Urological Survey

Voiding Function and Dysfunction, Bladder Physiology and Pharmacology, and Female Urology

Re: Electronic Bladder Diaries of Differing Duration versus a Paper Diary for Data Collection in Overactive Bladder

P. Abrams, J. Paty, R. Martina, D. T. Newgreen, R. van Maanen, A. Paireddy, T. Kuipers-deGroot and A. Ridder

Southmead Hospital, Bristol Urological Institute, Bristol and University of Leicester, Leicester, United Kingdom, Quintiles, Hawthorne, New York, and Astellas Pharma BV, Leiden, The Netherlands

*Neurourol Urodyn 2016; **35:** 743–749. doi: 10.1002/nau.22800*

Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/26174907

Editorial Comment: The authors of this article conclude, "For future [overactive bladder] trials, 7-day or continuous electronic diaries may improve accuracy and reliability of micturition and incontinence frequency data compared with shorter collection periods and paper diaries." The conclusions were culled from a large amount of data pulled from an ultimate population of 161 patients divided into 5 groups comprising different bladder recording techniques: 1) 3-day paper diary assessment of incontinence, micturitions and mean volume voided in days 5 to 7; 2) 3-day electronic assessment of incontinence, micturitions and mean volume voided during days 5 to 7; 3) 7-day electronic assessment of incontinence and micturitions (days 1 to 7) and 3-day assessment of mean volume voided (days 5 to 7); 4) daily electronic assessment of incontinence and micturitions during the study period and 3-day assessment of volume voided (days 5 to 7), and 5) daily electronic assessments of incontinence during the study period, 7-day assessment of micturitions (days 1 to 7) and 3-day assessment of mean volume voided (days 5 to 7). Overactive bladder (OAB) symptoms were recorded in weeks 1, 2, 4, 8 and 12. Techniques 1 and 5 were not considered the optimal choice for OAB trials. It was felt that continuous electronic diaries (group 3 or 4) did improve the accuracy and reliability of micturition and incontinence frequency data compared to shorter collection periods.

The majority of compliance rates for completion of diaries were over 90%, at least 1 diary entry per day. From the data the authors determined that no diary fatigue or reactivity occurred. These authors have proved that there is no question that the longer and more continuous the diary, the better the accuracy and reliability of the data recorded. The problem, of course, is to find a patient population that satisfies criteria of entry for a particular study that will accurately fulfill such reporting requirements.

Alan J. Wein, MD, PhD (hon)

Re: A Large Retrospective Series of Pregnancy and Delivery after Midurethral Sling for Stress Urinary Incontinence

E. Adams-Piper, K. Buono, E. Whitcomb, P. Mallipeddi, P. Castillo and N. Guaderrama

Department of Obstetrics and Gynecology, Division of Urogynecology, University of California–Irvine, Orange, Southern California Permanente Medical Group, Irvine Medical Center, Irvine, Department of Obstetrics and Gynecology, Kaiser Permanente Santa Clara, Santa Clara and Vital Health Institute, Los Gatos, California

*Female Pelvic Med Reconstr Surg 2016; **22:** 307–310. doi: 10.1097/SPV.0000000000000276*

0022-5347/17/1976-0001/0
THE JOURNAL OF UROLOGY®

http://dx.doi.org/10.1016/j.juro.2017.03.098
Vol. 197, 1-6, June 2017
Printed in U.S.A.

Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/27054790

Editorial Comment: These authors provided data on 26 patients who had a mid urethral sling (MUS) placed, 16 retropubic and 10 transobturator, of whom 21 reported subjective resolution of their urinary incontinence. Mean interval from incontinence surgery to delivery was 27.3 months (range 9.3 to 70.4). Followup after delivery averaged 19.8 months (range 1 to 51). Of the deliveries 14 were cesarean section, of which 5 were elective primary for the indication of a prior mid urethral sling, 5 were elective repeat cesarean section and the remaining 4 were for fetal indications. Of these patients 1 developed incontinence. A total of 11 patients had spontaneous vaginal deliveries, none of which involved obstetric lacerations greater than second degree. None of these patients became incontinent afterward.

The authors review the small amount of literature on this subject and note that "… expert opinion weighs against encouraging pregnancy after MUS placement …" They report that data from prior case series show that 16.7% to 27.2% of previously reported continent patients developed recurrent urinary incontinence after delivery, figures higher than those reported in this series. In posing the question, what is the preferred route of delivery with respect to safety and efficacy for the patient who has had a mid urethral sling, the authors hedge a bit by stating, "Until the clinical experience of many more patients is added to the literature, clinicians must continue to counsel their patients based on the current limited data." They add, "Although acknowledging the shortcomings of the data, the current case series reinforces previous observations that complication rates are low and the efficacy of MUS outcomes is largely maintained despite the stresses of pregnancy and delivery."

Alan J. Wein, MD, PhD (hon)

Re: OnabotulinumtoxinA vs Sacral Neuromodulation on Refractory Urgency Urinary Incontinence in Women: A Randomized Clinical Trial

C. L. Amundsen, H. E. Richter, S. A. Menefee, Y. M. Komesu, L. A. Arya, W. T. Gregory, D. L. Myers, H. M. Zyczynski, S. Vasavada, T. L. Nolen, D. Wallace and S. F. Meikle

Department of Obstetrics and Gynecology, Duke University, Durham and Social, Statistical and Environmental Sciences, RTI International, Research Triangle Park, North Carolina, Departments of Obstetrics and Gynecology, University of Alabama at Birmingham, Birmingham, Alabama, Kaiser Permanente San Diego, San Diego, California, University of New Mexico, Albuquerque, New Mexico, Oregon Health and Science University, Portland, Oregon, and Brown University, Providence, Rhode Island, Department of Obstetrics and Gynecology, University of Pennsylvania, Philadelphia and Department of Obstetrics, Gynecology and Reproductive Sciences, University of Pittsburgh, Pittsburgh, Pennsylvania, Department of Urology, Cleveland Clinic, Cleveland, Ohio, and Eunice Kennedy Shriver National Institute of Child Health and Human Development, Bethesda, Maryland

*JAMA 2016; **316:** 1366–1374. doi: 10.1001/jama.2016.14617*

Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/27701661

Editorial Comment: The results of this long awaited study comparing sacral neuromodulation and onabotulinumtoxinA treatment for refractory urgency urinary incontinence (UUI) were summarized in a very expert and objective manner as follows: "Among women with refractory urgency urinary incontinence, treatment with onabotulinumtoxinA compared with sacral neuromodulation resulted in a small daily improvement in episodes that although statistically significant is of uncertain clinical importance. In addition, it resulted in a higher risk of urinary tract infection and need for transient self-catheterizations."

This was an open-label randomized trial conducted at 9 sites participating in the National Institutes of Health sponsored Pelvic Floor Disorders Network. Subjects needed a minimum of 6 urgency incontinence episodes on a baseline 3-day diary to be eligible. For sacral neuromodulation a first stage lead placement was done in the operating room, and during a 7 to 14-day test phase participants with 50% or greater reduction in the number of episodes of UUI in a 3-day bladder diary were defined as clinical responders and went on to neurostimulator implant. Those randomized to botulinum toxin received an intradetrusor injection of 200 U as an outpatient. Outcomes were calculated as change in baseline averaged over 6 months as recorded for 3 consecutive days in monthly bladder diaries.