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PERSISTENT OVERACTIVE BLADDER SYMPTOMS AFTER ANTERIOR VAGINAL WALL SLING AND TENSION-FREE VAGINAL TAPE

Hypothesis / aims of study

Aims of this study are to evaluate de novo and persistent overactive bladder (OAB) symptoms after anterior vaginal wall sling (AVWS) and tension-free vaginal tape (TVT) procedures and to identify the risk factors of persistent OAB symptoms postoperatively.

Study design, materials and methods

From January 2000 to June 2003, the total 118 patients who received surgery due to stress urinary incontinence were evaluated. Thirty six patients were received AVWS procedure and 82 patients were received TVT procedure. Preoperative evaluations were comprised of incontinence questionnaires, 1hour pad test, Q-tip test, trans-perineal USG, cystourethrography, uroflowmetry and urodynamic study. Postoperative evaluations were performed at least 3months after surgery. We reviewed medical records to assess surgical outcomes and questionnaires for OAB symptoms and patients' satisfaction. We divided the patients into two groups, resolved OAB group and persistent OAB group. To identify risk factors of persistent OAB, we compared the potential risk factors between the two groups.

Results

Sixty six patients (55.9%) had OAB symptoms preoperatively and the resolution rates of OAB symptoms were not significantly different between AVWS group and TVT group postoperatively {12/22(54.5%) in AVWS group and 23/44(52.3%) in TVT group}. One patient had de novo OAB symptoms in AVWS group and 4 patients in TVT group.

Urethral hypermobility, postoperative complication rates were not significantly different between persistent OAB group and resolved OAB group ($p>0.05$). Mean Stamey symptom grade, mean VLPP were significantly higher in persistent OAB group and mean leak volume was lower in persistent group compared to resolved OAB group. Surgical success rates were 88.6% in persistent OAB group and 90.3% in resolved OAB group and there was no significant difference ($p=0.193$), but the patients' satisfactory rates were significantly different between two groups (88.6% in persistent OAB group and 96.8% in resolution group, $p=0.047$).

Interpretation of results

The OAB symptoms were resolved within 6 months postoperatively and resolutions of OAB symptoms were independent on surgical methods. Over half of the stress urinary incontinent patients with OAB had persistent OAB symptoms postoperatively. Persistent OAB symptoms can influence on surgical outcomes.

Concluding message

For improvement of surgical outcomes and patients' satisfaction, we should evaluate the prevalence of OAB symptoms in SUI patients. If a patient has SUI with OAB symptoms, intensive preoperative evaluation is necessary to know the potential risk factors of persistent OAB symptoms and to explain the possibility of persistent OAB.