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CLINICAL STUDY ON CONCURRENT SURGERY FOR COEXISTENT STRESS URINARY INCONTINENCE AND PELVIC ORGAN PROLAPSE

Hypothesis / aims of study
To discuss indications and therapeutic effects of concurrent surgery for coexistent stress urinary incontinence (SUI) and pelvic organ prolapse (POP) through a retrospective clinical review.
Study design, materials and methods
Between Feb 2004-Dec 2008, A retrospective review of the data of 27 women undergoing concurrent surgery for coexistent SUI and POP was available for analysis. In these cases, 20 patients presented with SUI symptoms associated with moderate or severe anterior vaginal wall prolapse; 7 patients had moderate or severe uterine prolapse associated with difficult voiding. All cases were confirmed to have type II SUI by pre-operative physical examination, urodynamic study and cystography. The surgical procedures for pelvic floor repair involved the placement of the Gynemesh mesh impant, anterior or total Prolift mesh implant. The tension-free vaginal tape (TVT) or transvaginal tension free vaginal tape-obturator (TVT-O) was used for the anti-incontinence procedure. During the concurrent surgical procedures, pelvic floor repair was performed first.
Results
All cases were followed up for 2 to 58 months and satisfactory results were obtained. After the procedure, the patients achieved complete continence without occurrence of difficult voiding or recurrence of POP.
Interpretation of results
The procedures were performed within 90 minutes. Intra-operative bleeding volume was about 100~200 ml and there was no bladder perforation or adjacent organ injuries. The patients undergoing TVT-O procedure had post-operative mobility disorder because of leg pain. All the patients could void normally one day post-operatively and no urinary retention occurred. The hospital stay was about 2~4 days (mean 2.5 days). All cases were followed up for 2 to 58 months and satisfactory results were obtained. After the procedure, the patients achieved complete continence without occurrence of difficult voiding or recurrence of POP.
Concluding message
SUI and POP share the common pathophysiologic etiologies and often coexist with one another. In SUI patients with symptomatic or moderate to severe POP, concurrent POP surgery should be performed positively at the time of incontinence surgery to prevent POP exacerbation and the occurrence of difficult voiding; while in patients with single POP, occult SUI should be considered, and concomitant prophylactic incontinence measures should be taken at the time of POP repair to prevent the post-operative unmasking of SUI.

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What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Westchina Hospital of Sichuan University**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**