

STRESS URINARY INCONTINENCE AFTER RECONSTRUCTIVE SURGERY PROCEDURE, RETROSPECTIVE OBSERVATIONAL STUDY

Hypothesis / aims of study

Occult stress urinary incontinence may occur in up to 80% women after repositioning of the prolapse, and there is still a large group of women which suffer with both prolapse symptoms and urinary incontinence. There is no doubt that concomitant anti-incontinence is necessary. Recent studies show that prophylactic tension free vaginal tape insertion is very safe and effective methods. Our concern is that the reconstruction of the pelvic floor will change the preoperative anatomical situation, therefore create totally new situation, which is difficult to prognoses before surgery. This rise question if the tape insertion should be done in one or in two sessions. It is the aim of the retrospective study.

Study design, materials and methods

We include in to the retrospective study 52 consecutive women (from January 2004 – January 2005) who underwent combined prolapse repair for the management of genitourinary prolapse grade II or III. They were all informed about the risk of stress urinary incontinence after the operation and if these symptoms occur, it will be solved with tension-free vaginal tape in the second session. Anterior repair with loose insertion of polypropylen mesh without anchoring trough the obturator foramen was performed to all of those patients. Anterior repair was modified to provide support of urethrovesical junction with plication of the supporting fascia in 3 layers. The observational period was one year after the surgery.

Results

30 women has stress urinary incontinence before surgery due the urethral hypermobility, 8 women has an obstructive symptoms due the vaginal wall descensus, 1 women with mixed urinary incontinence and 13 women were continent before the surgery. Mean age of the study group was 68,4 years \pm 8,8, mean BMI – 26,6 \pm 5,7

From 52 patients 12 needed subsequent anti-incontinence procedure – TVT-O for stress urinary incontinence (SUI) after pelvic floor reconstruction procedure – 23%, 10 from this 12 stress incontinent patient were from the group of 30 women, which complained about SUI before surgery – 33%. From the group of 8 women with obstructive symptoms only one became incontinent after the repair. One woman with mixed incontinence continued with leaking and was treated with TVT- O afterwards. From the group of continent women before surgery all of them are still continent after the repair. Protrusion rate (5%): 2 patient has a minor mesh protrusion solved with conservative local oestrogen treatment and one with need for partial resection of the protruded mesh

Interpretation of results

Our result are not in contradiction of previous randomized studies (Meschia et al.¹⁾) comparing TVT and endopelvic fascia plication for the treatment of occult stress urinary incontinence. In cited study the success rate of endopelvic fascia plication was 56% compared to 94% in TVT group. Our results are slightly favourable for the method of endopelvic fascia plication, which might be caused by the technique of the plication, but it is not the point, our aim was to obtain data to support the two session strategy, which should be further studied by prospective randomised study, validating patient satisfaction, effectiveness and never the less the cost-benefit.

Concluding message

We believe that 56% resp. 77% is still a large group of patients to consider not doing prophylactic insertion of allogeous material to patients who do not necessary need it.

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1. Meschia M, Pifarotti P, Spennacchio M, Buonaguidi A, Gattei U, Somigliana E. A randomized comparison of tension-free vaginal tape and endopelvic fascia plication in women with genital prolapse and occult stress urinary incontinence. Am J Obstet Gynecol 2004 Mar;190(3):609-13.

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DISCLOSURES: NONE

HUMAN SUBJECTS: This study did not need ethical approval because retrospective study but followed the Declaration of Helsinki Informed consent was obtained from the patients.