



BRUXELLES VENDREDI 16 JANVIER 2015



Incontinence urinaire d'effort et prolapsus non symptomatique

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Corrélation symptômes/anatomie

- Epidémiologie
 - 50% des femme ayant accouché ont un prolapsus
 - Symptomatique pour 20% d'entre elles
- Symptômes
 - Urinaires 5-52%
 - Digestifs 5-39%
 - Sexuels 35-57%

Table 3. Centimeter Measures of Maximal Prolapse in 329 Women With Symptoms of Stress Urinary Incontinence and the Need to Manually Assist Urination*

	n (%)	Maximum prolapsed compartment, median (cm)
Need to manually assist urination [†]	68/329 (21)	
Once a day or more	37 (11)	+6.0
Once a week but less than once a day	19 (6)	+3.0
Less than once a week	12 (4)	+3.0
Never or rarely	261 (79)	+1.0
Stress urinary incontinence [†]	194/329 (59)	
Once a day or more	108 (33)	0.0
Once a week but less than once a day	50 (15)	0.0
Less than once a week	36 (11)	+2.0
Never or rarely	135 (41)	+3.0

* Data are missing for 1 subject.

[†] $P < .001$.

Olsen, Obstet Gynecol, 1997, 89, 501-506

Beck, Obstet Gynecol, 1991, 78, 1011-1018

Mouritsen, Int Urogynecol J, 2003, 14, 122-127

Burrows, Obstet Gynecol, 2004, 104, 982-988

Corrélation symptômes/anatomie

Table II. Frequency of symptoms (n = 237)

<i>Symptom</i>	<i>n</i>	<i>%</i>
Irritative symptoms		
Frequency	204	86
Urgency	205	87
Voiding dysfunction		
Difficulty emptying	117	49
Sensation of incomplete voiding	146	62
Hesitancy	81	34
Weak/prolonged flow	132	56
Intermittent flow	105	44
Postvoid dribbling	131	55
Require position change	94	40
Defecatory dysfunction		
Constipation	158	67
Dyschezia	97	41
Incomplete evacuation	123	52
Digital manipulation	57	24
Fecal incontinence	73	31
Pelvic floor herniation		
Lower abdominal pressure	149	63
Pelvic heaviness	132	56
Pelvic discomfort when standing	137	58
Visualization of prolapse	101	43

Table III. Correlation between symptoms and worsening prolapse with respect to location using Kendall's tau-b correlation coefficient

<i>Symptoms</i>	<i>↑Severity of prolapse (tau-b)</i>		
	<i>Anterior</i>	<i>Apical</i>	<i>Posterior</i>
Stress incontinence	-0.177		
Enuresis	-0.136		
Urinary incontinence	-0.132	-0.144	-0.142
Hesitancy	0.159	0.144	0.126
Prolonged flow	0.136	0.148	
Intermittent flow	0.136	0.137	
Change position	0.143	0.184	0.148
Difficulty voiding	0.129		
Pelvic pressure	0.189	0.142	0.129
Visualize bulge	0.404	0.437	0.411
Pelvic discomfort	0.278	0.207	0.263
Pelvic heaviness	0.156	0.127	0.129
Incomplete evacuation			0.118
Digital manipulation		0.159	0.227
Impairment of sex life	0.300	0.430	0.276
Duration of abstinence	0.142		

Only statistically significant correlation coefficients are shown ($P < .05$).

IUE ET C2 : BSU ou BSU + cure du prolapsus

- Essai randomisé
- 92 patientes : IUE + C2 asymptotique
- TVT vs TVT + Gynemesh
- Evaluation à 1 an
- Succès = 0 fuite dans aucune condition

Table 2 Comparison of success rate and voiding function between the TVT only group and the concomitant repair group

	TVT only group	Concomitant repair group	<i>p</i> value
Cure rate	39/45 (87 %)	42/46 (91 %)	0.29
Change in Q_{max} (ml/s)	-4.4±16.0	-3.9±8.0	0.90
Change in PVR (ml)	4.3±32.2	21.5±60.5	0.35
Postoperative AUASS	6.4±6.4	8.4±5.0	0.28
Prevalence of postoperative urgency	6 (13.3 %)	7 (15.2 %)	0.76
Prevalence of postoperative mixed incontinence	2 (4.4 %)	2 (4.3 %)	0.95

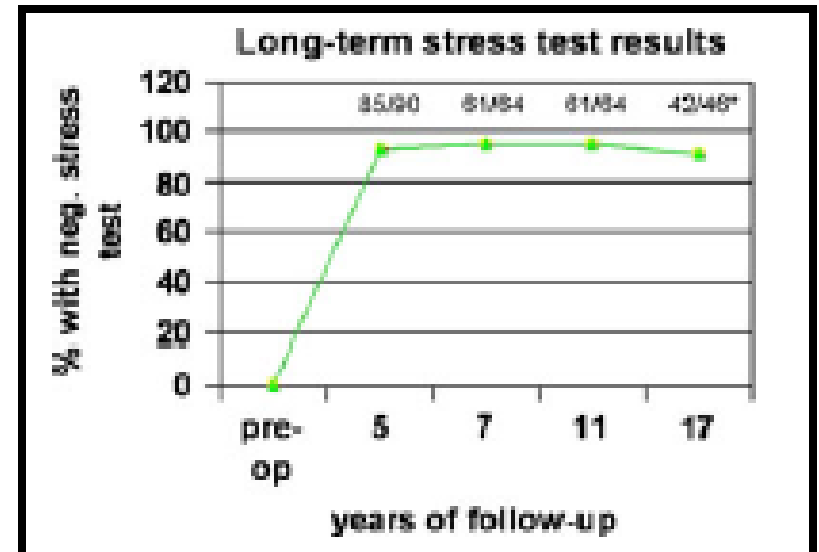
Seventeen years' follow-up of the tension-free vaginal tape procedure for female stress urinary incontinence

C. G. Nilsson · K. Palva · R. Aarnio · E. Morcos · C. Falconer

- 90 femmes
 - 58 évaluables (Clin 46, téléphone 12)
- Succès : TT négatif
- Evaluation subjective : PGII, IIQ-7, UDI-6, UISS, VAS, recommandation ,
- Recul : 201 (185-213 mois)
- Résultats :
 - Guérison O : 91,3 %
 - Guérison S : 79,2 %
 - Echec S : 12,7% (**urgenterie**)
 - Recommandation à une amie : 98%

Table 2 Patients' global impression of improvement at 5, 7, 11, and 17 years of follow-up

	5 years	7 years	11 years	17 years
Percentage cured or improved	95.3	97.6	97.0	87.2
Number available for evaluation	85/90	78/80	67/69	48/55



Facteurs d'échec de la BSU

- 464 femmes
- TVT ou TOT isolé **sans** geste associé
- Recul 10,8 mois (6-52)

	OR (95% CI)	p
Morbidités associées	2,367 (1,255-4,465)	0,008
Incontinence mixte	1,953 (1,019-3,740)	0,044
C0 –C1	1	
C2-C3	2,731 (1,434-5,202)	0,002
TOT	2,867 (1,501-5,473)	0,001

Déplacement de la BSU avec le temps

- 70 femmes (TVT)
- Evaluation échographique (1 et 3 ans)

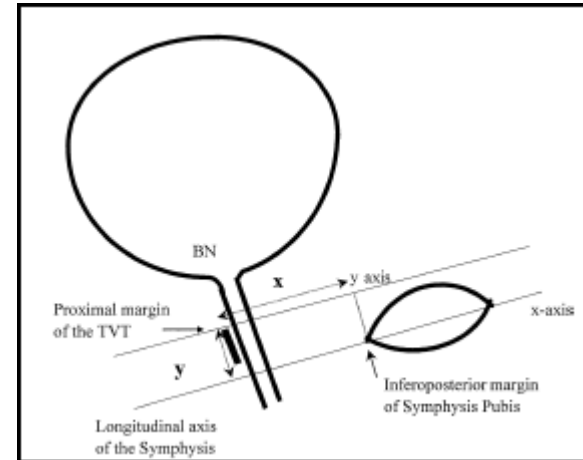


TABLE I. Topography and anatomic measurements of sling, by introital ultrasonography

Parameter (mm)	First Month	First Year	Third Year	P Value*
<i>x</i>	2.10 ± 4.74	2.27 ± 4.63	2.31 ± 4.86	0.166 0.056
<i>y</i>	16.07 ± 5.61	14.99 ± 6.00	14.34 ± 5.80	<0.001 <0.001
Distance from BN to center of tape	19.21 ± 5.12	18.95 ± 5.81	18.74 ± 5.11	0.108 0.148
Tape thickness	2.08 ± 0.34	2.11 ± 0.36	2.13 ± 0.37	<0.001 <0.001
Tape width	9.574 ± 0.43	9.61 ± 0.45	9.62 ± 0.47	0.018 <0.001

Key: *x* = distance between bladder neck and axis perpendicular to central line of symphysis pubis; *y* = distance between bladder neck and central line of symphysis pubis; BN = bladder neck.

Data presented as the mean ± SD (n = 70).

* Comparison between first year and third year postoperatively and first month postoperatively.

La cure du prolapsus a-t- elle une incidence sur le résultat de la BSU ?

- 58 femmes
- TVT
- + prolapsus VB
 - HT
 - colporraphie ant/post
 - sacrospinofixation
- Suivi 18,2 mois (12-32)
- 50 (91%) «sèches »
- Pertes sanguines 134 ml
- Durée TVT + 21'
- Séjour moyen 3,4 jours
- Rétention > 3 jours : 9,1%

La cure du prolapsus a-t- elle une incidence sur le résultat de la BSU ?

- Recul 12-26 mois
- TX succès obj : 84,9-94%
*
- Durée TVT : + 21-29'
- Séjour : 3,4-6,9 jours
- Pertes sanguines : 134-200 ml
- Tx complic : 2,7-34%
 - MI de novo : 10-30,4%
 - Perf vésicale : 0-13%
 - Rétention 11-43%
 - Sondage 3,7-5,1 jours

	Recul	Nb pat	Nb eval	Age MOY	Evaluation	Guérison	% guéries O	% guéries S	% amél	% échec	% Satisf	% MI de novo	PVR	Complications	
Chene 2007	5	94	82 (quest30)	54,6	Qdv>90%, TT-, padtest24h>10g, VR<100		79,2		8,5		95	8,5	Dys 32%	2 érosions	
													Qmax<15%	52%	
Lee 2008	5	155	138 (89%)	52,4	TT, PGI, Qmax, PVR, quest	0 EI, TT -	76,8		18,1	5,1	86,9	15,4		section 8,2%	
Glavind 2012	5	173	15 (9%)	54	Quest + ICIQ SF					26,7			Dys 50%		11,2% souhaite une CS
Deffieux 2007	6	61	51 (84%)	52	Quest PGI Q1KHQ			80			97				
Lee 2010	6	275	141 (51%)	56	Quest + BFLUTS	0 EI		83		17%	80,1	28		2 sections	
Liapis 2008	7	70	61 (87%)	58,1	TT, quest	TT-	80	79	8	13,1		19,6	Dys 14,7%	1 érosion	C≥2 12,5%
Song 2009	7	364	306 (84%)	50,7	TT, Qmax, Vr, quest	0 EI, TT -	86,2				72,9	0,7		16 érosions ??	
Reich 2011	7	157	108 (69%)	63	TT, ICIQ-LF, calendrier, VR	TT-	89,8	82,4	13		87,5	14,8			
Groutz 2011	10	60	52 (87%)	62,4	Quest			65	12	23		17		1sect, 1 érosion	
Aigmuller 2011	10	210	117 (25%)	60	TT, BUD, I-QoI-D, cysto	TT-	84	57	23	17,4		20		6sect, 1 érosion	
Svenningsen 2013	10	603	483 (quest156)	64	Quest, TT, Qmax	TT-	89,9	76,1	18	5,9	82,6	14,9	Dys 22,8%	4 érosions	Prol 4,2%
Serati 2012	10	207	58 (28%)	58	TT, quest, +/- BUD	TT-	93,1	89,7	3,4			18,9			
Olsson 2010	11,5	147	124 (quest20)	54,4	TT, VR, pad test, quest PGI	TT-	83,7	76,7	18,5	4,8	94	21,2	VR>100 4%	3 sections	

La cure du prolapsus a-t-elle une incidence sur le résultat de la BSU ?

Table 2

Peri- and early postoperative complications in women who underwent tension-free vaginal taping alone or concomitantly with other procedures

	Group 1 (TVT alone)	Group 2 (TVT and hysterectomy)	Group 3 (TVT and pelvic reconstructive surgery)	<i>p</i>
Number of patients	100	40	46	
Overall operating time (min)	34 ± 13	87 ± 29*	96.1 ± 36*	<0.05
TVT procedure operating time	34 ± 13	27 ± 19	29 ± 17	NS
Perioperative complications total (n, %)	7 (7%)	10 (5.1%)	12 (7.5%)	0.2
Blood loss >300 ml	1 (1%)	2 (5%)	4 (8.6%)	NS
Blood loss <300 ml	1 (1%)	1 (2.5%)	2 (4.3%)	NS
Blood transfusion	0	2 (5%)	0	NS
Bladder injury (n, %)	5 (5%)	7 (17.9%)*	6 (13)*	0.05
Bladder catheterization (days)	2.4 ± 2.2	3.5 ± 5.7	3.8 ± 3.3*	0.003
Hospital stay (days)	3.8 ± 2.3	5.2 ± 2*	6.9 ± 3.4*	<0.002

Results are given as mean ± S.D. or %.

**p* > 0.05; not significant.

La cure du prolapsus a-t-elle une incidence sur le résultat de la BSU ?

Table 4

Functional outcome of women who underwent tension-free vaginal taping alone or concomitantly with other procedures

	Group 1 (TVT alone)	Group 2 (TVT and hysterectomy)	Group 3 (TVT and pelvic reconstructive surgery)	<i>P</i>
Number of patients	100	40	46	
Objective assessment				
Postoperative VAS	0.8 ± 2	0.7 ± 1.7	1.4 ± 2.7	0.1
Cure	93 (93%)	39 (97.5%)	41 (93.1%)	0.3
Failure	7 (7%)	1 (2.5%)	4 (13.7%)	0.3
Subjective assessment				
Cured	72 (72%)	29 (72.5%)	31 (67.3)	0.9
Improved	20 (20%)	10 (25%)	10 (21.7%)	
Worsened	7 (7%)	1 (2.5%)	5 (10.8%)	

Results are given as mean ± S.D. or %.
p > 0.05: not significant.

Table 3

Postoperative urinary continence of women who underwent tension-free vaginal taping alone or concomitantly with other procedures

	Group 1 (TVT alone)	Group 2 (TVT and hysterectomy)	Group 3 (TVT and pelvic reconstructive surgery)	<i>P</i>
Number of patients	100	40	46	
Bladder self-catheterization (n, %)	7 (7%)	5 (12.5%)	5 (10.8%)	0.5
De novo urge symptoms (n, %)	34 (34%)	6 (15%)	14 (30.4%)	0.09
Postoperative leakage (n, %)	8 (8%)	4 (10%)	6 (13%)	0.9

Results are given as mean ± S.D. or %.
p > 0.05: not significant.

Effet sur l'obstruction

	Cystocele grade 2 (n=24)			Cystocele grade 3-4 (n=31)		
	Preoperative	Post-operative	<i>p</i>	Preoperative	Post-operative	<i>p</i>
Qmax	16.8 ± 1.9	17.1 ± 1.8	0.199	13.7 ± 4.3	16.5 ± 1.9	0.002*
Res	33.8 ± 18.4	36.3 ± 18.4	0.408	63.2 ± 46.4	35.2 ± 15.0	0.004*
CC	275.7 ± 75.2	288.2 ± 78.8	0.530	292.2 ± 74.2	300.9 ± 73.1	0.055
MUCP	62.6 ± 7.7	63.3 ± 8.8	0.111	73.6 ± 22.7	64.2 ± 8.8	0.007*
FUL	20.1 ± 4.0	20.8 ± 3.5	0.241	21.2 ± 4.1	21.3 ± 3.5	0.773
Dmax	12.0 ± 4.3	11.5 ± 3.5	0.247	22.2 ± 11.4	11.7 ± 3.2	<0.001*

n = 55 (mean ± SD).

Qmax = maximum urinary flow (m/s); Res = postvoid residual urine (ml); CC = cystometric capacity (ml); MUCP = maximum urethral closure pressure (cmH₂O); FUL = functional urethral length (cm); Dmax = detrusor pressure at maximum flow (cmH₂O).

*Significantly lower than baseline (*p* < 0.05).

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Troubles de la statique induit

- 60 femmes IU sans prolapsus (Burch) 91-99
- 34 évaluables avec un recul de 12 à 121 mois (55 mois)
- C2 17,6%
- H2 8,8%
- R2 32,4%
- 131 femmes IU (Burch)
- 34,3%
- 24,1%
- 49,6%
- et prol 3
- Tx réintervention pour prolapsus 26,7%

Troubles de la statique induit

- 344 patientes (175 TVT vs 169 Burch)
- Etude randomisée
- Recul 5 ans
- Critère principal : Pad test 1 heure
- Critères secondaires : examen clinique, SF36, BFLUTS
- Guérison (pad test < 1g)
 - TVT 81%
 - Burch 90% p=0,21



Ward, BJOG, 2008, 115, 226-233

	5 years postoperatively (including patients who have had surgery for prolapse)						
	TVT (n = 81)	%	Colposuspension (n = 59)	%	P value*	Difference (%)	95% CI for difference
Cystocele/cystourethrocele or anterior colporrhaphy**	33(10)	41	22(3)	37	0.73	3.5	-13.2 to 20.2%
Vault or cervical prolapse/enterocele or vaginal hysterectomy for prolapse/vault support procedure***	19(9)	23	25(7)	42	0.026	21.4	3.8 to 39%
Rectocele or rectocele repair****	26(4)	32	31(5)*****	49	0.023	20.6	4.0 to 37.3%

Indication et spécialité

- 1356 bandelettes (Medicare 1999-2000)
- Intervention réalisée par
 - Un urologue 78,4%
 - Un gynécologue 18,1%
- IUE + cure de prolapsus associé
 - Urologue 29,1%
 - Gynécologue 55,7% $p < 0,0001$
- Réintervention à 1 an pour (Uro/gynéco)
 - IUE 9,3% vs 4,9% $p = 0,024$
 - Prolapsus 26% vs 12,2% $p < 0,0001$
 - Pas de \neq obstruction/complication
- Prise en charge uro & gynécologique
 - 1,4%



Les messages

- La corrélation anatomie-signes fonctionnels est faible (étage & grade)
- C1-C2 asymptomatique : pas de cure de prolapsus
- C2-C4 asymptomatique : cure simultanée
- L'intervention de Burch induit des troubles de la statique postérieure
- La « culture » influence malheureusement les bons/mauvais choix !