

#159 Therapy of urgency urinary incontinence in women – randomized clinical trial to compare the effect of Solifenacin with the standardized bilateral replacement of the uterosacral ligaments

Sebastian Ludwig¹, Katharina Podlinski¹, Fabinsky Thangarajah¹, Peter Mallmann¹, Wolfram Jäger¹

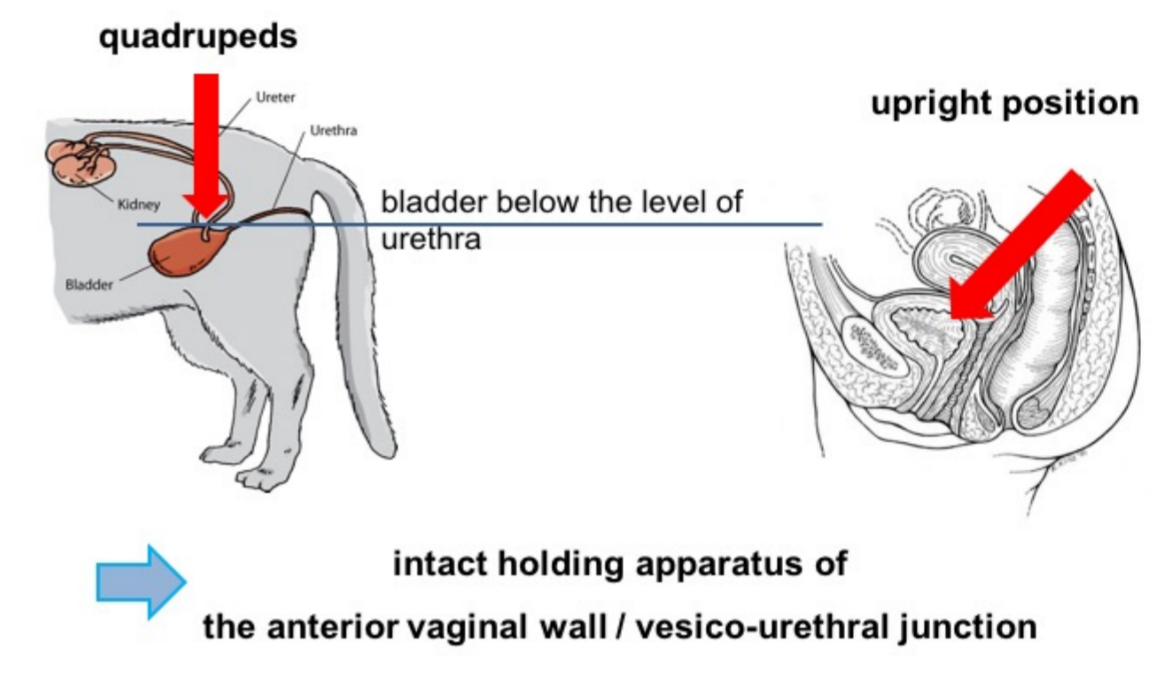
¹ Department of Obstetrics and Gynecology, University Hospital Cologne and Medical Faculty, Cologne, Germany
Corresponding author: sebastian.ludwig@uk-koeln.de

Introduction / Aim of the study

The etiology of urgency urinary incontinence is matter of debate. Current treatment options are based on the hypothesis that this form incontinence is a neurological disorder of bladder innervation. However, it has also been hypothesized that one main cause is a decreased function of the bladder holding apparatus, i.e. an insufficient functioning of the vesico-urethral junction.

➔ This study compared the effects of a surgical apical vaginal elevation with those of solifenacin on urgency urinary incontinence in women.

The problem: the upright bodyposition

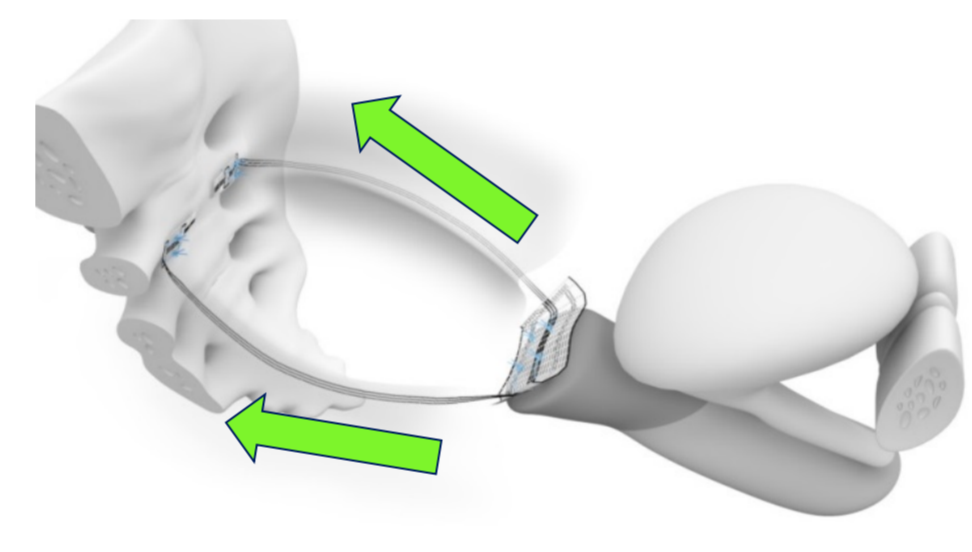


Study design, material and methods

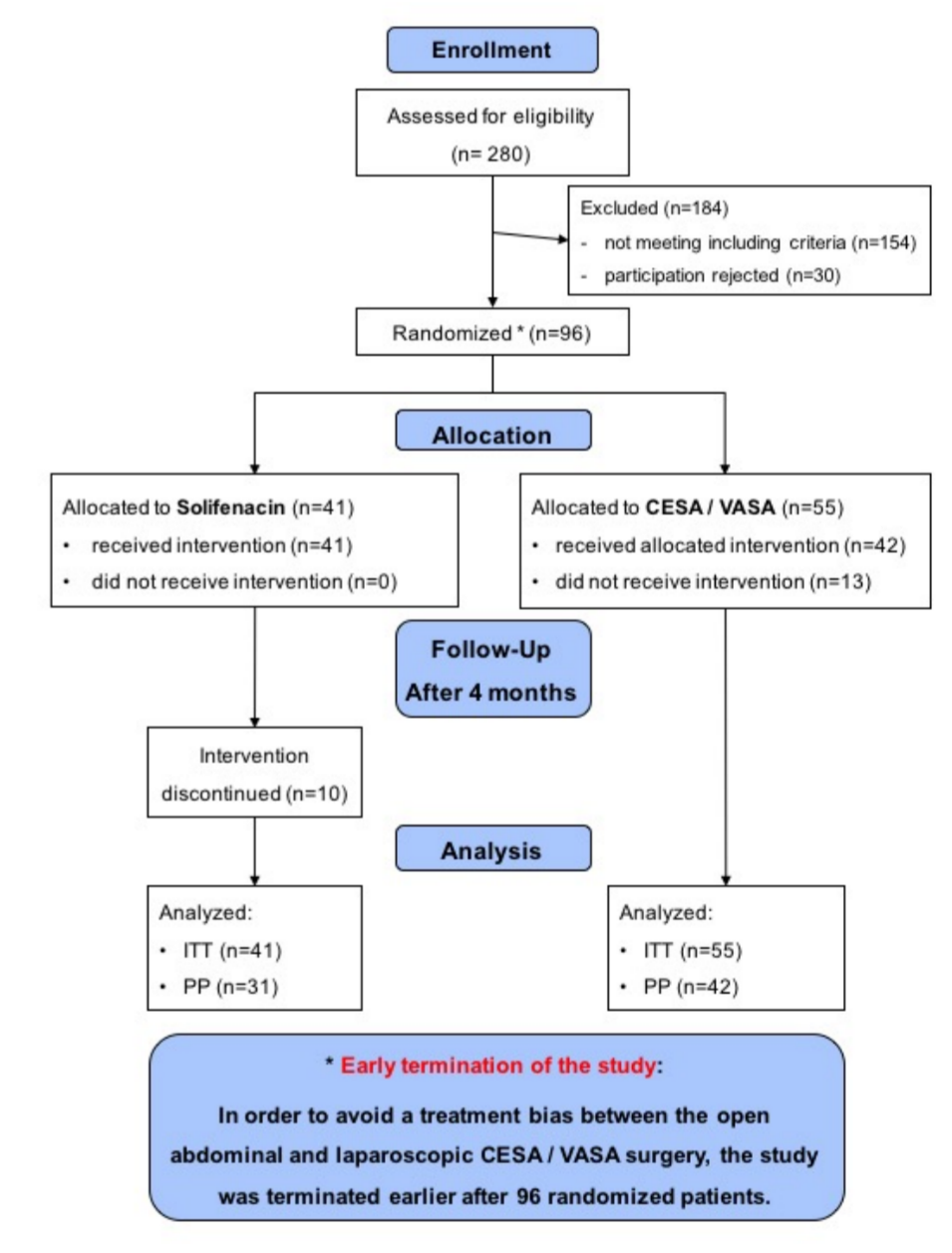


Solifenacin 10mg

vs.



CESA (Cervicosacropexy)
VASA (Vaginosacropexy)

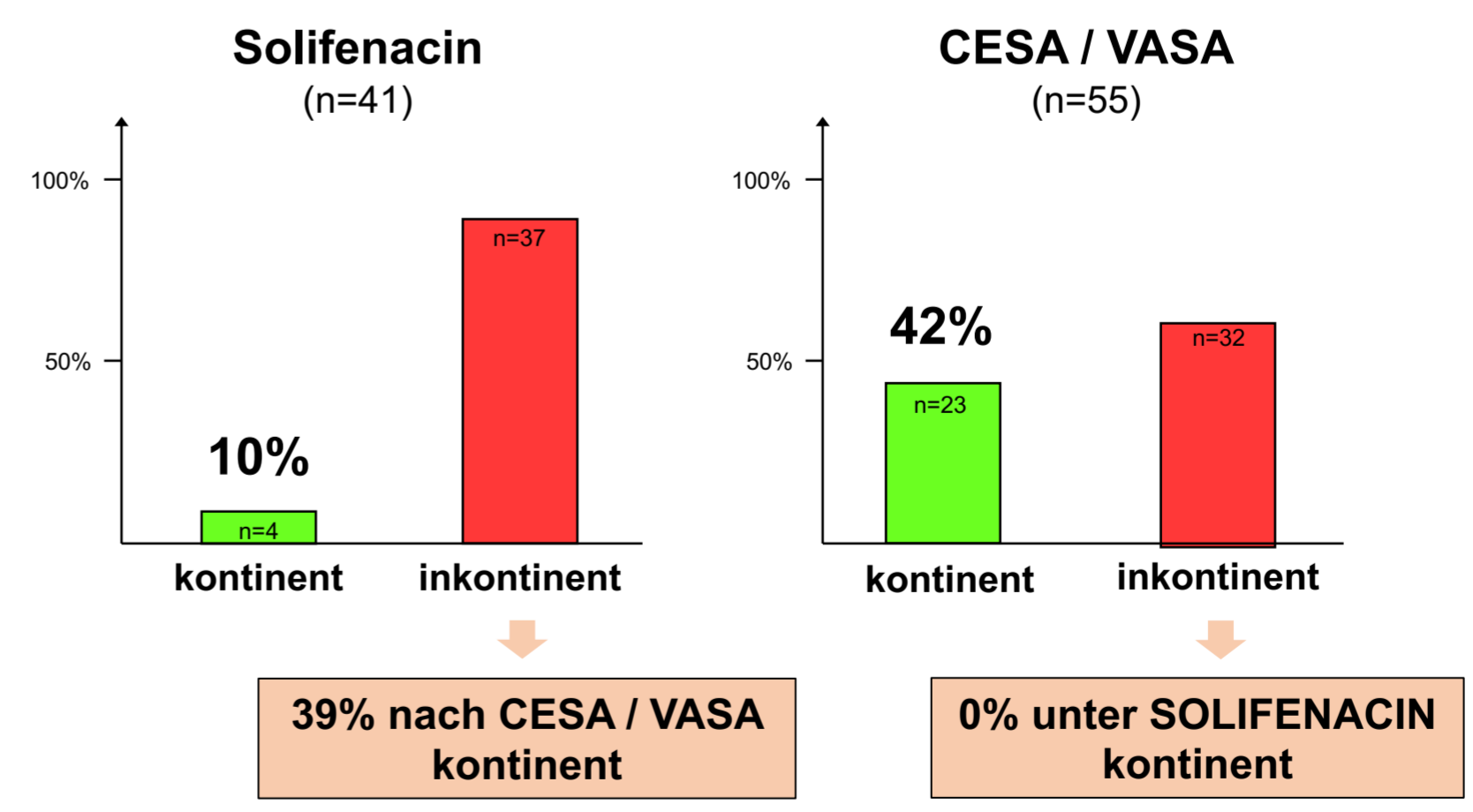


Inclusion criteria URGE 1 study: [ClinicalTrials.gov: NCT01737411](https://clinicaltrials.gov/ct2/show/study/NCT01737411)

- Urgency Urinary Incontinence (UII)
- Mixed Urinary Incontinence (MUI)
- POP-Q stage 0 and I
- no prior urogyn. surgeries

Results

	Solifenacin n=41	CESA / VASA n=55	p-Wert **
Alter (Jahre)			
mittel (±SD)	63 (±10)	63 (±10)	0.920 **
median	63	66	
min. – max.	46 – 80	35 – 78	
Bodymass Index			
mittel (±SD)	27 (±5)	27 (±4)	0.639 **
median	28	26	
min. – max.	17 – 38	19 – 34	
Parität			
median	2 (±2)	2 (±1)	0.669 **
min. – max.	0 – 9	0 – 4	
Alter seit inkontinent			
mittel (±SD)	50 (±13)	53 (±11)	0.335 **
median	50	55	
min. – max.	20 – 70	29 – 71	
k.a.	18	20	
POP-Q Stadium			
0 (%)	2 (5)	0 (0)	0.973 **
1 (%)	39 (95)	55 (100)	
Inkontinenzform			
Mischinkontinenz	30	41	
Dranginkontinenz	11	14	



Conclusion

The CESA and VASA surgical techniques are comprehensible surgical techniques developed for the treatment of urinary incontinence and pelvic organ prolapse. The bilateral USL replacement was performed in a standardized manner – with a minimum amount of material and structures of defined size, shape and lengths at defined fixation sides. Due to the additional standardized placement of a transobturator tape (in the “TOT 8/4 technique”), the importance of the anterior compartment for mixed and urgency urinary incontinence will increase. Therefore, using identical surgical techniques, clinical outcomes are and will be comparable. This standardization allows a good comparability of clinical outcomes among further studies.