

MORBIDITY OF INCONTINENCE SURGERY IN THE OVER 70,S. A RETROSPECTIVE REVIEW

Aims of Study

Urodynamic stress incontinence is the commonest cause of urinary leakage, and with the increasing age of the population affects more women over the age of 70. With the advent of the National Service Framework for Elderly people, it is important that reliable and accurate data are available on the success rates and complications of surgery in this age group. We performed a retrospective review of colposuspensions and TVT insertions over a two year period in a tertiary referral centre to examine the complications associated with continence surgery in women over the age of 70, compared to younger women.

Methods

Women having TVT insertion or colposuspension either as a single procedure or in combination with other procedures were identified from the operating theatre records. The case notes were reviewed and data extracted on postoperative complications, subjective cure at follow up, the onset of irritative symptoms and whether repeat urodynamics were performed. Percentage incidence of complications were calculated for each procedure by age (either less than or greater than 70 years) and differences between groups were used to calculate odds ratios (OR) with 95% confidence intervals (CI). Where one group had an incidence of 0%, the 95% CI of the difference are presented.

Results

123 TVT insertions were performed, 23 in women over 70 (18.7%). 103 colposuspensions were performed, 11 in women over 70 (10.7%). The difference in proportion of elderly patients did not reach significance (8.0%, CI -1.3, 17.4). The following complications were more common after colposuspension: wound infection (12.6% vs 2.4%; OR 5.78, CI 1.6, 20.88); voiding difficulty (25.2% vs 13.8%; OR 2.11, CI 1.07, 4.15); urinary tract infection (2.0.4% vs 8.9%; OR 2.61, CI 1.19, 5.71); and haematoma formation (6.8% vs 0.8%; OR 8.90, CI 1.08, 73.55). Readmission (usually for trial of catheter removal was more common after colposuspension (17.6% vs 7.3%; OR 2.71, CI 1.16, 6.34). Recurrent urinary tract infections were more common after TVT (8.2% vs 1.1%; OR 8.11, CI 1.01, 65.25).

With TVT the following complications were more common in the 70+ age group: any ongoing complications at follow up (26.3% vs 1.1%; OR 31.43, CI 3.41, 289.35); undergoing repeat urodynamics (23.8% vs 7.8%; OR 3.71, CI 1.04, 13.15); subsequent division of tape (23.8% vs 1.1%; OR 27.81, CI 3.04, 254.05); recurrent urinary tract infections (20.0% vs 5.6%, OR 4.25, CI 1.03, 17.57).

With colposuspension, the following complications were more common in the 70+ group: urinary tract infection (63.6% vs 15.2%; OR 9.75, CI 2.52, 37.75); need for CISC at latest follow up (9.1% vs 0%; difference 9.1%, CI 2.6, 15.6). The readmission rate was higher in the 70+ group, but this just failed to reach significance (40.0% vs 15.2%; OR 3.71, CI 0.93, 14.87).

Conclusions

Our data confirm other published work that TVT carries a lower risk of wound infection, voiding difficulty, UTI and post-operative problems. We identified a higher rate of recurrent urinary tract infection in women having TVT insertion. Both colposuspension and TVT had an increased morbidity in the elderly age group. With TVT the major problem appeared to be a high rate of voiding problems, leading to readmission, repeat urodynamics and tape division, and more recurrent urinary tract infections. After colposuspension, the incidence of immediate urinary tract infection and voiding difficulty were higher. These findings should be considered when counselling patients regarding treatments. Even though TVT is a minimally invasive procedure, it still carries appreciable morbidity in the elderly.