

THE IMPACT OF HYSTERECTOMY ON LOWER URINARY TRACT SYMPTOMS

Aims of Study

Several previous studies (mostly retrospective and cross-sectional) have reported that hysterectomy is associated with an increased risk of developing urinary incontinence postoperatively. It has been hypothesized that a disturbance of bladder sensory innervation as well as damage to the pelvic autonomous plexa may occur during hysterectomy resulting in urinary incontinence. The purpose of the present study was to prospectively evaluate the effect of vaginal and abdominal hysterectomy on lower urinary tract symptoms.

Methods

120 patients undergoing hysterectomy for benign conditions were interviewed preoperatively using a standardized questionnaire. Exclusion criteria included premalignant and malignant conditions. Mean age was 49.5 years, mean parity was 1.65 and mean body mass index (BMI) was 25.1 at the time of surgery. At 6.6 and 12.7 months, 119/120 and 115/120 patients completed the follow-up (FU) questionnaire. 44 patients underwent vaginal and 76 abdominal hysterectomy.

Results

At six months FU there was a decrease ($p < 0.05$) in symptoms of stress urinary incontinence in the abdominal cohort. The vaginal cohort had a tendency towards increased symptoms of stress urinary incontinence ($p = 0.057$). At twelve months FU these changes disappeared in both cohorts. Postoperative micturition frequency was reduced in both cohorts. No significant differences were found regarding symptoms of urge urinary incontinence, urge complaints or voiding difficulties. Subgroup analysis did not identify age at the time of surgery (> 60 years), BMI, parity, vaginal laceration at delivery, instrumental delivery or mode of hysterectomy as risk factors for increased symptoms of urinary incontinence.

Conclusions

The present study does not support the assumption that abdominal or vaginal hysterectomy is associated with de novo or deteriorating symptoms of stress or urge urinary incontinence. No significant differences regarding the development of postoperative urinary incontinence symptoms could be detected between the two cohorts.