

#601 Clinical outcome of urinary incontinence symptoms dependent on the urethral length after apical fixation

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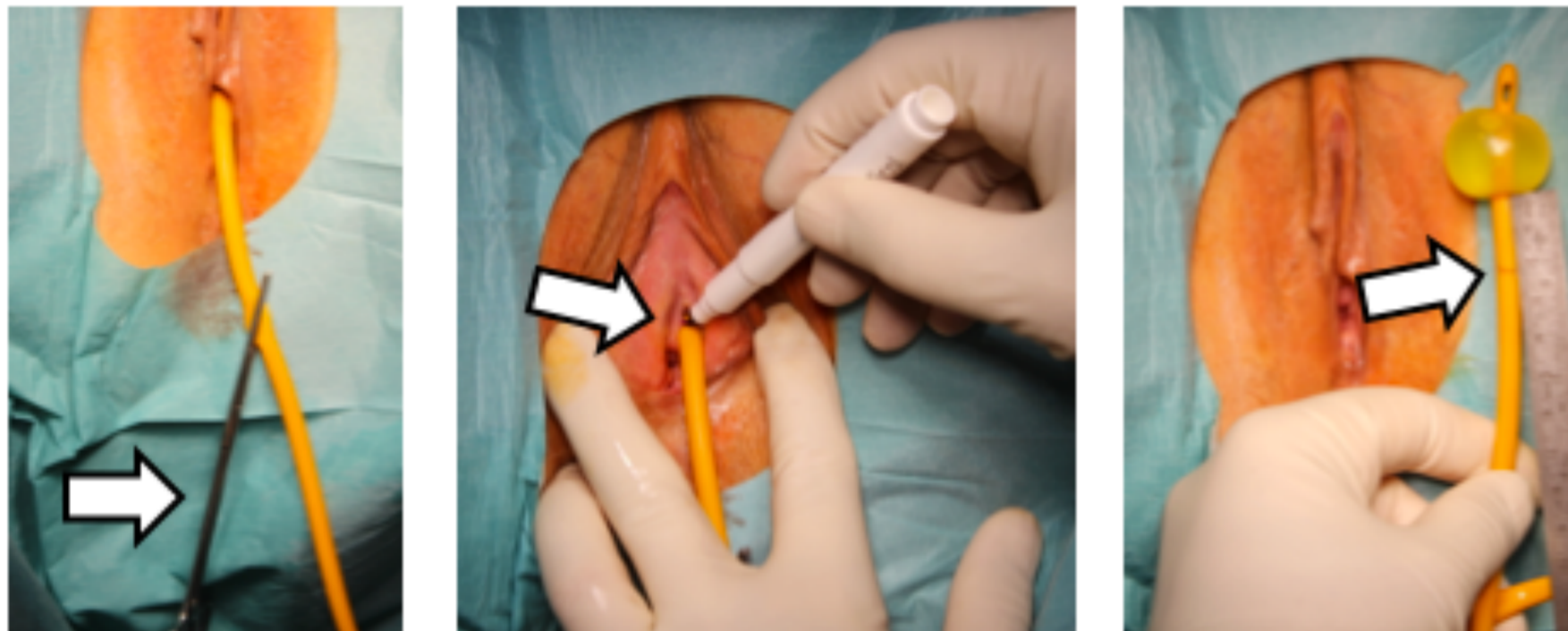
Introduction

Recent publication showed a restoration of urinary continence in over 40% of patients (with mixed and urgency urinary incontinence) after apical fixation (cervicosacropexy, **CESA**, and vaginosacropexy, **VASA**). An even higher continence rate was obtained after an additional transobturator tape (**TOT**).

- ➔ So far, the length of the urethra was not considered by placing “midurethral tapes” and according to literature urethral lengths are varying between 24 – 40 Millimeters (mm).
- ➔ 1. This study focused on the clinical relevance (continence rates) of a “midurethral” placed tape after apical fixation.
- ➔ 2. Is the urethral length a preoperative predictor?

Material and Methods

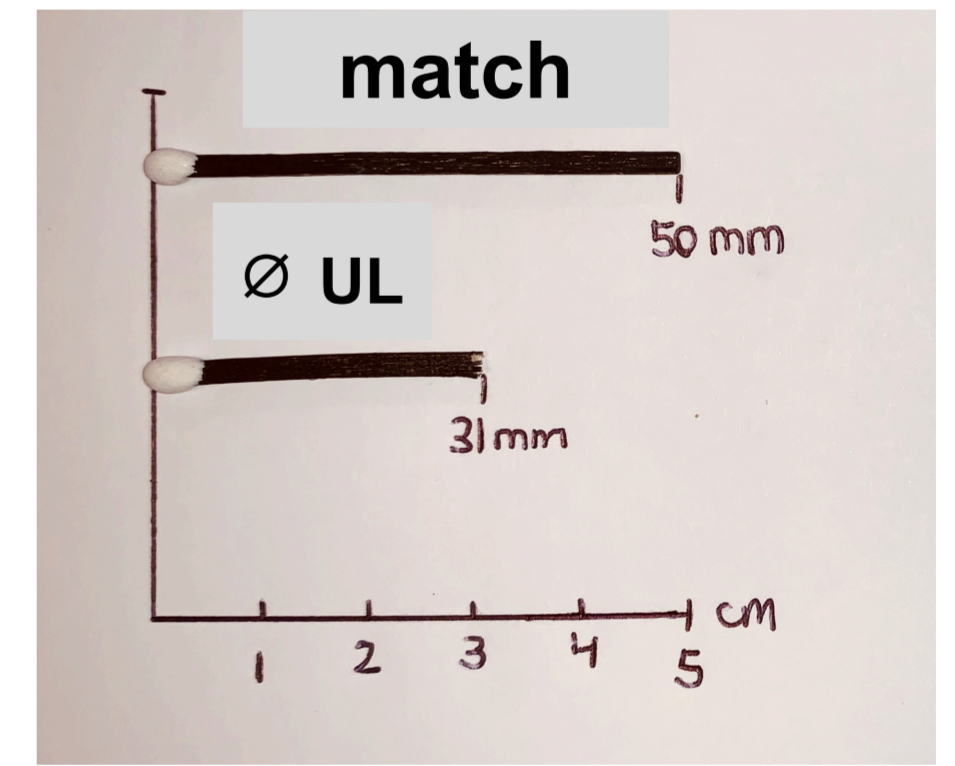
Measurement of the urethral length under anesthesia before surgery



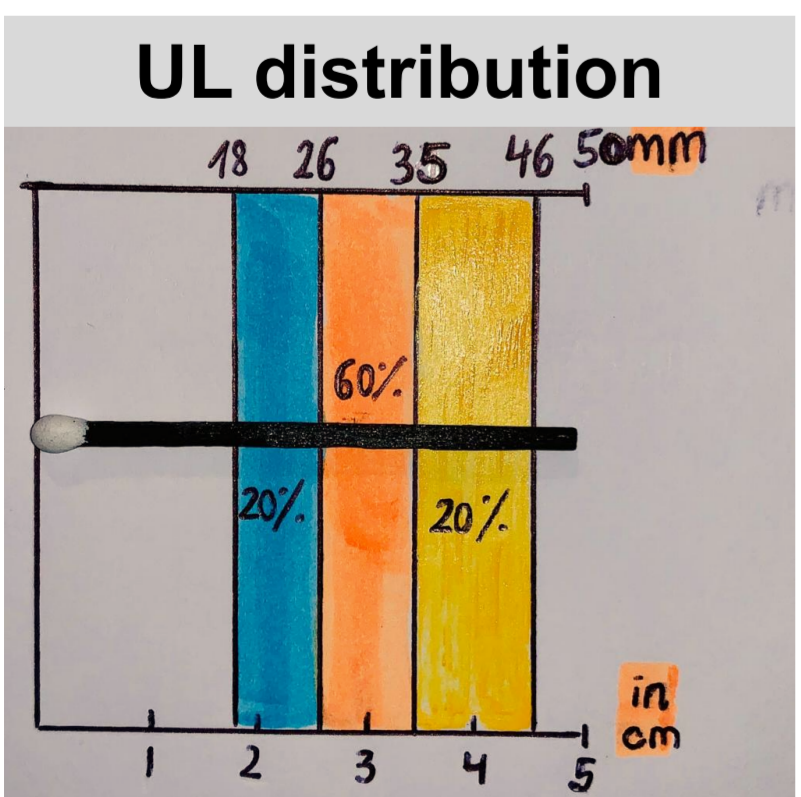
1. Correlation of measured **urethral lengths (UL)** with:
 - patient's age
 - body weight
 - parity
2. analysis of different UL according to different types of urinary incontinence (UUI, MUI, SUI)

Results

- 327 patients, mean urethral length (UL) of **31 mm (normal distribution)**
- no correlation of UL with age, bodyweight or parity



Discussion / Conclusion



Among each type of urinary incontinence: mean UL **31 – 32 mm**

- Mixed urinary incontinence (MUI) (39%)
- Pelvic organ prolapse and totale Incontinence (38%)
- Urgency urinary incontinence (UUI) (12%)
- Stress urinary incontinence (SUI) (12%)

- one out of three women has a deviating UL; clinical relevance: **measurement of urethral length preoperatively necessary!**
- Patients' age, bodyweight, and parity are not suitable preoperative predictors for urethral length (in this collective)