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SYMPTOMS AND QUALITY OF LIFE AFTER COMBINED PUBOVAGINAL SLING AND PELVIC ORGAN PROLAPSE SURGERY

Aims of Study

Urinary incontinence and pelvic organ prolapse (POP) commonly co-exist, and may result in symptoms related to bowel, sexual, and voiding dysfunction. The treatment of one may improve, worsen, or predispose the other, and therefore, combined surgery to correct both conditions is indicated in some women. While postoperative evaluation is often based on the physician's subjective symptom assessment during follow-up encounters, it is recommended that self-administered symptom assessment and quality of life questionnaires be used. The aim of this study is to assess the results of combined rectus fascia pubovaginal slings (PVS) for stress incontinence and pelvic organ prolapse (POP) repair by chart review and to evaluate its correlation with self-administered questionnaires.

Methods

The charts of 40 consecutive women undergoing surgery from 1997-2002 were reviewed. Each patient underwent preoperative evaluation with history, physical examination, urodynamics, and cystoscopy. Each patient underwent a pubovaginal sling and one or more repairs for POP, simultaneously. Continence outcome was rated as cure, improved or failed using the ICS definitions. A self-administered questionnaire consisting of the short forms of the Incontinence Impact Questionnaire (IIQ-7) and the Urinary Distress Inventory (UDI-6) was also mailed (1). Prolapse, bowel, sexual symptoms, and the quality of life (QoL) question from the International Prostate Symptoms Score (I-PSS) were included (2).

Results

Mean age was 62 years (median 63, range 32-82) and follow-up was 27.7 months (range 3-66). Previous incontinence surgery or POP repair was performed in 30 (75%) and 11 (28%), respectively. Cystocele, enterocele, rectocele, and vault repairs were performed in 23, 9, 26, and 4 patients, respectively, with 16 having more than one segment repaired. 4 patients (10%) had retention with 2 requiring sling releases and 2 on self-catheterization. 17 (43%) were cured of incontinence, 16 (40%) were improved, and 7 (17%) were failures. 38 (95%) women responded to the questionnaires. There was a significantly lower UDI-6 score in cured versus not cured (score 25 vs. 44, P=0.01). Using a score of 33 as a median cutoff, the UDI-6 was predictive of cure with an odds ratio of 5.4 (95% CI, 1.3-22.5, P=0.02). Mean overall QoL score for the group was 2.7 (Mostly Satisfied to Mixed). Similarly, mean score of the I-PSS QoL question was 1.9 (Pleased to Mostly Satisfied) for the cured and 3.2 (Mixed to Mostly Dissatisfied) for those not cured (P = 0.01). The I-PSS QoL score was predictive of continence status with an odds ratio of 1.66 (95% CI, 1.05-2.61,p=0.03). The IIQ-7 did not correlate with the chart outcomes (P=0.1725). Fecal incontinence and difficulty evacuating stool was reported by 9 (24%) and 18 (45%) patients, respectively. Of 20 patients who were not sexually active 18 did not attribute it to their present condition.

Conclusions

Following combined repair, most patients have satisfactory continence outcomes. The UDI-6 and QoL question from the IPP-S correlate with the patients' global subjective continence status. In this study the opinion recorded in the chart correlated well with the patients' assessment on these self-administered questionnaires. However, the IIQ-7 does not correlate with continence status possibly because it reflects the effects on quality of life of other issues such as prolapse, bowel, and sexual function and not incontinence alone.

References

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