

URGENCY AFTER MIDURETHRAL SLING SURGERY IN WOMEN: RISK FACTORS AND MANAGEMENT

Hypothesis / aims of study

Overactive bladder syndrome (OAB) including urgency and urgency urinary incontinence (UUI) occurs frequently after stress incontinence surgery. It is important to identify the risk factors for the occurrence of OAB symptoms in order to adequately counsel the patient before surgery. Furthermore, when facing OAB after sling surgery it is crucial to know how to manage these symptoms.

Study design, materials and methods

We conducted a literature review in order to assess the risk factors and management of OAB symptoms after SUI surgery. We searched for relevant articles in PubMed that specifically addressed the topic of OAB symptoms after midurethral sling surgery. We evaluated the incidence, possible risk factors and management of these symptoms as reported in the literature.

Results

The incidence of de novo and persistent urgency and UUI is reported around 15% and 30% respectively. Several studies demonstrated that women with mixed urinary incontinence who have a predominant urgency component will have worse outcomes after surgery. Older age was also found to be a predictive factor in three studies. Furthermore, urodynamic signs of overactive bladder (e.g. detrusor overactivity, low bladder capacity, elevated maximum detrusor pressure) can predict postoperative urgency or UUI. The management of OAB symptoms after SUI surgery is essentially the same as in idiopathic OAB. However, before commencing therapy it is crucial to rule out other factors than can cause urgency, including bladder outlet obstruction, urinary tract infection or sling erosion (figure 1).

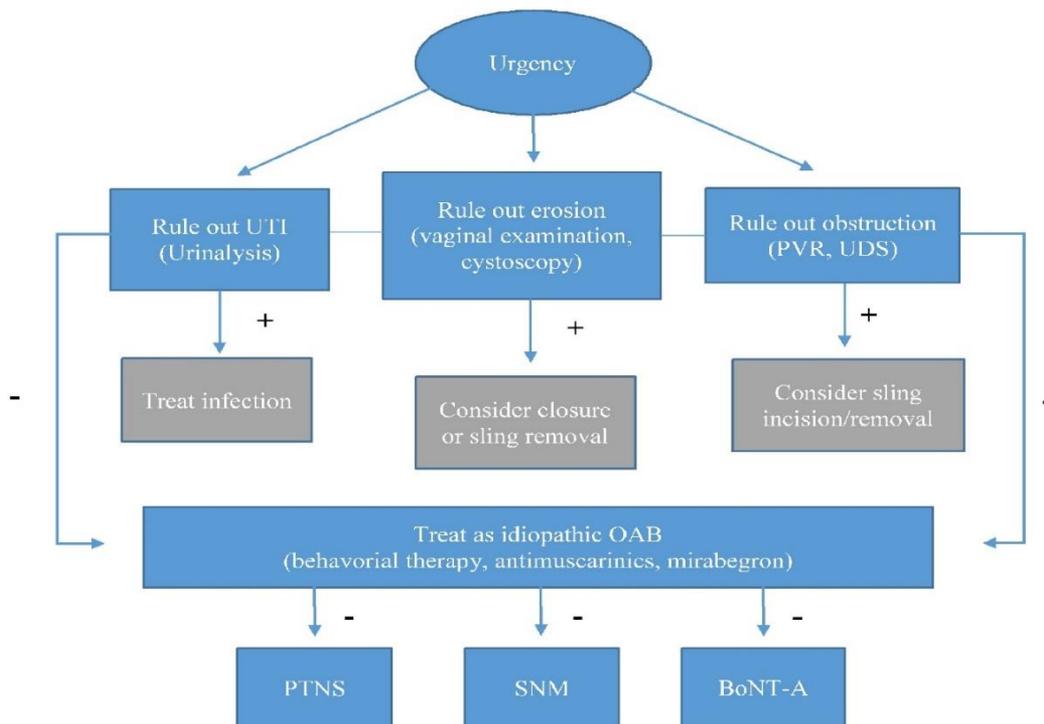
Interpretation of results

OAB symptoms are frequently reported after sling surgery. Women with mixed incontinence and older women are at risk of developing post-operative OAB symptoms. Furthermore, urodynamics could aid the physician in pre-operative patient counselling.

Concluding message

This review provided useful information on the risk factors and management of OAB symptoms after sling surgery. We have proposed an algorithm for the treatment of these symptoms which can be useful in clinical practice.

Figure 1. Algorithm in the treatment of OAB after sling surgery



Disclosures

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