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Thirty day morbidity of abdominal sacrocolpopexy is influenced by additional surgical treatment for stress urinary incontinence

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Abstract

Objective:
To assess the impact of concurrent anti-incontinence procedure (AIP) at time of abdominal sacrocolpopexy (ASC) on 30-day complications, readmission, and reoperation.

Methods:
The American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) database from 2006-2013 was queried to identify patients undergoing ASC with or without AIP. We assessed baseline characteristics and 30-day perioperative outcomes including complications, readmission, and reoperation.

Results:
There were 4793 patients who underwent ASC, of whom 1705 underwent concurrent AIP (35.6%). The majority of patients (4414, 92.1%) were treated by a gynecologist, but those treated by a urologist were older, had higher ASA class, and had increased frailty. Rates of 30-day postoperative urinary tract infection (UTI) and overall complication were higher among women undergoing concurrent AIP (4.75% vs 2.33%, p<0.001; 7.74% vs 6.02%, p=0.02). On multivariate analysis controlling for age, BMI, approach, ASA physical status, mFI, resident involvement, and surgeon specialty, AIP was associated with increased odds of UTI (OR 2.20, 95%CI 1.14-4.13, p=0.02) and increased odds of overall complication (OR 1.80, 95%CI 1.10-2.93, p=0.02). Thirty-day readmission and reoperation rates did not differ between the groups.