

The Incidence of Pre-operative Bladder Testing Prior to Prolapse Surgery

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Introduction. Surgery to correct pelvic organ prolapse (POP) elevates the anterior vagina and can unmask occult stress urinary incontinence (SUI). Pre-operative bladder testing (PBT) evaluates for occult SUI, which may be concurrently treated in the same operation to avoid symptoms after surgery or need for a second procedure. The objective of this study is to investigate incidence of PBT prior to POP surgery at KUMC.

Methods. Eligible patients for this retrospective cohort study were identified by querying the HERON database for ICD and CPT codes. Demographic and clinical data were compared between patients with and without PBT using student's t-test and Chi-square tests. Multivariable logistic regression analysis will be performed to explore factors associated with PBT.

Results. 1,757 women underwent surgery for POP. The mean age was 60 (SD = 13.3) and most were overweight or obese (n = 1,248, 71.0%). Most POP surgeries were performed vaginally (n = 1,153, 65.7%), by urogynecologists (n = 1,353, 77.1%), and 758 (43.3%) patients underwent a concomitant incontinence procedure. 78.0% (n = 1,371) had PBT; urodynamics testing was more common than simple cystometrics (n = 1,355, 98.8% vs n = 16, 1.2%). Differences in route of surgery, surgeon type, inclusion of concomitant incontinence procedure, complications, and length of stay were noted between patients with and without PBT.

Conclusions. Approximately 78% of POP surgeries involved PBT between 2010 and 2023. There is a role for ongoing education for surgeons who perform POP surgeries to appropriately evaluate for occult SUI and potentially avoid future surgery.