

MANAGEMENTS OF VOIDING DIFFICULTY IMMEDIATELY AFTER MIDURETHRAL SLING PROCEDURE IN FEMALE STRESS URINARY INCONTINENCE

Hypothesis / aims of study

Postoperative voiding difficulty is the most common complication of sling procedures, however, this problem is improved spontaneously over time in most cases. We evaluated the clinical courses and managements of those patients who showed voiding difficulty immediately after midurethral (MUS) sling procedure.

Study design, materials and methods

Patients who complained of voiding difficulty after MUS procedure for stress urinary incontinence from Oct. 2006 to Aug. 2007 were included in this study. Those who had high postvoid residual urine were managed by sound dilatation or tape release, however, those who had complained of subjective decrease of urine flow without significant postvoid residual urine were evaluated at weekly interval until their voiding difficulties disappeared. Voiding difficulty is defined as postoperative subjective symptom of decreased urine flow compared to that before surgery without consideration of residual urine.

Results

Transobturator tape (TOT) was used as MUS procedure. 16 (12.7%) out of 126 patients had complained of voiding difficulty immediately after surgery. Two patients had large amount of residual urine (>400 ml); one was managed by sound dilatation and the other one was managed by tape release on the 5th postoperative day. Remaining 14 patients who showed no residual urine were asked the time when their voiding difficulties were disappeared spontaneously. The mean age of 16 patients were 44.7 years old and 5 had low VLPP (<60 cmH₂O). Concomitant surgeries were hysterectomy in 3, perineorrhaphy in 3 and 3 patients had urge incontinence as well. Voiding difficulty was disappeared spontaneously in most patients; 5 in the 2nd week, 3 in the 3rd week, 1 in the 4th week, 2 in the 5th week, 1 in the 6th week, 1 in the 8th week and the rest 1 had complained of voiding difficulty persistently after surgery.

Interpretation of results

Voiding difficulty caused by TOT can be solved spontaneously as time goes on, which was disappeared within 6th week after surgery in 12 (85.7%) out of 14 patients.

Concluding message

We believe that if they don't have significant residual urine immediately after TOT implantation, no further treatments to relieve voiding difficulty are required.

<i>Specify source of funding or grant</i>	No
<i>Is this a clinical trial?</i>	Yes
<i>Is this study registered in a public clinical trials registry?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	retrospective study
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes