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CLINICAL AND URODYNAMICS VARIABLES TO PREDICT THE LATER SPONTANEOUS VOIDING AFTER PUBOVAGINAL SLING SURGERY.

Hypothesis / aims of study

Aims of study: This survey aims to identify eventual clinical or urodynamic factors that predict the later voiding after pubovaginal sling.

Study design, materials and methods

Between January 1997 and March 2003, 217 women underwent pubovaginal sling surgeries. From this sample, 193 patients had their files reviewed. The demographic, operative and urodynamics data were analyzed. Later voiding was considered as the spontaneous voiding after 7 days of the sling execution. It was used the Chi-square test (Yates) with $\alpha=5\%$, Odds Ratio and Logistic Regression.

Results

In average, patients took 4 days (range from 3 to 102) to reassume the normal voiding function, and 106 patients (54.9%) reassumed the normal voiding before 7 days. Three women (1.55%) needed a urethrolise surgery to regain voiding function. Prior pelvic surgery ($p = 0.07$) and concomitant abdominal surgery ($p = 0.09$) not became factors which may cause urinary retention. Two groups were also compared: one group using slings with rectus fascia (130) and a second one using either a cadaveric fascia lata (31), polypropylene (27) or free vaginal wall (5). The use of rectus fascia wasn't associated to a significant risk of later spontaneous voiding ($p = 0.08$). Analyzing the urinary flow smaller than 12 ml/s ($p = 0.32$) and bladder outlet obstruction with Groutz and Blaivas Nomogram (1), greater than moderate ($p = 0.47$), Preoperative post voiding residual urine larger than 50 ml was the only independent parameter associated with risk of voiding dysfunction ($p = 0.02$). Age over 60 years ($p = 0.70$) and neurological diseases ($p = 0.59$) did not constitute a large risk of urinary dysfunction.

Interpretation of results

The post-void residual volume translates the voiding efficiency, and there were no suggestive clinical data to predict voiding dysfunction.

Concluding message

The post voiding residual urine volume larger than 50 ml was factor of risk to a longer time to normalize voiding function.