

INCIDENCE OF URGE INCONTINENCE AND OBSTRUCTIVE SYMPTOMS AFTER GRADE IV CYSTOCELE REPAIR: OUTCOME MEASURES USING SEAPI.

Aims of Study

Several studies have implicated a plethora of voiding complaints associated with severe cystocele (1, 2). We sought to determine and compare the incidence and resolution of urge incontinence (UUI) and obstructive symptoms after repair of grade IV cystocele using either the Four-defect repair or the Four-defect repair associated with porcine xenograft matrix (Pelvicol™) and anti-incontinence procedure.

Methods

During a four-year period, 45 patients underwent grade IV cystocele repair. 43 patients were available for follow-up. Mean age was 65 years (range 33 to 91). Presenting symptoms included: frequency/urgency, 36 (83.7%), obstructive symptoms, 26 (60.4%), pelvic prolapse, 19 (44.1%), stress urinary incontinence, 8 (18.6%) and urge incontinence, 7 (16.2%). Patients were prospectively evaluated using validated Stress, Emptying, Anatomy, Protection and Instability (SEAPI) scores and grading of their prolapse based on a 4-grade anatomic classification system. We performed FDR in the first consecutive 24 patients (56%) and FDR+Pelvicol™ in the remaining 19 (44%) patients. The latter cohort was further subdivided according to the type of mid-urethral complex support that was used; Tension-free vaginal tape (TVT) in 15 patients and Pelvicol™ sling in 4 patients. Repair of grade IV cystocele was accompanied by other transvaginal repair in 38 (88%) patients.

Results

Mean follow-up was 15 months. (Range 3 to 48). Comparison of preoperative and postoperative 0 scores (no complaints) for urge incontinence were 26.3% and 68.4% ($p=0.03$), 50.0% and 62.5% ($p=0.250$) and 39.7% and 65.1% ($p=0.007$) for the FDR+Pelvicol™, FDR and total surgical cohort respectively. UUI was cured in 71% of patients with FDR+Pelvicol™ compared to 25% in the FDR subgroup. De novo UUI was observed in 2 patients, both in the FDR+Pelvicol™ subgroup. Comparison of preoperative and postoperative 0 scores (no obstructive symptoms) for emptying subcategory were: 42.1% and 94.7% ($p=0.002$), 33.3% and 85.7% ($p=0.001$) and 37.2 and 90.7% ($p<0.01$) for the FDR+Pelvicol™, FDR, and total surgical cohort respectively. Urinary retention was reported in 2 patients, 1 in FDR and 1 in FDR+Pelvicol™ subgroup. Overall, cure rate for cystocele repair was 93.0%.

Conclusions

FDR+Pelvicol™ technique seem to show better results than FDR with respect to resolution of subjective urge incontinence episodes although few obstructive symptoms or urinary retention are associated with neither techniques. Further investigation is clearly needed in the area of UUI, anti-incontinence procedures and grade IV cystocele repair outcome analysis .

References

- 1- Romanzi LJ, Chaikin DC, Blaivas, JG.: The effect of genital prolapse on voiding. J Urol, **161(2)**: 581, 1999
- 2- Kobashi CK, Leach G.: Pelvic Prolapse. J Urol, **164**., 1879, 2000