New Approach For Managing Incontinence After Surgery

A device used to prevent incontinence in women who undergo a common pelvic-floor surgery reduces symptoms but increases side effects in these patients. These findings were published in the latest issue of the *New England Journal of Medicine*. Women in this study underwent surgery for pelvic organ prolapse, which occurs when the pelvic organs fall and cause the vaginal wall to protrude outside of the body. About one in five women will undergo this surgery in her lifetime. Those who undergo surgery for this disorder are at risk for urinary incontinence following the procedure. As a result, surgeons commonly add a midurethral sling at the time of surgery to prevent this disorder.

“One-quarter of women develop incontinence after prolapse surgery, so it is critical that we have an effective option to manage this issue,” said Kimberly Kenton, MD, MS, FACOG, FACS, study co-author and director of Female Pelvic Medicine and Reconstructive Surgery, Loyola University Health System (LUHS). “Slings do come with risks though, so one approach might be to only treat patients who develop incontinence after surgery,” she said.

This study evaluated 322 women at three months and 12 months following surgery. Half of the women received a midurethral sling and the other half received sham incisions. At three months, the rate of urinary incontinence was 23.6 percent in the sling group and 49.4 percent in the sham group. At 12 months, urinary incontinence was present in 27.3 percent and 43 percent, respectively. However, the rates of side effects were higher in the sling group. These included bladder perforations (6.7 versus 0 percent), urinary-tract infections (31 versus 18.3 percent), major bleeding complications (3.1 versus 0 percent) and incomplete bladder emptying six weeks following surgery (3.7 versus 0 percent). There were no significant differences between groups in changes in overall health, other pelvic-floor symptoms, sexual function and pain.

“Slings continue to be a valuable option for certain women, but we should avoid using them with all patients undergoing a procedure for pelvic-organ prolapse,” Dr. Kenton said. “This research reinforces the importance of counseling women on the risks and benefits of prolapse surgery prior to the procedure.”

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