

EP18.15 Early postoperative ultrasound after mid-urethral sling surgery: findings often do not explain symptoms

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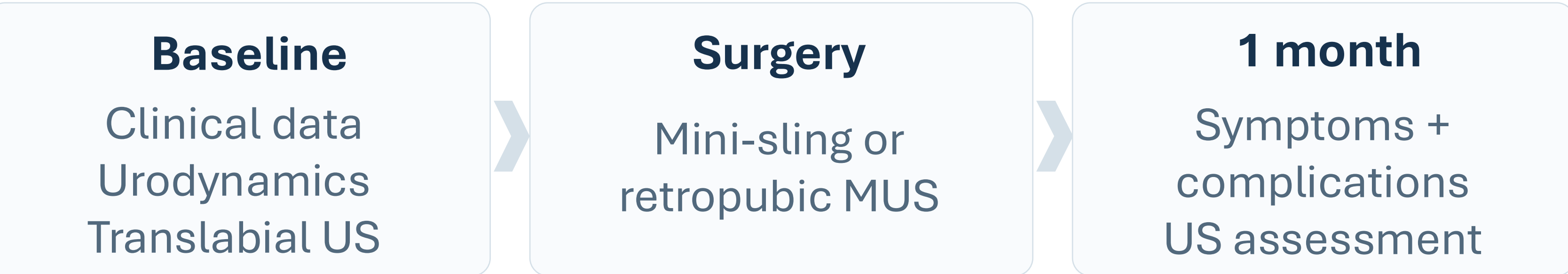
WHY THIS STUDY?

Urogynecological ultrasound (US) can document sling position and tension after surgery, but the clinical significance of early postoperative findings is uncertain

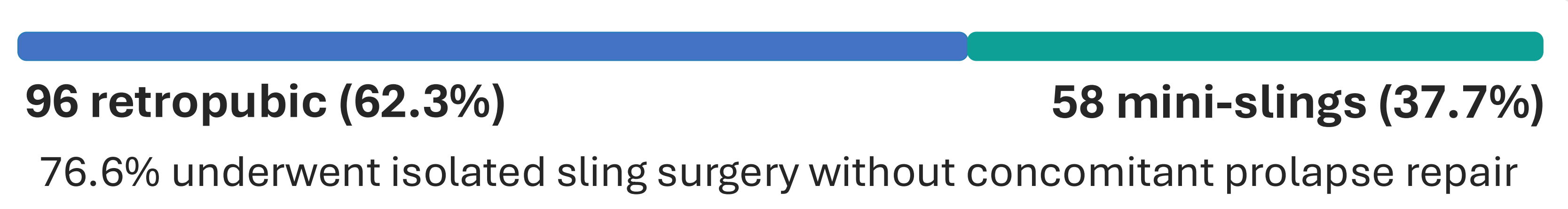
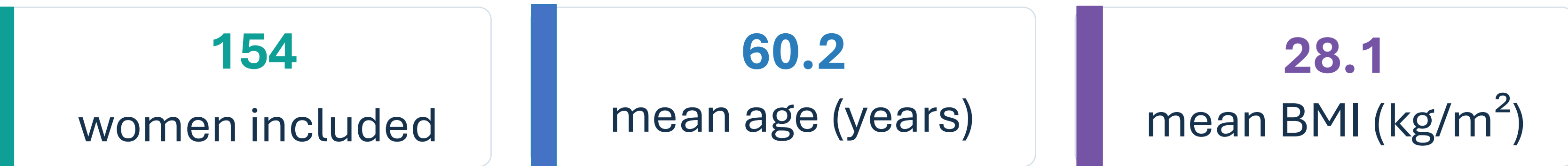
OBJECTIVE

Assess whether 1-month US findings explain postoperative symptoms and complications after mid-urethral sling (MUS) surgery

STUDY DESIGN



COHORT



PREOPERATIVE PROFILE

- Urethral hypermobility >15 mm

80.6%
- Mean urethral mobility

24.8 ± 5.2 mm
- Funneling

23 patients
- Underactive detrusor

22 patients
- Detrusor overactivity

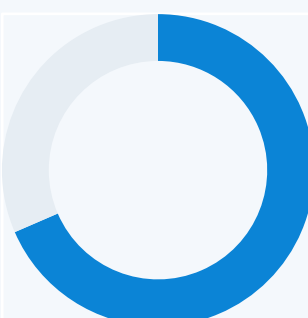
37 patients

WHAT DID WE FIND AT 1 MONTH?

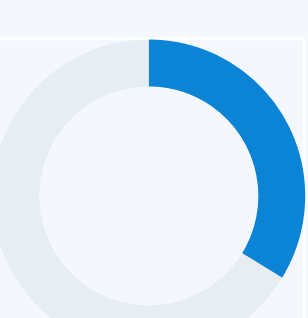
1. OVERALL OUTCOMES



97/154 patients
had no complications

68.5%

Optimal sling position
on ultrasound

31.5%

≥1 altered US parameter,
no clinical impact

2. STRESS URINARY INCONTINENCE



5/154 patients
with persistent SUI

US findings:

- 2 patients with loose slings with partial kinking;
- 1 with mid-distal sling position

In 3 patients, urethral funneling was already present preoperatively

3. VOIDING DYSFUNCTION



14/154 patients
with voiding dysfunction

US findings:

- 1 patient with a slightly tight sling on US

7 patients with a history of detrusor underactivity

4. POSTOPERATIVE DISCOMFORT

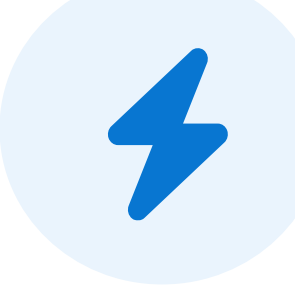


13/154 patients
with postoperative discomfort

US findings:

- Only 1 patient showed US signs of a slightly tight sling
- No relevant asymmetries were observed

5. DE NOVO URGENCY

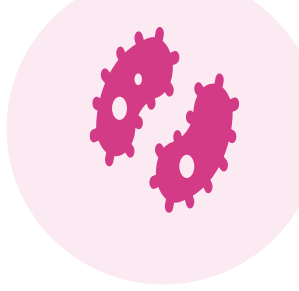


3/154 patients
with de novo urgency

US findings:

- No US abnormalities were identified that could explain the symptoms

6. URINARY TRACT INFECTIONS



11/154 patients
with a urinary tract infection

US findings:

- 2 patients had a mid-distal sling position

KEY OBSERVATION

Partially altered US parameters were frequently clinically silent

CONCLUSION

At 1 month after MUS surgery, urogynecological ultrasound provides valuable anatomical information, but explains symptoms in only a limited number of cases
Interpretation should integrate preoperative clinical, functional and ultrasound data