

EFFECT OF FUNNELING OF THE BLADDER NECK ON POSTOPERATIVE OUTCOME

Aim of Study

Does postoperative funneling of the bladder neck affect the outcome of Cowan's modification of Burch colposuspension?

Methods

Three hundred and ten stress-incontinent women who underwent Cowan's modification of Burch colposuspension from September 1992 to December 2001 were included in a retrospective ultrasound study. Follow-up for a period of 48 months comprising urodynamic, clinical and ultrasound examinations (1) a few days after surgery and after 6, 12, 24, 36, and 48 months was performed in 152 of the women. The respective cure rates at the selected follow-up times were taken from Kaplan-Meier (KM) estimates. Groups were compared using the Gehan-Wilcoxon test.

Results

The patients had a median age of 55 years (26 - 85) at the time of surgery. The cure rate of colposuspension at 6-month follow-up was 90.0% (279/310). Permanent continence at 48 months was achieved in 76.8% of the patients. Urge symptoms were present in 11.6% (36/310) of the women and *de novo* urge incontinence in 2.3% (7/310).

The incontinence operation significantly reduced the incidence of funneling from 55.2% (171/310) before surgery to 12.3% (38/310) 6 months after surgery ($P < 0.0001$). Comparison of surgical outcome in patients with and without postoperative funneling showed that in the group with persistent postoperative funneling 58.8% of the patients were free of recurrence at 6 months and only 40.6% at 48 months compared to 93.8% and 81.3%, respectively, in the group without funneling. The difference between both groups was significant ($P < 0.01$). Furthermore, the time of first occurrence of urge symptoms or *de novo* urge incontinence was analyzed. In the funneling group 23.5% of the patients showed urge symptoms/*de novo* incontinence at 6-month follow-up and 28.3% at 48 months. In the group without funneling only 12.7% of the patients had developed urge symptoms/*de novo* urge incontinence at 6 months and 13.5% at 48 months. The difference between both groups was again significant ($P < 0.05$).

Conclusions

Persistence of preoperatively demonstrated funneling of the bladder neck is associated with a significantly increased risk of postoperative recurrence and a higher incidence of urge symptoms. The results suggest that the presence of postoperative funneling is a prognostic indicator of unfavorable long-term outcome.

References

1. Schaer G, Koelbl H, Voigt R, Merz E, Anthuber C, Niemeyer R, Ralph G, Bader W, Fink D, Grischke E, Hanzal E, Koechli OR, Koehler K, Munz E, Perucchini D, Peschers U, Sam C, Schwenke A. Recommendations of the German Association of Urogynecology on functional sonography of the lower female urinary tract. *Int Urogynecol J Pelvic Floor Dysfunct* 1996; 7: 105-108.