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# URODYNAMIC RESULTS OF PATIENTS WITH STRESS URINARY INCONTINENCE

Hypothesis / aims of study
In most of the centers urodynamic investigations are routinely performed in patients undergoing surgery for stress urinary incontinence. The aim of this study is to review the urodynamic study results of our patients who scheduled for surgery.

Study design, materials and methods
Urodynamic data of 105 patients who underwent sling operation (TVT or TOT) in our clinic between 2009 and 2012 have been retrospectively analysed.

Results
Mean cystometric bladder capacity of the patients was 406 ml (70-806) and detrusor overactivity (DOA) was detected in 20 of 105 patients. Mean value of Qmax was 24 ml/sec (6-57) and mean post-void residual urine volume (PVR) was 25 ml (5-150). In patients without DOA mean cystometric bladder capacity, value of Qmax and PVR were 425 ml; 24.9 ml/sec and 24.4 ml, respectively. In patients with DOA mean cystometric bladder capacity, value of Qmax and PVR were 336 ml; 20.3 ml/sec and 27.6 ml, respectively. There was no significant difference between the values of the patients with or without DOA in terms of cystometric capacity (p=0.783) and PVR (p=0.517). However, the difference between the Qmax values of the groups was found statistically significant (p=0.039).

Interpretation of results
When we retrospectively reviewed the urodynamic results of patients with stress urinary incontinence with or without DOA, all of the parameters considered as normal and were found to be within the limits. The presence of DOA causes no significant difference between parameters except the value of Qmax. According to this, the presence of DOA may not be considered as a negative indicator of success.

Concluding message
The opinion of ''urodynamic studies are not needed during preoperative preparation of the patients with stress urinary incontinence before surgery'' is supported by this study.

Disclosures
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