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STUDY OF URINARY SYMPTOMS AND SEXUAL DYSFUNCTION IN WOMEN WITH PROLAPSE.

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ABSTRACT

INTRODUCTION in Western society 21 _51% urinary incontinence problem due to pelvic dysfunction various urinary symptoms are stress incontinence, mixed incontinence, dysuria, nocturia, dribbling of urine, and later stages nocturnal enuresis.

METHODS this study was conducted in 150 patients of prolapse aged 40_70year of age help was taken from King's health questionaare to develop proforma of the patients which included general health, incontinence impact, physical and social limitation, emotional problem with sleep disburtances, demographic characteristics and Obstetrics and medical history.

DISCUSSION out of 150 patients, 44 had one or more medical management antimuscarinic drug were given in 20 patients, Mirabin were given in 6, ATT in 2,HRT in 10.

Surgical management were done in 70 patients, vault prolapse in 10 and TOT in 3 patients.

CONCLUSION our study confirm medical physical psychological and intervention factors were reported as influential in QoL in women with incontinence and therefore increasing need for intervention for these prolapse patients with urinary dysfunction.

AIM : Study of urinary symptoms and sexual dysfunction in women with urinary incontinence in prolapse patients .

The present study was conducted from January 28, 2019 to jan20 ,2020 .

KEYWORDS : urinary symptoms, sexual dysfunction, prolapse.

INTRODUCTION –

International continence society defines urinary incontinence as a complaint of involuntary leakage of urine (1).Brandley found 21-51%prevelance in western society (2).Due to pelvic floor dysfunction various urinary symptoms are stress incontinence ,urge or mixed incontinence ,dysuria, urinary tract infection, hesitancy, nocturia ,urgency ,incomplete voiding ,dribbling of urine and manual reduction of prolapsed to start voiding . In later stages it will lead to nocturnal enuresis . Other complaints being dyspareunia ,dryness decrease .Women also complaints of pelvic pain, lower back pain ,pain in vagina ,bladder and rectum area. Other complaints are bowel and bulge symptoms .

METHODS –the prospective study was conducted in department of Obs and Gynaecology in addition to department of urology from January 28, 2019 to January 2020 on women in 40-70 years of age .Sample size is 150 in urogynaecology .We took help from King's Health Questionnare to develop the performa for the patients which included -

- General health
- Incontinence impact
- Role ,physical and social limitations
- Emotional problems with sleep disturbances

Demographic characteristic incorporated were age ,education ,socioeconomic status and menopausal status .

Obstetric history –parity , mode of delivery ,labor events particularly the hours of second stage ,baby weight , weight bearing in postpartum period

Medical history –diabetes ,HTN, hypothyroidism ,COPD and TB.

Age ,severity of urinary incontinence(UI) ,type of UI,no of UI ,body wt, stress ,help seeking behavior .Economic status , life style , menopausal status in contrast were inconsistent .Clinical examination –pt was clinically evaluated along with age , weight and BP. Per abdomen examination – to see any related abdominal mass and pelvic examination to assess degree of prolapse . Q tip test was done to see urethral hypermotility . POP-Q was done , TVL was measured by bivalve speculum and degree of descent ;along with urine leakage observed with valsalva manouvre. Associated posterior and anterior compartment defects were also seen.

After giving suitable antiobiotics and proper diet according to the patient's weight and treating the atrophic vaginitis and various estrogen cream and patient or attendants were asked about to keep the voiding diary and no of incontinence episode over a week . Uroflowmetry was done to find out maximum urinary flow rate ,voided volume , graphs . Initially patients was asked to keep the mobile alarm and to pass urine at increasing uniform interval and if no improvement then patients were given antimuscarinic drugs tolterodine /solfenacin 5mg and /miraben 25mg followed by selective serotonin and norepinephrine reuptake inhibitor depressants 30 mg for a month along with pelvic exercise for 2 months especially when incontinence was confirmed with uroflowetry . Relapse of above treatment then transobturator was done along with vaginal hysterectomy . Overflow incontinence is generally due to neurogenic bladder for which clean intermittent catheterization is done . In incomplete voiding cause of obstruction was found . In others ATT was given .

RESULT –

No	Symptoms	Incidence
1.	Frequency of urination	38%
2.	Leakage related to feeling of urgency (UI)	5%
3.	Pressure and heaviness in lower abdomen	12%
4.	Having a bulge in vaginal area or something coming out	40%
5.	Experience of feeling of incomplete bladder emptying	25%
6.	Manual reposition in vagina or around rectum to start or complete urination/ defaecation .	18.5%

7.	Leakage related to activity like coughing ,sneezing (SUI)	3%
8.	Leakage when you go from sitting to standing (mixed)	22%
9.	Small amount of urinary leakage especially at night i.e. drops	15%
10.	Difficulty in emptying the bladder (incomplete voiding)	10%
11.	Dyspareunia	**22%**
12.	Continuous urinary dribbling	6.5%
13.	Dryness in vagina	35%
14.	Decreased arousal	2%

Out of 150 women 44 had one or the other medical management ;antimuscarinic drugs was given in20 ,miraben was given in 6,ATT was given in 2,HRT was given in 10 ,glycerin and acraflavin packing was done in maximum no of patients to heal the area to decrease oedema and uterus reposition.

Diagnosis	**No.**	%
UTI	50	33.3
Urge incontinence	42	28
SUI	45	30
Mixed UI	13	**0**.86

Surgery	No. of women	Percentage
Vaginal hysterectomy with pelvic floor repair	58	38.6
Repair of VVF	3	0.02
T.O.T. application	3	0.02
Anterior colporrhaphy &post colpoperineorrhaphy	37	24.6
Complete perineal tear	1	0.006
VH with pelvic floor repair with kelly's repair	20	13.3
Abdominal sling operation	10	6.66
Insertion of ring pessary	12	8
Fothergill's operation	2	1.3

Surgical management was done in women.VH with pelvic floor repair was done in 70patients.Vault prolapsed repair was done by abdominal sling in 0 while SUI was treated with transobturator tape in 3 patients. Tuberculosis was detected in one percent women via chest x-ray & AFB for sputum .

DISCUSSION –

The poorer quality of life (QoL) was noted with increase in the severity of prolapse.The result of present study varies from age & menopausal status of the patients.

For stress urinary incontinence ;pelvic floor exercise is the first modality of treatment .Liebergall compared pelvic floor exercises and circular muscle exercise (Paula method) for SUI and found no significant difference in QoL(3).Rett et al revealed that QoL showed noteworthy improvement in women doing pelvic floor exercise(4).Botlero(2008) assessed Australian women and found the incidence and prevalence of urinary incontinence was highly variable in various age group(5).HRQoL was having much more impact in mixed incontinence than urge or SUI.

In our study we found medical,physical,psychological & interventional factors are reported as influential in QoL in women with incontinence .Similar to our study,Hong S K in a Korean study also found that increased incontinence was associated with poor quality of life(6).Briger showed prevalence of urinary incontinence in 13% (7).As age and parity increases the signs & symptoms of frequency of micturition urge ,urge incontinence and nocturia increases .In our study stress incontinence was present in 20% and nocturia in 19%.With increased weight and aging there was a rise of symptoms of lower urinary tract along with storage .Zhang et al gave an account that fetal birth weight, episiotomy, menopause >2 successive child birth ,constipation were hazards for these urogynecological problems(8).Bladder and urethral supportive structures may be injured by episiotomy especially by beginners .In our study 45% of women were given medical treatment in the form of ATT, antibiotics and antimuscarinic drugs.In the developing countries studies relating to urogynecological problems and their widespread presence has been on a very small scale basis .(9)

CONCLUSION-

our study confirms the prevalence of urinary symptoms and sexual dysfunction in women with urinary incontinence in prolapsed patients and the need for intervention required .

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