Introduction

• Stress urinary incontinence (SUI) affects 30-80% of women having pelvic organ prolapse surgery
• Data regarding outcomes of a staged midurethral sling (MUS) strategy in women with preoperative SUI undergoing prolapse repair are limited:
  • Resolution of preoperative SUI occurs after 30-60% of vaginal prolapse repairs
  • With a staged approach, up to 66% of women will not undergo a planned MUS

Objectives

• Retrospective, observational cohort study
• Minimally invasive sacrocolpopexy or uterosacral ligament suspension, 2009-2015
• Inclusion: Preoperative SUI
  • Subjective: patient reported symptoms
  • Objective: leak with cough or Valsalva on cystometry or multichannel urodynamics
• Exclusion: Concomitant incontinence procedures
• Primary Outcome:
  • Proportion of women with subjective resolution of SUI after prolapse repair

Methods

• 73 minimally invasive sacrocolpopexies (78.5%) and 20 uterosacral ligament suspensions (21.5%)

Results

• Median follow-up 8.3 months (IQR 3.4-26.7)
• Of the staged MUS, 79.4% (n=27) were performed within 12 months of prolapse surgery
• Median time to MUS was 5.5 months (IQR 4.2-9.9)
• Obese women had a 70% lower odds of resolution of SUI after prolapse repair (OR 0.28, 95% CI 0.08-0.95)
• Preoperative Urogenital Distress Inventory (UDI) SUI bother was not associated with SUI resolution (OR 0.98, 95% CI 0.23-1.64)
• No factors associated with staged MUS placement

Conclusions

• Nearly 1 in 3 women reported resolution of preoperative SUI after minimally invasive sacrocolpopexy or uterosacral ligament suspension without a concomitant incontinence procedure
• Only 37% of women underwent a staged MUS
• A staged approach to treatment of preexisting SUI may result in a nearly two-thirds reduction in placement of MUS
• Counseling for concomitant MUS should include the possibility of SUI resolution