

Pushkar D., Dyakov V., Godunov B., Gumin L.

Urological Department of MGMSU, Russia

**Introduction and Objectives.** Implantation of prolen tapes for the correction of stress incontinence is the most perspective surgical method today. Our research includes the observation over patients operated according the TOT and TVT-O method in 2002-2005 for the purpose of evaluation of operative methods and long term results of surgical treatment.

**Material and Methods.** The research included 73 patients in the age of 47-71 years, the average age 59 years, with the stress incontinence of type 2, without complicated obstetrical-gynecological anamnesis. The 26 patients of group 1 underwent TOT procedure and 47 patients of group 2 – TVT-O. It should be noted that the patients were not specially selected for each type of the operation. All operations were carried out under the spinal anesthesia. No intraoperative complications

## TOT AND TVT-O OPERATIONS, COMPARISON AND LONG TERM RESULTS

were observed, the average operation duration in TOT group was 16 min, in TVT-O group 12 min. Within the first 24 hours the urination was revealed by all patients, no residual urine was found. Patients stayed in the hospital during 3 days.

**Results.** Follow-up period was 14-32 months. It was noted that all 73 patients were happy with the results of the surgical treatment. During the follow-up of the TOT patients 3 cases of protrusion of prolen tape occurred which required its elimination. The transobturatoral access for the prolen tape is easy to do and shows good treatment results. TVT-O operation takes less time because requires less dissection of the tissues, risk of urethra trauma is minimal due to retrograde method of perforation. Possible tape protrusion after the TOT procedure probably deals with atrophic vaginitis.

Pushkar D., Dyakov V., Godunov B., Gumin L.

Urological Department of MGMSU, Russia

**Introduction and objectives.** Paraurethral cysts which can be referred to nonmalignant cystic lesions of vagina are often found in urogynecologic practice. At the same time such rare pathology as diverticulum of urethra with the same symptoms can be diagnosed. The main symptoms of cysts are inflammation, pain, dyspareunia and obstructive voiding. It often requires surgical treatment. The world experience confirms that extirpation of paraurethral cysts is much more preferable than marsupialization because is more radical.

**Material and methods.** We investigated 67 female patients in the age of 21-55 years after paraurethral cyst extirpation, performed in 2001-2004. All operations were conducted under general anesthesia; operative time was 35-80 min. The duration of operation depended on the dimensions of the cyst to be ablated as well as on the degree of inflammation changes of circumjacent tissues. It should be noted that during the operation the urethra was

## EXPERIENCE OF SURGICAL TREATMENT OF PARAURETHRAL CYSTS

dissected in 19 patients. Within the postoperative period the urethral catheter was indwelled for 1-12 days.

**Results.** In the postoperative period the patients were treated by standard antimicrobial therapy. All patients left the hospital after 3-14 days since the operation with normal urination and absence of residual urine. The follow-up period was 12-24 months. Pain symptoms relieved after 2-3 weeks from the operation, by the same time the patients resumed sexual activity. There were no signs of obstructive micturition in patients with such symptom, diagnosed preoperatively. **Conclusions.** Paraurethral cysts with the symptoms of inflammation, pain, dyspareunia, obstructive voiding require surgical treatment. In surgical treatment of paraurethral cysts the extirpation is more preferable method due to the radicalism. The defect of the urethra is not a serious intraoperative complication and requires long term drainage of the bladder in the postoperative period.

Pushkar D., Shaveleva O.

Urological Department of MGMSU, Russia

**Hypothesis, aims of study.** Mixed incontinence can be defined, as involuntary leakage of urine associated with both urgency and exertion, and effort, sneezing, and/or coughing. It can also be defined urodynamically, as combination of urodynamic stress incontinence and detrusor overactivity. The aim of this study was to describe the prevalence of mixed incontinence among

## PREVALENCE OF MIXED URINARY INCONTINENCE

the patients of urologic clinic. In addition we analysed short-term outcome data in patients with mixed incontinence who underwent anti-incontinence surgery.

**Study design, material and methods.** We evaluated 363 women with symptoms of urinary incontinence between March 2004 and May 2005, mean age 52,3 (age range: 39-67 years). In this retrospective study, we

examined the records of 269 women (74%) after anti-incontinence procedures. Clinical evaluation included complete history, physical examination, three days voiding diary and urinary questionnaire (DAN-PSS). A urodynamic investigation was performed in 27% of patients and consisted of free-uroflowmetry, pressure-flow study, cystometry, EMG and UPP. The machines used include Duet MultiP (Medtronic) and Bonito (Laborie). Either an 8Fr filling catheter to measure vesical pressure (pves), or 8Fr double-lumen catheter was used. All urodynamic investigations were done according to the ICS good urodynamics practices protocol.

**Results.** Mixed incontinence was symptomatically revealed in 99 patients (27%). Overactive bladder was urodynamically confirmed in 42 patients (42,4%) and conservative management was provided for this group.

**Pushkar D., Dyakov V., Godunov B., Gumin L.**

Moscow Medico-Stomatological University, Department of Urology, Russia

In other cases various anti-incontinence procedures were performed. The total number of patients was 57. Twelve patients (21%) still had persisting symptoms after the operation. Eight patients (14%) showed poor function results.

**Concluding message.** The prevalence of mixed incontinence in our practice was 27%. Detrusor overactivity was confirmed urodynamically in 42 patients (42,4%) with mixed incontinence. Our experience showed that patients with symptomatic mixed incontinence deserved specific attention in order to prevent recurrence of urge symptoms after surgical procedures. Urodynamic investigation is the only objective test for diagnosing of urinary incontinence. Given the danger of exacerbating urge symptoms with surgery, these results suggest that while managing mixed incontinence, the physician should treat detrusor overactivity first.

## OUR EXPERIENCE OF TREATMENT OF FEMALE PATIENTS WITH COMBINED URETERO-VESICO-VAGINAL FISTULAS

**Aims & Objectives:** combined uretero-vesico-vaginal fistulas is rare pathology with difficult diagnosis and treatment. We summarize the experience of treatment of such category of patients.

**Material & Methods.** During the period from 1998 to 2005, 171 female patients (mean age 41,9 years) suffering from combined uretero-vesico-vaginal fistulas were undergone transvesical fistuloplastics with simultaneous Boari procedure. All the fistulas were gynecological. Before the operation all the patients were

undergone cystoscopy with damaged urether catheterization. Catheter Foley was indwelled on 8 days and J-J stent – on 3 weeks.

**Results.** All the patients were cured. In 6% of operated patients detrusor instability were detected. All of them were treated successfully by holinolytics.

**Conclusions.** Combined transabdominal intervention in patients suffering from combined uretero-vesico-vaginal fistulas is the best approach in surgical treatment of such group of patients.

**Rykin P. A., Komyakov B. K., Singaevskiy S. B.**

N. I. Pirogov Saint-Petersburg Multifield Clinic I. I. Mechnikov Saint-Petersburg State Medical Academy, Russia

## SURGICAL TREATMENT OF STRESS URINARY INCONTINENCE IN WOMEN

**Objective.** Comparison of the surgical treatment results in patients with SUI with the use of loop operations with prolen nets.

**Material and methods.** At the period from 2000 to 2003, 59 patients with SUI were examined and operated on. Depending on performed antistress operation all the patients were divided into two groups with comparable estimators. The 1st group included 31 patients after the loop operation TVT. The second group (28 patients) were operated by developed method of pubovaginal loop operation with the net "Prolen". The 2nd type of SE was the most common in both groups: 57,1% in the 1st group and 51,6% in the 2nd one. Most patients had the average severity of the disease: 18 (58,1%) and 21 (72,4%), respectively. Serious disease was diagnosed

in 13 (41,9%) patients in the 1st group and in 8 (27,6%) in the 2nd group. The average age of the women in the 1st group was  $47,1 \pm 1,64$  and  $52,7 \pm 1,84$  years old in the 2nd group. Other surgeries were performed simultaneously with the surgical correction of SUI. 29 operations were carried out in 25 patients (80,6%) from the 1st group and 37 surgeries were carried out in 27 patients (93,1%) from the 2nd group.

**Results.** 23 month later positive result was recorded in 29 (93,5%) patients after the loop operation TVT and in 25 (89,2%) patients after the suggested pubovaginal loop operation with prolen net. Imperative vesical tenesmi appeared in 2 (6,5%) patients from the 1st group and in 3 (10,8%) patients in the 2nd group 3 – 6 months after surgeries. Therefore therapy results were considered to be