

Invasive bladder testing before incontinence surgery may be unnecessary

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Invasive and costly tests commonly performed on women before surgery for stress urinary incontinence (SUI) may not be necessary, according to researchers at the University of California San Diego, School of Medicine and the Urinary Incontinence Treatment Network. The study, supported by the National Institutes of Health (NIH), is published online May 2 by the *New England Journal of Medicine* (NEJM).

The study, which compared results after a combination of a preoperative check-up and <u>bladder</u> function tests to an office check-up alone, found that <u>women</u> who only had the office examination experienced equally successful outcomes after surgery.

"We wanted to know if invasive tests are really needed in women who have SUI, or if observation alone could achieve the same outcomes," said study lead -author Charles Nager, MD, director of Urogynecology and Reconstructive Pelvic Surgery at UC San Diego Health System. "The findings of our study argue that the tests provide no added benefit for surgical treatment success to patients."

SUI affects up to 30 million American women and causes leakage of urine when coughing, laughing, sneezing, running or lifting heavy objects. Bladder tests that use technology such as imaging, pressure monitors and muscle and nerve sensors, are commonly used on these women before surgery to characterize the degree of incontinence and to guide decisions about treatment options. However, the tests are uncomfortable, costly and increase the risk of <u>urinary tract infections</u>.

In the study, half of a group of 630 women with uncomplicated SUI underwent a preoperative office evaluation with bladder function testing. The other half had an office evaluation only. The proportion of women who achieved treatment success was similar, 76.9 percent versus 77.2 percent, respectively, with no significant differences

between groups in quality of life, patient satisfaction or voiding dysfunction - an inability to empty the bladder completely.

Provided by University of California - San Diego



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