6.8 years before surgery in our department was performed. 77.1% of the cases had hormonal substitution. Postoperatively, 25 patients are completely continent. 5 patients are losing single drops of urine (1 sanitary napkin per day) and 5 patients are suffering from stress incontinence grade I. Significant risk factors of recurrency are multiple para, perineal rupture, high birth weight and previous gynaecological operations. Postoperatively, 10 patients have a normal libido, 7 a reduced one while 15 patients have no libido. 13 patients are performing sexual intercourse on a regular basis, 8 of which enjoy sexual intercourse more after than before operation. 7 patients are performing masturbation. 21 patients describe problems with orgasm.
<u>Conclusions</u>
7 years of preoperative incontinence is much too long considering the fact that postoperative satisfaction is achieved in more than 90 % of the cases. According to the questionnaire, urinary continence is important but not the only parameter for success after surgery. Psychosocial and psychosexuell improvements are also important in achieving quality of life. After unsuccessful conservative treatment, early and elective surgery with standard techniques is effective in achieving continence and improving quality of life significantly.