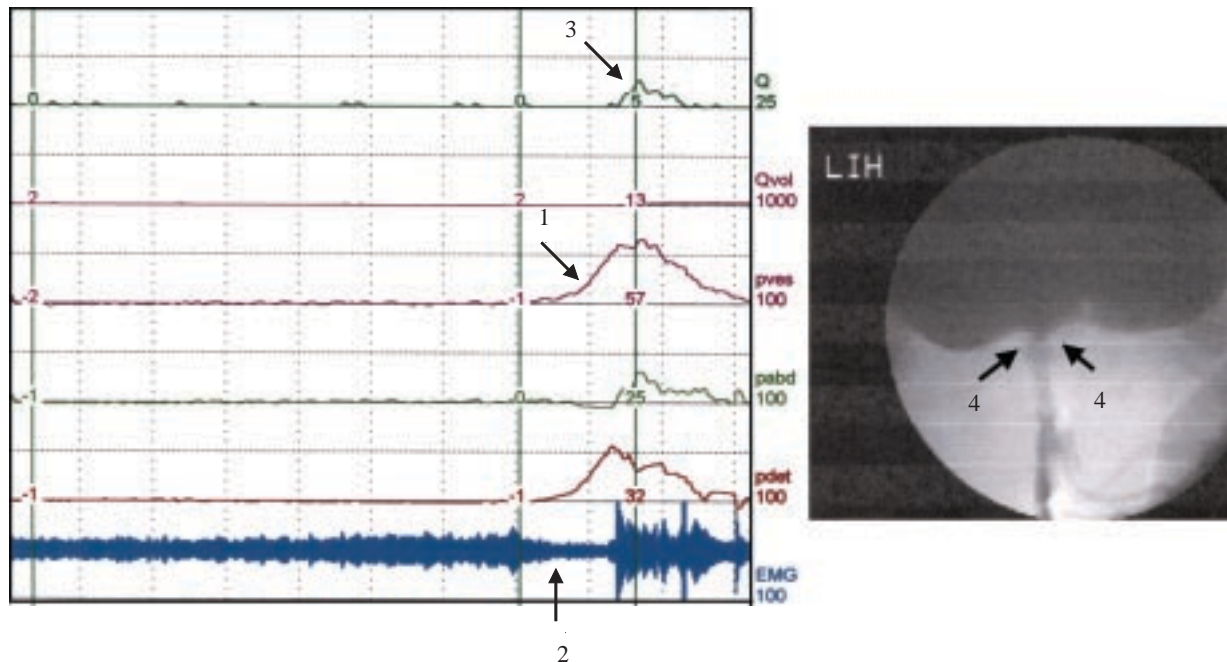


Bladder Outlet Obstruction after Endoscopic Bladder Neck Suspension for Stress Urinary Incontinence

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BRIEF HISTORY

A 43 year-old woman had stress urinary incontinence for 3 years. She underwent an endoscopic bladder neck suspension performed by a gynecologist. The operation cured her stress urinary incontinence but she then developed urgency frequency and dysuria. She was given an antimuscarinic agent (detrusitol SR 4 mg p.o., Q.D.) but it failed to relieve her symptoms. Therefore, she was referred for further investigation.

CLINICAL INVESTIGATION

The urethral meatus and anterior vaginal wall were essentially normal in appearance. The neurological examination also showed no abnormalities.

URODYNAMIC FINDINGS

Videourodynamic study revealed a hypersensitive bladder and involuntary detrusor contractions at a bladder capacity of 200 mL (1). During the voiding phase, the sphincter electromyography (EMG) coordination was good (2), but the voiding pressure was high (32 cm water) and the maximum flow rate (Qmax) was only 5 mL/s (3). Voiding cystourethrography revealed an elevated bladder base and narrow bladder neck (4), indicating an anatomical bladder outlet obstruction after anti-incontinence surgery.

CLINICAL DIAGNOSIS AND MANAGEMENT

This is a typical case of bladder outlet obstruction due to anti-incontinence surgery. Although the surgery cured her incontinence, obstruction soon resulted in storage symptoms. A transvaginal urethrolisis was performed and her lower urinary tract symptoms were relieved.