

Comparison of performing and not performing the prophylactic surgery for urinary incontinence in advanced pelvic organ prolapse

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Abstract:

Pelvic organ prolapse was downward and forward movement of a member towards its natural place in the order of pelvic organ prolapse, the displacement of the bladder, cervix, urethra, or rectum due to defects in pelvic support system and that is one of the most common abnormality among older women.

The aim of this study was compare the Performing and non-performing of prophylactic surgery (TOT) for treatment of urinary incontinence in women with pelvic organ prolapse.

Methods:

In a randomized controlled clinical trial that performed in department of Gynecology and Obstetrics of Tabriz university of medical sciences on women with advanced pelvic organ prolapse without history of urinary incontinence, effects of Performing and non-performing of prophylactic surgery (TOT) for treatment of urinary incontinence in women with advanced pelvic organ prolapse evaluated.

Results:

Mean age of patients was 53.83 ± 5.52 year in the range of 41-66. Mean ICIQ-SF questionnaire scores at the first three questions in patients with pelvic organ prolapse with prophylactic surgery (TOT) was 0.50 ± 1.54 and mean ICIQ-SF questionnaire scores at the first three questions in patients with pelvic organ prolapse without prophylactic surgery (TOT) was 0.86 ± 2.02 .

Significant difference was not found at the answer to the first question in the patients underwent surgery for pelvic organ prolapse with and without prophylactic surgery (TOT) ($P=0.507$).

Significant difference was not found at the answer to the second question in the patients underwent surgery for pelvic organ prolapse with and without prophylactic surgery (TOT) ($P=0.415$).

Significant difference was not found at the answer to the third question in the patients underwent surgery for pelvic organ prolapse with and without prophylactic surgery (TOT)(P=0.445).

Conclusion:

Considering that the prophylactic surgery (TOT) is effective only in 2 patients on urinary incontinence, therefore, prophylactic surgery (TOT) is not recommended routinely in all patients and only be performed in symptomatic cases.

Key Words:

Pelvic Organ Prolapse, Urinary Incontinence, Prophylactic Surgery (TOT)