

Abstract Number – 234: Should a continence procedure be offered upfront to women with incontinence and refractory obesity?

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Introduction:

- Obesity is a major public health concern in the Western world and is a risk factor in etiopathogenesis of SUI (Fuselier, 2018).
- It is generally recommended for obese patients to reduce weight before they can be offered surgery to restore continence (Hellberg, 2007). This is unfortunately challenging and often times unachievable.

Aim: To determine if a continence procedure can be offered to obese women with SUI.

Study design, materials and methods:

- All patients with SUI had clinical assessment, BMI measurement, and a pre-operative ICIQ-short form questionnaire filled. They all had video-cystometry.
- The patients were categorised into obese and non-obese based on standard WHO BMI parameters with obesity defined as BMI of over 30.
- Patients underwent either autologous fascial sling or bladder neck suspension.
- Surgical outcomes and complications were assessed and compared in both groups with failure of the procedure defined as any degree of stress urinary incontinence.
- Statistical analysis was performed using Student's-T test.

Results: As presented in the Table below

	Obese (n = 53)	Non-obese (n = 60)
Average Age (years)	51 (Sd 9.8)	50.05 (SD - 12.05)
Average Pre-op ICIQ-SF score	15.75 (Sd 2.98)	16.02 (SD - 3.486)
Previous continence surgery (%)	18 (34%)	18 (30%)
Type of operation	Fascial sling – 41 (77.4%) Culposuspension – 12 (22.6%)	Fascial sling – 46 (76.7%) Culposuspension – 14 (23.4%)
Average stay (days)	1.23	1.45
Post-op complications (%)	Post-op Pain - 3 Wound infection -7, Urinary retention - 4, Incisional hernial - 1 Pelvic collection - 1	Post-op Pain - 1 Wound infection - 5 Urinary retention - 5 Incisional hernia - 1
De-novo urgency (%)	10 (18.9%)	8 (13.3%)
Failure rate (%)	5(9.4%)	5 (6.7%)
Average Post-op ICIQ-SF	4.17 (SD- 4.9) 5(9.4%) had marginally improved or worsened ICIQ-SF	4.22 (SD- 3.05) 6 (10%) had marginally improved or worsened ICIQ-SF

Conclusion: Surgical procedures for stress urinary incontinence in obese are associated with minor early post-op complications as compared to non-obese women, and most of these resolved within few days on conservative treatment. Long term outcomes of surgery are comparable to those in non-obese. This study suggests that early surgical intervention may be offered to patients with obesity if weight reduction is deemed not possible.

References

- 1. Fuselier, A., Hanberry, J., Margaret Lovin, J. et al. Obesity and Stress Urinary Incontinence: Impact on Pathophysiology and Treatment. Curr Urol Rep 19, 10 (2018).
- 2. Hellberg, D., Holmgren, C., Lanner, L. et al. The very obese woman and the very old woman: tension-free vaginal tape for the treatment of stress urinary incontinence. Int Urogynecol J 18, 423–429 (2007).