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TRANSVAGINAL SURGERY FOR PELVIC PROLAPSE AND STRESS INCONTINENCE IN THE OCTOGENARIAN: MINIMUM ONE-YEAR FOLLOW-UP

Aims of Study

As our population ages with higher expectations for quality of life, treatment of incontinence and prolapse in women > 80 years old is a significant clinical issue. We prospectively evaluated our experience with transvaginal surgery in this group of women.

Methods

Fifty-three patients > 80 years old underwent transvaginal surgery for pelvic prolapse and/or stress incontinence (SUI) utilizing non-frozen cadaveric fascia lata. Patients were entered into a prospective database. Outcome measures included: pelvic exam, SEAPI scores, and validated incontinence and quality of life questionnaires. Complications were evaluated for all 53 patients while outcomes analysis was focused to 31 patients with a minimum one-year follow-up.

Results

Mean patient age was 82.8 yrs (range 80-93yo). Mean follow-up was 21.4 months (maximum 50 mos). 54.8% (17/31) described incontinence as \geq 70% improved. 67.7% (20/31) stated they were >50% "satisfied". 87% (27/31) had no recurrent prolapse. As a reflection of quality of life improvement, mean subjective SEAPI scores decreased from 7.7 preoperatively to 4.1 postoperatively (p<0.001) while mean prolapse quality of life scores decreased from 10.4 to 5.6 postoperatively (p<0.001). Re-operation for prolapse was performed in 9.6% (3/31). An urgency component was present in 82% (9/11) of patients \leq 50% satisfied. De novo urgency occurred in one patient. No anesthetic, cardiopulmonary, or neurologic complications occurred.

Conclusions

As the population ages, our knowledge of treatment outcomes in this oldest segment of the elderly must improve. With a mean follow-up approaching two years, we have demonstrated transvaginal incontinence and/or prolapse surgery may be safely performed in octogenarians. While urinary urgency was common in dissatisfied octogenarian women, acceptable global patient satisfaction and quality of life improvement can be achieved.