#159 Therapy of urgency urinary incontinence in women – randomized clinical trial to compare the effect of Solifenacin with the standardized bilateral replacement of the uterosacral ligaments

Sebastian Ludwig¹, Katharina Podlinski¹, Fabinshy Thangarajah¹, Peter Mallmann¹, Wolfram Jäger¹

¹ Department of Obstetrics and Gynecology, University Hospital Cologne and Medical Faculty, Cologne, Germany

Corresponding author: sebastian.ludwig@uk-koeln.de

## Introduction / Aim of the study

The etiology of urgency urinary incontinence is matter of debate. Current treatment options are based on the hypothesis that this form incontinence is a neurological disorder of bladder innervation. However, it has also been hypothesized that one main cause is a decreased function of the bladder holding apparatus, i.e. an insufficient functioning of the vesico-urethral junction.

This study compared the effects of a surgical apical vaginal elevation with those of solifenacin on urgency urinary incontinence in women.

## Study design, material and methods

**Solifenacin 10mg**

**CESA (Cervicosacropexy)**

**VASA (Vaginosacropexy)**

## Results

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<tr>
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<th>Solifenacin (n=41)</th>
<th>CESA / VASA (n=55)</th>
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<tbody>
<tr>
<td><strong>10%</strong></td>
<td>10%</td>
<td>42%</td>
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## Conclusion

The CESA and VASA surgical techniques are comprehensible surgical techniques developed for the treatment of urinary incontinence and pelvic organ prolapse. The bilateral USL replacement was performed in a standardized manner – with a minimum amount of material and structures of defined size, shape and lengths at defined fixation sides. Due to the additional standardized placement of a transobturator tape (in the “TOT 8/4 technique”), the importance of the anterior compartment for mixed and urgency urinary incontinence will increase. Therefore, using identical surgical techniques, clinical outcomes are and will be comparable. This standardization allows a good comparability of clinical outcomes among further studies.