

Quality of Life in Patients Operated with Obturator Mesh for Urinary Incontinence at Hospital Materno Infantil, Tegucigalpa, 2018-2019

Maria Alejandra Orellana Rivera¹, Alvaro Julian Funez Quezada², David Enrique Lobo Galindo² and Oscar Fawed Ortega Reyes^{3*}

¹Doctor of Medicine and Surgery, Catholic University of Honduras, Honduras

²Medical Specialist in Gynecology and Obstetrics, National Autonomous University of Honduras, Honduras

³Methodologist, Global Humana, Spain, Master in Clinical Trials Management and Monitoring, Technological University of Mexico, Mexico

***Corresponding Author:** Oscar Fawed Ortega Reyes, Methodologist, Global Humana, Spain, Master in Clinical Trials Management and Monitoring, Technological University of Mexico, Mexico.

Received: February 20, 2023; **Published:** May 01, 2023

Abstract

Background: Urinary incontinence is a highly prevalent symptom among the adult population, affecting 24% of women.

Objective: To determine the quality of life of patients due to urinary incontinence at the Maternal and Child Hospital 2018 - 2019.

Methodological Design: With a type of Retrospective Descriptive study, in the influence on the Maternal and Child Hospital, with a universe of 191 patients and a sample of 128 at a 95% CI, with a type of non-probabilistic convenience sampling, collecting data through telephone contact with the patients. The database generated from the epidemiological-statistical program Epi Info v. 7.2. The confidentiality of the information was maintained.

Results: The study shows that the majority of women affected by urinary incontinence are over 61 years of age and occupy the role of housewife. Obesity and having a child are the most common antecedents. After the intervention, most of the women reported good satisfaction and a decrease in sexual limitations and daily and social activities. In general, most women reported being in very good or good health after the intervention.

Conclusion: The intervention of urinary incontinence is a measure of recovery that generates general improvement in the operated patients.

Keywords: Urinary Incontinence; Quality of Life; Gynecology; Honduras

Introduction

Urinary incontinence (UI) is the involuntary loss of urine, this type of problem constitutes an important social, hygienic and public health problem, since the quality of life is directly related to the condition, since this type of dysfunction limit daily activities at home and in the community [1]. In general, quality results from the interaction of objective and subjective factors, with the objective factors depending on the characteristics of the disease and the treatment, and the subjective factors depending on how a person feels with respect to the aspects mentioned above [2].

The psychosocial consequences present various emotional disorders that include a decrease in self-esteem, sexual and social activity, the use of absorbent can cause the perception of dirt that directly impairs the libido and modifies the way of dressing of those affected [3].

It is important to point out that urinary incontinence can increase its appearance as the age of the person increases, being more than 50% in geriatric ages, being much less in men in which it reaches only 7% and in patients who are between 65-85 years old [4].

At the epidemiological level, data mentions that this condition can affect all age groups and both sexes, with a prevalence in women of 24% worldwide and 50% worldwide regardless of gender. It is recognized that urinary incontinence in Spain is around 15.8%, which translates to some 6,510,000 affected inhabitants [5]. In countries of the South American and Central American region, the epidemiology is not very clear and if we speak of Honduras as a country, no reference line has been found from which to extract said data. Therefore, this study aims to establish the quality of life of patients operated on for urinary incontinence [6].

Methodological Design

With a type of Retrospective Descriptive study, with an area of influence in the Maternal and Child Hospital, with a universe of 191 with eligible characteristics for the procedure and a sample of 128 of the entire universe available after two years of their intervention, with a type of convenience non-probabilistic sampling, collecting data through telephone contact by the principal investigator addressed to the patients operated on at the institution, who were characterized by being over 18 years of age.

The information collected was directed to an electronic database generated by the epidemiological-statistical program Epi Info v. 7.2. Once the quality control of the database and final cleaning were carried out, the percentage and frequency analysis module was carried out, part of the same software to generate a statistical report made up of frequency tables. The confidentiality of the information was maintained.

Results

Regarding the sociodemographic variables, it can be seen that the most frequent age was found in women older than 61 years in 49.2% (63), followed by 51 - 60 years in 28.1% (36), the predominant occupation was that of a housewife in 64.8% (83), Obesity was the most frequent pathological history in 14.8% (19), with one (1) child being the predominant number of children with 53.1% (68).

Age	F	%
41-50	29	22.7
51-60	36	28.1
Over 61	63	49.2
Total	128	100
Occupation	F	%
Housewife	83	64.8
Employee	24	18.8
Businessman	21	16.4
Total	114	100
Comorbidities	F	%
HTAC	19	14.8
Diabetes	31	24.2
Obesity	64	50
other	14	11
Total	128	100
Number of children	F	%
1	68	53.1
2	39	30.4
Over 3	21	16.5
Total	128	100

Table 1: Distribution of sociodemographic variables and number of children (n = 128).

Regarding the degree of post-intervention satisfaction, “Good” had the majority at 56% (72), followed by “Regular at 17% (21) and “Very Good” at 16% (21), finally, it was Look at “Bad” with 11% (14).

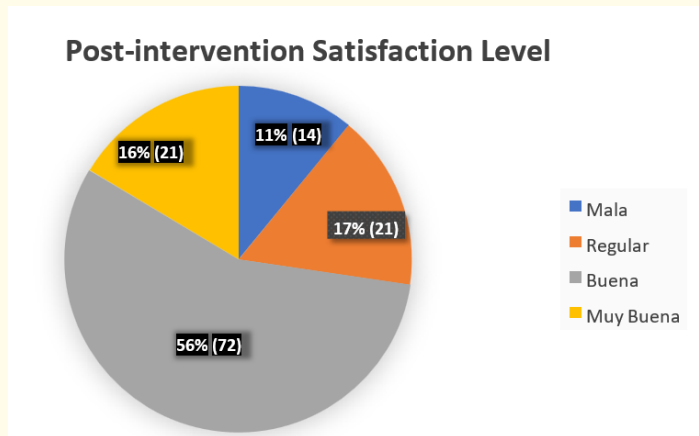


Figure 1: Distribution of perceived satisfaction after the medical intervention (n = 128).

The limitations that obtained the most positive impact in the first place was sexual limitation, which decreased by more than 50%, followed by daily activity and social activity, which decreased 10 frequency points compared to before the intervention.

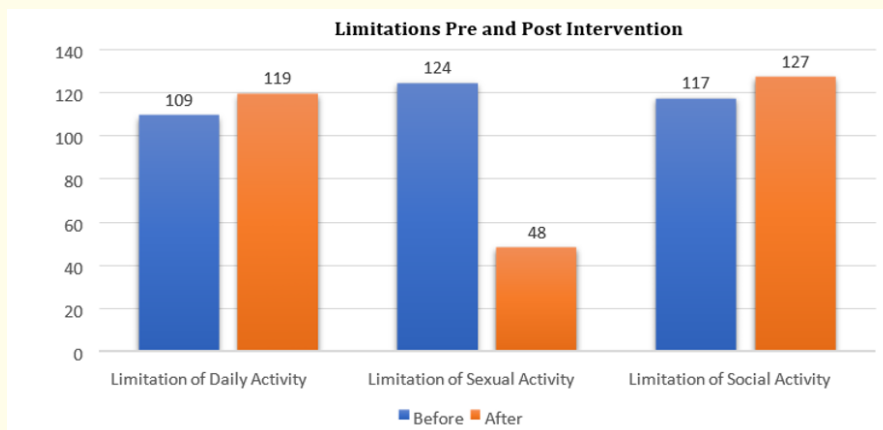


Figure 2: Distribution of pre and post intervention limitations (n = 128).

It is worth mentioning that the general state of health after the intervention was “very good” in 40%, followed by “good” in 37%, “regular” in 15% and to a lesser extent “bad” with just one 8%.

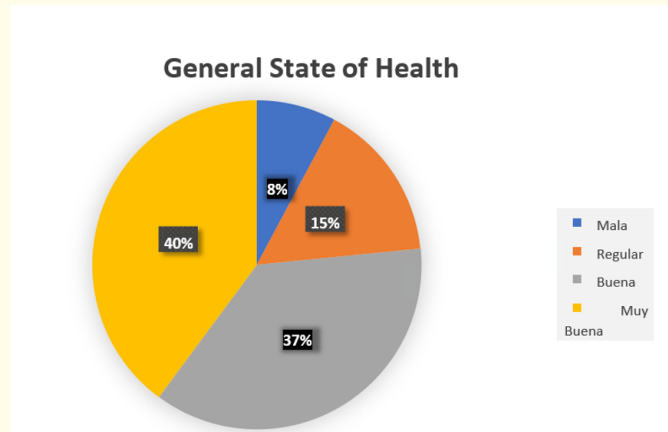


Figure 3: Distribution of the general state of health of the evaluated patients (n = 128).

Discussion

The prevalence of urinary incontinence (UI) in adult women ranges from 20% to 50%. A study conducted in a county in Norway between 1995 and 1997 found that 25% of women over the age of 20 reported urine leakage. A recent survey of 17,080 women in four European countries showed that 35% of them experienced involuntary loss of urine in the last 30 days [7].

The prevalence of UI increases with age, with a typical rate of 20-30% in young adults, a peak around midlife (30 - 40%), and a mild and sustained increase at older ages (30 - 50%). Institutionalized women, especially those between the ages of 50 and 60, have a particularly high prevalence of UI. The predominant age range in terms of sociodemographic data was 43 to 51 years, followed by those over 61 years [8].

Obesity is a risk factor for UI in older women, and a correlation has been found between high body mass index and higher prevalence and severity of UI. In addition, other risk factors include conditions such as heart disease, diabetes mellitus, and dementia, as well as a family history of UI. Little is known about weight loss as a treatment for UI. The results of the study indicated that the majority of UI patients had obesity, diabetes, and an active sexual life [9].

Obesity is a risk factor for UI in older women, and a correlation has been found between high body mass index and higher prevalence and severity of UI. In addition, other risk factors include conditions such as heart disease, diabetes mellitus, and dementia, as well as a family history of UI. Little is known about weight loss as a treatment for UI. The results of the study indicated that the majority of UI patients had obesity, diabetes, and an active sexual life [10].

Childbirth is an established risk factor for urinary incontinence in young and middle-aged women. Vaginal delivery is considered the most important factor, but the pregnancy itself can also cause incontinence. Women who deliver by caesarean section have a higher risk of urinary incontinence than nulliparous women, although vaginal delivery is associated with a higher risk. Several obstetric parameters have been identified that contribute to the development of urinary incontinence, such as the weight of the newborn and functional disorders of childbirth. Most women who undergo surgery for urinary incontinence have not yet had children, but a third have already had one or more gynecologic and obstetric processes [11].

Multiple studies have measured the quality of life in incontinent women, finding that UI has a negative impact on various aspects of daily life, such as the social, physical, sexual, psychological, work and home environment. The present study found that most incontinent women do not feel that their social and sexual activity is affected by UI, while physical activity, sleep, and domestic activity are moderately affected [12].

Conclusion

Urinary incontinence (UI) is a common disorder that affects many adult women, and its prevalence increases with age. Obesity, diabetes, smoking, alcohol abuse, vaginal delivery, and neurological and muscular disorders are associated with increased risk of UI in women. Weight loss may be an effective treatment for UI in obese women, but more research is needed in this field. Women with UI often develop behavioral habits to reduce the impact of the problem on their lives. It is important for women to know that there are treatment and support options available to help manage UI and improve their quality of life.

Bibliography

1. FJ Brenes-Bermúdez., *et al.* "Urinary incontinence referral criteria for primary care". *Primary Aten* 45.5 (2013): 263-273.
2. JW Thüroff., *et al.* "UAE guidelines on urinary incontinence". *European Urology* 59.3 (2011): 387-400.
3. International Continental Society. "Standardization of terminology of lower urinary tract function". *Urology* 9 (1997): 237.
4. Adefna RI., *et al.* "Results of the transobturator suburethral sling with polypropylene tape for the surgical treatment of stress urinary incontinence". *Revista Cubana de Cirugía* 50.3 (2011).
5. M Busquets and R Serra. "Validation of the International Consultation on Incontinence Questionnaire Short-Form (ICIQ-SF) questionnaire in a Chilean population using the National Health Fund (FONASA)". *Revista Médica de Chile* 140.3 (2012): 340-346.
6. Lorenzo Gómez MF., *et al.* "Risk factors for failure of surgical correction of stress urinary incontinence using transobturator suburethral tape". *Actas Urológicas Españolas* 35.8 (2011).
7. Veloso D., *et al.* "Tension-free transobturator suburethral tape for the treatment of stress urinary incontinence: 3-year follow-up". *Revista Chilena de Obstetricia y Ginecología* 75.4 (2010).
8. Llanto-Canchos J., *et al.* "Transobturator tape (TOT) in the treatment of stress urinary incontinence at the Regional Hospital of Ica, Peru". *Revista Médica Panacea* (2012): 23.
9. Hannestad YS., *et al.* "A community-based epidemiological survey of female urinary incontinence: the Norwegian EPINCONT study. Epidemiology of Incontinence in the County of Nord-Trøndelag". *Journal of Clinical Epidemiology* 53.11 (2000): 1150-1157.
10. Hunskaar S., *et al.* "The prevalence of urinary incontinence in women in four European countries". *BJU International* 93.3 (2004): 324-330.
11. Subak LL., *et al.* "Does weight loss improve incontinence in moderately obese women?" *International Urogynecology Journal and Pelvic Floor Dysfunction* 13.1 (2002): 40-43.
12. Hannestad YS., *et al.* "Familial risk of urinary incontinence in women: population based cross sectional study". *British Medical Journal* 329.7471 (2004): 889-891.

Volume 6 Issue 5 May 2023

©All rights reserved by Oscar Fawed Ortega Reyes., *et al.*