

firmed by urodynamics. All women had Transobturator tape operation but 22 had other procedures including anterior and/ or posterior repair. Postoperative assessment was done at 11 weeks and again between 7 and 28 months (mean 17.5 months). Patients were subjectively better with 57.7% and 73% reporting complete dryness respectively. Preoperatively the SUI affected the quality of life in 53.8% and was reduced to 3.9% postoperatively.

14 women's quality of life regarding sexual activity was impacted preoperatively; this was reduced to 3 and 1 at initial postoperative review and the interim interview respectively.

Conclusions: Since stress urinary incontinence is a quality of life issue, we may need to put more emphasis on appropriate subjective outcome assessment and reserve routine postoperative urodynamics as a research tool or for patient with failed subjective outcome. We accept the fact that larger numbers will be required to give a definitive answer

113

Is Objective failure after Stress urinary incontinence surgery a true failure?

Fiadjoe P¹, Kannan K², Corstiaans A¹, Rane A¹

¹Townsville Health Service District, Australia, ²James Cook University, Australia

Industry Support: No

Objective: To determine whether objective failure for treatment of stress urinary incontinence demonstrated by postoperative urodynamics is a “real” failure. This is done by analyzing patients' perception and satisfaction.

Background: Numerous outcome studies exist for surgical procedures to treat stress urinary incontinence. In many reports an emphasis was placed on objective cure rates using measures such as stress test, pad test and voiding diaries. More recently, the importance of subjective outcomes postsurgery, using validated patient completed questionnaires addressing symptom severity, quality of life and satisfaction with surgery has been recognized and used to complement objective outcomes.

Methods: This retrospective study, reviewed the clinical notes of all women who had positive postoperative urodynamic stress incontinence after incontinence surgery between June 2005 and June 2007. The modified Bristol Female Lower Urinary Tract Symptoms questionnaires which were used pre and postoperatively were collected using a proforma and analyzed. A telephone interview was also performed between 12 months and 24 months postsurgery by the research fellow not involved previously with surgery and analysis.

Results: A total of 26 women were identified for the study. The ages were between 40–77 years. All women had stress urinary incontinence (SUI), pre and postoperatively con-