Comparative study of bowel and sexual symptoms in women between USI and DOA with/without UI diagnosed in the urodynamic study

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Objective: To determine and compare the prevalence of bowel and sexual symptoms in women between urodynamic stress urinary incontinence (USI) and detrusor overactivity (DOA) with/without urinary incontinence (UI) diagnosed in the urodynamic study (UDS).

Methods: The women with urinary incontinence were asked to complete questionnaires before UDS by themselves between December 2006 and July 2007. The subtype of urinary incontinence was decided during filling cystometry. DOA was defined as urgency with uninhibited detrusor contraction. Ure incontinence is defined as urinary leakage secondary uninhibited detrusor contraction. USI is defined as urine leakage with intra-abdominal pressure in the absence of detrusor contraction. Questionnaire was used to assess bowel and sexual symptoms which was designed under the reference of pelvic floor disorders distress inventory and pelvic organ prolapse/urological incontinence sexual questionnaire.

Results: Thirty four women with USI and twenty eight women with DOA with/without UI were included in this study. There were no differences of demographics, prevalence of fecal incontinence and UI during sexual activity between two groups. 81% of the women in this study (USI: 91.7%, DOA with/without UI: 66.7%) answered that they have fecal incontinence and 71.5% (USI: 62.5%, DOA with/without UI: 68.3%) have urinary leakage during sexual activity. The prevalence of bowel symptoms in women with USI or DOA with/without UI is high. The women with DOA with/without UI have statistically meaningful more feeling of incomplete emptying (29.2% vs 72.2%), the women with USI show lower sexual functioning in terms of sexual excitement, satisfaction, avoidance of sexual intercourse due to bulging vagina.

Conclusion: the women with UI have significant more distress in the bowel and sexual symptoms than generally have known, the urogynecologists should take these distresses into consideration in handling these patients, for doing in this manner, there is need to develop the questionnaire designed for our cultural environment and understandings.