



Commentary on “Predictors of persistent overactive bladder following surgery for advanced pelvic organ prolapse”

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This retrospective study was aimed at identifying pre-operative parameters related to persistent postoperative urgency following pelvic organ prolapse (POP) surgery in women with stage 3 or 4 POP with a concomitant overactive bladder (OAB) [1]. Inclusion criteria were women with pelvic organ prolapse quantification system (POP-Q) stage 3–4 who underwent pre-operative urodynamic studies (UDS), surgical treatment and had a pre-operative diagnosis of OAB, between 2012 and 2020. Surgical procedures included colporrhaphy, sacrospinous ligament suspension, anterior vaginal wall mesh repair and laparoscopic sacrocolpopexy. The primary objective involved assessing persistent OAB and prolapse at the 12-month follow-up through urogynaecology history taking, POP-Q evaluation, cough stress test and the PFDI-20 questionnaire.

A total of 286 women were recruited, with 173 (60.5%) having pre-operative OAB. Post-operative resolution of urgency was observed in 97 patients (56%). On multivariate logistic regression, body mass index, pre-operative urinary urge incontinence (UUI) and detrusor overactivity (DO) were found to be independently associated with persistent post-operative urgency. Furthermore, the presence of DO and lower median Qmax on UDS were identified to be significantly more common amongst women with persistent post-operative urgency.

This analysis concluded that having a high BMI and having concomitant urge incontinence are related to post-operative OAB. DO may be an important factor affecting pre-operative counselling in women with simultaneous POP

and OAB symptoms. However, there are several limitations to this study, including the exclusion of women with POP stages <3. Furthermore, lower urinary tract symptoms were only measured using the UDI-6 questionnaire and a specific scale for OAB was not utilised; therefore, the impact of urgency symptoms could not be quantified. Although this study provides some evidence regarding the potential importance of DO in this patient cohort, future research is required to investigate the added value of urodynamic studies compared with symptom severity alone in predicting persistent post-operative urgency.

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Declarations

Conflicts of interest None.

Reference

1. Padoa A, Levy E, Fligelman T, Tomashev-Dinkovich R, Tsviban A, Serati M. Predictors of persistent overactive bladder following surgery for advanced pelvic organ prolapse. *Int Urogynecol J*. 2022. <https://doi.org/10.1007/s00192-022-05313-3>.

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