Urge urinary incontinence (UUI) can be a troublesome symptom following surgery for stress incontinence and may be most likely to occur in women with a history of preoperative UUI. Meanwhile, the number of these procedures has grown, mostly due to the availability of the less invasive midurethral sling procedure. Dr Daniel M. Morgan, assistant professor in the department of obstetrics and gynecology at the University of Michigan Health System, and colleagues sought to better understand the severity of UUI after surgery for stress incontinence as well as to identify the surgical, medical, and demographic factors independently associated with the severity of postoperative UUI.

Morgan and colleagues identified 668 eligible female patients who underwent anti-incontinency surgery between January 1993 and December 2002. Participants were invited to complete a questionnaire, which consisted of validated health-related quality-of-life measures. Questionnaires were to be returned via stamped, self-addressed envelope, and patients received a $5 incentive for participating. The questionnaire employed an 8-item Incontinence Surgery Index (ISI), which assessed stress, urge incontinence, and pad use. The questionnaire also asked patients how often they leaked urine because they could not wait, how often a sudden urge causes leakage, and how often they leaked urine because they could not get to the bathroom in time. Depression status and general medical history was also queried. Questionnaires were returned by 438 patients (response rate = 63.6%).

About 36% of the respondents noted daily urgency-associated urinary incontinence indicated by an ISI UUI score of 7 or greater. Mean stress urinary incontinence was higher among those with daily urgency-associated symptoms as compared to those who experienced symptoms once a week or less (6.1 ± 3.6 vs 1.6 ± 2.3, respectively). Similarly, mean pad-use score was higher among those with daily urgency-associated symptoms. In looking at demographic variables, Morgan and colleagues found that aging, menopause, lower socioeconomic status, increased medical comorbidities, and depression severity were also associated with increasing severity of UUI. After examining multivariable linear regression model, the researchers noted that a preoperative diagnosis of mixed incontinence, a pubovaginal sling, urethral vaginal suspension as opposed to a Tension-Free Vaginal Tape at the index of surgery, depression severity, follow-up time of more than 1 year, and aging were each independently associated with higher mean UUI severity scores.

“The finding of daily symptoms in more than one third of all women undergoing surgery is consistent with previous studies,” the authors noted. “Communicating the limitations of stress incontinence surgery is important in helping patients develop appropriate expectations at a time when they are hoping for relief of all urinary incontinence symptoms with surgery.”

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