

手術前尿路動力學顯示膀胱無收縮或低收縮不會影響婦女尿失禁手術結果

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PREOPERATIVE AREFLEXIA OR HYPOREFLEXIA DO NOT AFFECT THE RESULT OF TRANSOBTURATOR MID-URETHRAL SLING FOR PATIENTS WITH STRESS URINARY INCONTINENCE

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Purpose: To investigate the surgical results of using transobturator midurethral sling in the treatment of women with stress urinary incontinence (SUI) who preoperative cystometry (CMG) showed areflexia or hyporeflexia

Materials and Methods: Medical records of the patients underwent transobturator midurethral sling for the treatment of SUI from 2010 to 2011 were reviewed. CMG revealed areflexia or hyporeflexia in 12 of those patients. The surgical results and the urodynamic changes were assessed. The results were compared with another 27 patients who preoperative CMG showed normoreflexia.

Results: At a median follow-up of 14 months, 11 patients (91.7 %) were completely continent, 1 (8.3%) had an improvement but with mild SUI, none of them experienced de novo urge incontinence. The treatment result was considered satisfactory by 11 patients (91.7%). Uroflowmetry showed no significant change in max flow rate and residual urine before and after surgery (15.6 ± 8.6 vs. 14.7 ± 5.4 mL/sec, $p < 0.01$; 72.3 ± 27.1 vs 51.1 ± 46.2 mL, $p < 0.01$). Two patients had the symptoms of terminal dribbling after surgery. In the group of normoreflexia, 24 patients (88.9 %) were completely continent, 1 (%) had mild SUI, 2 (7.4%) experienced urgency and mild de novo urge incontinence. None the patients of both groups has postoperative urine retention.

Conclusions: Transobturator midurethral sling is effective in treating female SUI with preoperative CMG showed areflexia or hyporeflexia. None of these patients experienced urine retention or de novo urge incontinence. The results of treatment are comparable to the group with preoperative CMG showed normoreflexia.

論文分類：6婦女泌尿及尿路動態	文章屬性： <input checked="" type="checkbox"/> 臨床研究 <input type="checkbox"/> 基礎研究 <input type="checkbox"/> 病例報告
發表方式： <input checked="" type="checkbox"/> 一般論文(口頭報告) <input checked="" type="checkbox"/> 討論式海報展示 <input type="checkbox"/> 非討論式海報展示 (可複選 <input checked="" type="checkbox"/>)	
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