

PREDICTING “OCCULT” STRESS URINARY INCONTINENCE: ARE SIMPLE OFFICE MANEUVERS ENOUGH?

Aims of Study

The justification for performing a concomitant anti-incontinence procedure during surgical repair of major genitourinary prolapse should be supported by preoperative demonstration of “occult” stress urinary incontinence. Typically formal urodynamic studies (UDS) are performed to demonstrate incontinence following pessary-assisted repositioning of the prolapse. We determined whether simple office valsalva leak testing (VLT) with manual prolapse reduction could serve as an accurate alternative to formal UDS during the preoperative search for “occult” stress incontinence.

Methods

Of the women referred for evaluation of severe (grade III and IV) genitourinary prolapse during July 1999 to July 2001, 17 women (mean age 65.8; range 41 – 87) were identified who did not undergo a concomitant anti-incontinence procedure at the time of surgical prolapse repair. The records of these 17 women were reviewed to analyze the preoperative evaluation leading to, and the postoperative accuracy of, their surgical planning. Data collection included presenting urinary symptoms, degree of pelvic prolapse, simple office VLT and/or formal UDS with and without manual prolapse reduction, and postoperative symptoms of stress urinary incontinence. The outcome measure was symptomatic stress incontinence, defined as any degree of leakage with a valsalva producing activity.

Results

All patients presented with severe pelvic prolapse as their main complaint. None complained of stress urinary incontinence nor demonstrated “occult” stress urinary incontinence on preoperative evaluation with and without prolapse reduction. 12 women were evaluated by simple VLT, while 10 were evaluated by formal UDS (5 were evaluated by both means). At 4-week postoperative follow-up, all had undergone successful repair of their genitourinary prolapse without subsequent development of symptomatic stress urinary incontinence. A cost comparison at our institution revealed a savings of approximately \$600 when simple VLT was substituted for formal UDS.

Conclusions

Simple office VLT is an accurate, efficient and cost-effective predictor of “occult” stress urinary incontinence during the preoperative evaluation of women with major genitourinary prolapse, and can reliably be used in place of formal UDS.