699

Chughtai B[1], De E[1]
1. *Albany Medical Center*

THE AMBULATORY PESSARY TRIAL UNMASKS OCCULT STRESS URINARY INCONTINENCE

Hypothesis / aims of study

We aimed to demonstrate that an ambulatory pessary trial determines the need for anti-incontinence surgery in patients with advanced prolapse, even in patients whose leakage was missed on urodynamic testing.

Study design, materials and methods

Patients with Baden-Walker grade 2 or higher anterior vaginal wall prolapse and an unresolved diagnostic concern (occult stress incontinence, incomplete emptying, urge incontinence, etc.) were offered a pessary trial to predict response to reconstruction. Review of cases was performed from June 2005 to February 2009. All patients underwent a detailed evaluation including meticulous videourodynamics (VUDS) with and without reduction. Patients were followed with respect to clinical symptoms.

Results

Forty-one patients accepted the pessary trial and 26 were able to retain > 1 week. Mean age was 65 (range 44 to 80); median cystocele grade was 2 (range 2-4) and median vault grade was 2 (range 2-4). Mean degree of urethral hypermobility was 39 (range 0 - 45). Ten (38%) women showing no evidence of sphincteric incontinence by pessary trial, clinical report, VUDS, or physical exam underwent surgical repair of prolapse without anti-incontinence procedure. None had stress urinary incontinence post-operatively. Sixteen women (61%) were found to have stress urinary incontinence by pessary trial, clinical report, VUDS, or physical exam and underwent concomitant sling. 3/16 (19%) were identified by the pessary trial alone. 25/26 patients were without clinical stress incontinence after surgery at a mean follow up of 12 months (range 4- 37 months). The one failure was in the sling group, initially dry post-op, then markedly non-compliant with activity. The pessary trial correctly predicted persistent incomplete emptying in 5 patients and persistent urge incontinence in 6. There were no patients with SUI or persistent voiding difficulty whose symptoms were missed in a successful pessary trial.

Concluding message

A properly fitted pessary will approximate the anatomic result achieved by surgery during activities of daily life pre-operatively. This reversible test aids in the decision to perform anti-incontinence procedures and in setting appropriate post-operative expectations regarding urgency and emptying ability. In our series, 20% of patients in our stress incontinent group were identified by pessary trial alone.

Specify source of funding or grant	**none**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**IRB**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**