

## **PREVALENCE OF OCCULT STRESS INCONTINENCE IN INDIAN WOMEN WITH PELVIC ORGAN PROLAPSE.**

### **Hypothesis / aims of study**

Urinary incontinence developing after vaginal hysterectomy and pelvic floor repair in a previously continent women is a frustrating condition for both the patient and the physician. Reduction of urogenital prolapse may result in urinary incontinence. This study was undertaken to find out whether a simple pessary test could predict the need for anti-incontinence surgery in continent women with genitourinary prolapse.

The aim of this study was

- To study the prevalence of occult stress urinary incontinence in Indian women with genitourinary prolapse
- To determine the risk of developing stress urinary incontinence after vaginal hysterectomy and pelvic floor repair in these women

### **Study design, materials and methods**

A total of 119 patients with pelvic organ prolapse attended the gynaecology clinic from October 2003 to September 2004. Of these 88 women were continent while 31 complained of urinary incontinence. 10 continent women were lost to follow up. Hence, a prospective cohort study of 78 continent women with genitourinary prolapse was undertaken.

Detailed clinical assessment included a complete history and physical examination. Prolapse was classified according to the ICS POP ordinal staging. Women were asked to maintain a voiding diary. Ultrasound scan was done to check for post void residue. All patients underwent an objective assessment of stress urinary incontinence with prolapse lying outside. Following this repositioning of the prolapse was done using a ring pessary. All women performed a series of provocative exercises. This was followed by pad test. All subjects then underwent vaginal hysterectomy and pelvic floor repair. All patients were reviewed upto 6 months postoperatively to look for evidence of urinary incontinence both subjectively and objectively by a repeat pad test.

### **Results**

Reducing the prolapse with a ring pessary unmasked sphincteric incontinence in 53 women. All these women had a positive pad pessary test preoperatively giving the prevalence of occult stress incontinence as 67.9%.

Of the 53 women who had a positive pad pessary test preoperatively, 64.2% (n=34) had demonstrable incontinence in the post operative period ..

31.2% had a negative pad test preoperatively and all of them remained continent in the post operative period. (n=25)

34 women with a positive pad test preoperatively not only complained of urinary stress incontinence postoperatively but also had a positive pad test after vaginal hysterectomy and pelvic floor repair. The prevalence of stress urinary incontinence post operatively is 43.6%

The risk of developing post operative urinary incontinence was found to be significantly more in post menopausal women above the age of 50 years  
P <.005.

### **Interpretation of results**

Continent women with genitourinary prolapse who have a positive pad test preoperatively are at risk of developing stress urinary incontinence after vaginal hysterectomy and pelvic floor repair. On the other hand in our study women who had a negative pad test preoperatively remained continent in the post operative period.

### **Concluding message**

Should urodynamics be performed on every patient with prolapse? In the current study a pessary has been used effectively to reduce the prolapse and to serve as a test for simulating results of surgery. If there a leakage of urine after repositioning the prolapse with a pessary there is a significant risk of developing urinary incontinence after vaginal hysterectomy. Hence, women with a pre operative positive pad pessary test (occult incontinence) should undergo preoperative urodynamic evaluation to decide on performing concomittent anti-incontinence procedure during vaginal hysterectomy and pelvic floor repair