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DETERMINING SUI 'CURE'.

Aims of Study

To compare the performance of two measures of success among patients undergoing surgery for urodynamic stress incontinence (USI).

Methods

In this retrospective chart review, we examined the records of all patients undergoing Burch or suburethral sling procedures during July 2000-December 2001. Three months after surgery, patients reported their subjective overall impression of the outcome of surgery, and underwent cystometric testing of their continence status. Cystometry was performed in the standing position with retrograde gravity-fill of the bladder to maximum cystometric capacity (MCC). At 100cc intervals up to MCC, patients coughed repetitively. At MCC they also performed repetitive Valsalva maneuver and heel-bouncing. The presence of any transurethral loss with elevation of intraabdominal pressure was recorded as urodynamic stress incontinence. The results of urodynamic testing at both 300cc and MCC were recorded, and compared to the patient's subjective rating. Chi-squared tests of proportions were used to compare the proportion of patients who were considered cured by each assessment method.

Results

Among the 196 patients who underwent Burch or sling at our institution between July 2000 and December 2001, 143 underwent postoperative cystometry, and 124 of these had an MCC of at least 300cc. 99 (80%) patients were subjectively cured and 25 (20%) subjectively failed.

Results of cystometry at 300cc:

	Objective cure	Objective fail	Total
Subjective cure	95	4	99
Subjective fail	13	12	25
Total	108	16	124

Results of cystometry at MCC (where MCC >=300)::

	Objective cure	Objective fail	Total
Subjective cure	88	19	99
Subjective fail	6	11	25
Total	94	30	124

Conclusions

Cystometry at a volume of 300cc matches subjective global impression of cure more closely than testing at MCC. Subjective persistence of stress incontinence is often not revealed until MCC. More refined measures of subjective outcome may match objective testing more closely.