

Publication

Urodynamic and radiologic results after surgical treatment of female stress urinary incontinence

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Between 1985 and 1991, 88 patients underwent abdominal colposuspension and a further 50 were treated with anterior colporrhaphy. Both preoperatively and 6 months after the operation the following were evaluated: the grade of incontinence, the posterior urethral vesical angle measured by voiding cystourethrogram, and the maximum urethral closure pressure (MUCP) at rest and during stress as measured by cystometry. At 1 year the colposuspension patients had a 69% success rate and the cure rate for anterior colporrhaphy was 38%. In postoperatively continent women the urethrovesical junction was significantly better elevated above the lower edge of the symphysis than in patients where the incontinence recurred postoperatively. The higher the urethrovesical junction was suspended, the more the MUCP during stress was increased. Treatment of genuine stress incontinence is best accomplished by retropubic colposuspension, with or without anterior colporrhaphy for coexisting cystocele.

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