

## PELVIC ORGAN PROLAPSE SURGERY WITH OR WITHOUT ADDITIONAL PREVENTIVE TOT?

### Hypothesis / aims of study

Pelvic organ prolapse (POP) and stress urinary incontinence (SUI) coexist in up to 80 percent of women with pelvic floor dysfunction [1,2]. While these conditions are often concurrent, one may be mild or asymptomatic. It seems Women without symptoms of SUI who undergo surgery for prolapse are at risk for postoperative urinary incontinence [3]. SUI may also worsen after prolapse repair.

New evidence indicates that preventative treatment during transvaginal pelvic organ prolapse surgery can reduce the incidence of post-operative urinary incontinence, a common side effect after pelvic organ prolapse surgery.

Deciding whether to perform a combined surgical procedure to treat both prolapse and SUI or a single procedure that addresses only one condition requires balancing the risk of incomplete treatment with the risk of exposing the patient to unnecessary surgery [3]. This decision must be based on the best approach to address the patient's goals, rather than simply on anatomic correction [2].

Performing preventive TOT during pelvic organ prolapsed surgery in some studies has shown different results. So we decided to compare the results of a single procedure (pelvic organ prolapsed surgery) with combined procedure (pelvic organ prolapsed surgery + TOT) in patients with advanced pelvic organ prolapse without symptoms of SUI.

### Study design, materials and methods

The study was performed in one of educational hospitals of Tabriz university of medical science. In this randomized clinical trial, we tracked results of 60 women undergoing pelvic organ prolapse surgery ( all of them had advanced anterior vaginal wall defect) who did not display pre-surgery symptoms of stress urinary incontinence. During surgery, a transobturator tape(TOT) —a common treatment for urinary incontinence—was inserted in half of the women. Other women received a “placebo surgery,” where the physician did not add any surgical procedures to the pelvic organ prolapse surgery. The latter was used as a control group. All of patients completed an ICIQ-SF questionnaire before and one month after surgery.

### Results

The patients' ages ranged from 41 to 66 (mean 53.8) years. None of 60 women had SUI symptoms before surgery. we examined the women for incontinence at ten days and one month post-surgery. At one month, women who received a sling during surgery reported 10%(3 of 30 patients) incidence of bothersome urinary incontinence or treatment for incontinence in comparison to 16.6%(5 of 30 patients) in the placebo group. Mean ICIQ-SF score for control group was  $2.02 \pm 0.86$  and for TOT group was  $1.54 \pm 0.50$ . We didn't find statistically significant differences between two groups( $p=0.435$ ).

### Interpretation of results

Our findings suggest that the prevalence of occult SUI in patients with pelvic organ prolapse is not high (10%), so preventative treatment for urinary incontinence during pelvic organ prolapse surgery dose not decrease the incidence of bothersome urinary incontinence symptoms significantly.

### Concluding message

Any additional operation during the main surgery increases operation time, complication and cost. Women planning surgical correction of pelvic floor reconstructive surgery should be counselled about the potential new symptoms of SUI.

Discussing patient goals and setting expectations can also help both the patient and surgeon measure surgical success. Concomitant POP repair and continence surgery in asymptomatic patients can be a reasonable option for women who place a high priority on avoiding postoperative urinary incontinence and are willing to accept an increased risk of perioperative complications and voiding dysfunction

### References

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### Disclosures

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