260

van Balken M R[1], Bergman A S[1], Dijkhuizen F P H L J[1], Vrooman O P J[1]
1. *Rijnstate Hospital Arnhem*

PREVENTING EARLY VOIDING PROBLEMS AFTER MIDURETHRAL SLING PLACEMENT: SHOULD WE SLEEP ON IT?

Hypothesis / aims of study
The midurethral sling has become the gold standard in the treatment of women suffering from stress urinary incontinence. One of the disadvantages, however, is the risk of micturition problems afterwards. Although the procedure has been described to be possible in an outpatient setting, for many hospitals early voiding problems are one of the main reasons for routinely having patients to stay over one night. In our study we evaluated the necessity for this, based on the hypothesis: “early voiding problems after midurethral sling placement are not more frequent in patients leaving the hospital the same day as the operation, compared to those discharged the day after”.

Study design, materials and methods
In our hospital urologists and gynaecologists perform the same procedure (Transobturator tape, Align®, BARD) using the same perioperative protocol. In 2013 the gynaecologists adapted the protocol for patients to be discharged on the same day as the operation. In our study all patients (N= 265) operated between 2012 and 2016 were retrospectively evaluated. 209 (Urological and gynaecological) patients stayed one night, 56 (all gynaecological) patients were discharged the same day. Patients were evaluated for the need to leave the hospital with a catheter in situ or performing self-catheterization (repeated post-void residuals of ≥ 150ml). We also investigated how many patients planned for discharge the same day, stayed for an extra night because of voiding problems. The Chi-square test and Fisher’s Exact test were used for statistical analysis. To prevent surgeon bias we compared just gynaecological patients as well. The urology patients (N= 134) were also compared with the other two subgroups

Results
Results are shown in table 1. When compared to patients discharged the next day, women planned for leaving hospital on the operation day, did not show a higher risk for catheterization (8.9% and 7.2%, p= 0.84). There was no statistical difference between patients operated by urologists or gynaecologists (catheter risk 5.2% and 10.7%, p= 0.14), nor was there a difference when only gynaecological patients were evaluated (catheter risk 8.9% and 10.7%, p= 0.74).

Table 1: Results		
Patient group	**Voiding problems***	**p-value****
All patients - next day	7.2% (15/209)	
Gyn. patients - same day	8.9% (5/56)	0.84
Gyn. patients - next day	10.7% (8/75)	
Gyn. patients - same day	8.9% (5/56)	0.74
Urol. patients - next day	5.2% (7/134)	
Gyn. patients - same day	8.9% (5/56)	0.34
Urol. patients - next day	5.2% (7/134)	
Gyn. patients - next day	10.7% (8/75)	0.14
Urol. patients - next day Dit is de tweede keer dat je “next day” zegt. In het NL trouwens ook, dus dat klopt?	5.2% (7/134)	
All gyn. Patients	9.9% (13/131)	0.15

* percentage (cases/total number of patients)
** calculated using Chi-square and Fisher’s Exact test

Interpretation of results

The results of our study confirm our hypothesis that early voiding problems after midurethral sling placement are not more frequent in patients leaving the hospital the same day of the operation, compared to those discharged the day after. After all, there was no statistical difference between both groups. To prevent bias we made sure that patients planned to be discharged the same day, but unexpectedly had to stay overnight because of voiding problems, were put in the 'catheterization group'. Likewise we prevented surgeon bias by comparing only gynaecological patients as well. As our results remained the same, this suggests that unless there are other reasons for having patients to stay in hospital overnight, women can safely be discharged on the day of their operation as it comes to catheterization risks.

Concluding message

Our study suggests that there is no need for women to routinely stay overnight in hospital after a midurethral sling procedure in order to prevent the risk of post-operative micturition problems necessitating catheterization

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** retrospective chart study **Helsinki:** Yes **Informed Consent:** No