# 377 Follow up for urinary continence after pelvic organ prolapse repair


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## INTRODUCTION AND OBJECTIVES

It’s well-known that the risk for woman of being the operated for 80 years about the pelvic organ prolapse (POP) or stress urinary incontinence (SUI) is about 11% [1].

It should be noted that approximately 22-30% of patients who were continent before surgery noted SUI postoperatively [2], [3], which has a strong impact on the quality of life of patients.

Objective of our study was to evaluate the incidence of SUI and anti-incontinence surgery for 6 months in patients after surgical correction of pelvic organ prolapse (POP) by the vaginal approach.

## METHODS

This study included 82 women suffering from POP (cystocele grade 2-4 by POP-Q) who underwent transvaginal surgical repair. The study was approved by the local ethics committee, and all patients. All patients were submitted to standard protocol of preoperative examination including a history taking and gynecological examination with cough tests with or without prolapse repositioning by speculum, pessary or manually.

All patients were operated by vaginal approach. The results of surgical treatment of POP were evaluated for the presence SUI within 1, 3 and 6 months after the operation during office visits and using the UDI-6 questionnaire.

## RESULTS

According to the survey performed after 1, 3 and 6 months of follow-up, we obtained the following results. No cases of prolapse recurrence were noted during 6 months. At 1 month after surgery, 28 (34% of 82) patients reported the presence of SUI, and 23 (82% of 28) of these patients reported that they were bothered by their condition (according to IIQ-7). The patients remained under observation for six months after surgery to determine the long-term results and further treatment strategy.

In total, 34 (41.5%) of 82 patients noted the presence of stress urinary incontinence, and 24 patients (29% of 82, 70% of 34) were strongly disturbed by SUI. However, during the first three months, only 6 patients were re-operated.

During the follow-up for the next 3 months (6 months of follow-up), there was a reduction in the complaints related to stress urinary incontinence for 3 patients, and in 7 cases, there was complete resolution of SUI. Six months after surgery additionally 8 patients were requested anti-incontinence surgical treatment.

## CONCLUSIONS

- A three-month follow-up period is ideal for the assessment of continence function in patients with severe SUI, and this is the best time to perform anti-stress surgery.
- In cases with no severe SUI, the follow-up should be continued for up to 6 months or more.

## REFERENCES:


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