Influence of Hysterectomy on the Results of the Zödler Sling Procedure in Stress Incontinent Women

R. KLÄN, J. DIERINGER, K. P. DIECKMANN

Department of Urology, Klinikum Steglitz, Free University, Berlin

(Received March 14, 1988)

Zödler's sling procedure was done from 1984 to 1986 at our Department in 108 patients suffering from stress incontinence. Eighty-four patients could be interviewed presently; 51 had been hysterectomized prior to our operation whereas 33 had not been hysterectomized.

We evaluated the influence of hysterectomy on the early and late outcome of our operation. There were no significant differences between the two groups.

Introduction

Hysterectomy plays a major part in the therapy of stress incontinence. Many gynaecologists emphasize that hysterectomy is an important part of incontinence surgery and some consider it even as mandatory [1, 2]. Therefore we investigated the influence of a previous hysterectomy on the results of the Zödler sling procedure done in our stress incontinent patients.

Materials and methods

Zödler's sling procedure was done in 108 stress incontinent women at our Department from 1984 to 1986. A total of 84 patients could be interviewed presently. Fifty-one patients (60.7%) (Group I) had been hysterectomized prior to the operation: 31 of them for descensus, and 20 for other reasons (e.g. myoma, irregular bleeding, etc.).

Thirty-three patients (39.3%) (Group II) had not been hysterectomized.

The average age in Group I was 51.7 years (28–71), in Group II 51.1 years (33–79). In all women bacterial cultures, vaginal examination, cystoscopy, cystotonometry and poly-cystogram (Fig. 1) were done prior to the stress incontinence operation. Patients with marked cystocele and/or descensus greater than 3 cm in the poly-cystogram were excluded from the Zödler sling procedure and a combined gynaecourological operation including colporaphy was chosen (Fig. 2). We followed Zödler’s method described in 1970 [3].
Fig. 1. Lateral poly-cystogram: no marked descensus during Valsalva manoeuvre.

Fig. 2. Lateral poly-cystogram; note marked descensus and loss in anterior vesical angle during Valsalva manoeuvre.

Fig. 3. Nylon net used in Zödler sling procedure.