

PREVALENCE OF URINARY INCONTINENCE IN A GYNECOLOGIC ONCOLOGY POPULATION.

Hypothesis / aims of study

Gynecologic oncologic patients may be at a higher risk for UI than the general population because they routinely undergo pelvic surgery and radiation treatment modalities, which are thought to incite urinary incontinence. Several studies indicate that radical hysterectomy may predispose patients to incontinence secondary to nerve injury, extensive dissections of the bladder and change in the pelvic floor relationships. Radiation therapy is also associated with urinary incontinence, specifically detrusor instability and decreased bladder capacity secondary to fibrosis. One study found a prevalence of urinary incontinence of approximately 50% in the cervical cancer population.(1) The purpose of this study was to identify the prevalence of urinary incontinence in a general gynecologic oncology population, which to our knowledge has not been previously published.

Study design, materials and methods

Anonymous surveys including demographics, the question "Have you experienced accidental loss of urine that interferes with your day-to-day activities or bothers you in other ways?"(2) and the short forms of the UDI and IIQ were administered to patients who registered to be seen at our cancer center's gynecologic oncology clinic during the month of May 2002. Patients were considered incontinent if they answered yes to the aforementioned question. Those patients who answered 'yes' subsequently completed the short forms of the UDI and IIQ. SPSS for Windows was used to analyze the data using descriptive statistics and subgroup analyses.

Results

810 surveys were administered, 699 (86%) were completed, 4% were blank and 10% were missing or not returned. 255 (37%) women reported urinary leakage, 393 (56%) women denied bothersome urinary leakage, and 57 (7%) women stated they did not know. The median age of patients with and without incontinence was 54 years (range 25-85) and 53 years (18-87), respectively. 44% of Caucasian women complained of urinary incontinence, whereas 19% of African American females complained of incontinence. 477/699 (68%) of women surveyed had gynecologic malignancies. The remaining women had nongynecologic malignancies and were followed in our clinic for gynecologic care. Of the women with gynecologic malignancies, 195(41%) reported incontinence. The gynecologic cancers fell into the following disease sites: cervical, ovarian, endometrial, vulvar, vaginal and primary peritoneal. Prevalence rates for each subgroup were as follows: cervical 50% (60/120), ovarian 37% (90/242) and endometrial 38% (31/81). Percentages were not calculated for the last three subgroups due to small sample sizes

Interpretation of results

The finding of a 40% prevalence rate in a gynecologic oncology population is consistent with data reported for other populations. The increased prevalence in the cervical cancer subgroup of nearly 50% is noteworthy. This rate, however, corroborates findings reported previously in the literature.(1)

Concluding message

Women with gynecologic malignancies may have significant problems with urinary incontinence but may not be reporting their symptoms. Regardless, the issue of UI has rarely been addressed in females with gynecologic cancers, likely because cancer treatment is of primary concern to the physician and patient. Patients with gynecologic malignancies should routinely be screened for urinary incontinence symptoms.

Reference

1. Importance of urodynamic study before radical hysterectomy for cervical cancer. *Gynecol Oncol* 2001; 81(2): 270-2.
2. Relationship between patient reports of urinary incontinence symptoms and quality of life measures. *Obstetrics & Gynecology* 1998;91(2):224-228.