

P342. The Value of Perineal Ultrasound Scan in the Diagnosis of Peri- and Postmenopausal Urinary Incontinence

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Introduction: Urinary incontinence is described as a sudden, involuntary loss of urine. The injuries of the pelvic floor, the hormone dependent degeneration of the pelvic organs or some malformations and increased intraabdominal pressure (obesity) can also lead to the formation of urinary incontinence. The lack of continence can be noticed when a functional error is present in the urethra, the detrusor muscle or the internal sphincter. The diagnosis can be missed easily without an objective proof of the disorder. Transperineal ultrasonography can be an accessible tool for the visualisation of the disorders of the pelvic floor.

Aim: To find out anatomical and life factors which can be found in the background of peri- and postmenopausal urinary incontinence.

Materials and Methods: Peri- and postmenopausal patients seeking for remedy for urinary incontinence between 2014 and 2016 have been involved in a retrospective setting. All patients underwent transperineal ultrasound scan by the same examiner. A questionnaire ('Female Urinary Incontinence') was also formed making up 39 questions about life habits, patients history regarding the success of previous procedures against urinary incontinence. The satisfaction rate of the procedures, different remedies and the decline in the quality of life due to leaking of urine was measured using VAS (Visual Analogue Scale).

Results: Perineal ultrasound scan report was available in 92 cases. The median age was 56.7 years. Our hypotheses regarding urinary incontinence was observed with different statistical methods. There was a statistically significant (using chi-square test) relation between funnelling and urinary incontinence ending up double risk for suffering of the disorder ($p < 0.05$). Surprisingly the relation between urinary incontinence and higher number of spontaneous labours and higher BMI have not proved to be significant ($p = 0.2$ and $p = 0.3$ respectively).

Conclusion: The best matching therapeutic method can be chosen if the background of urinary incontinence is revealed more precisely. Transperineal ultrasonography can be such a cheap, easy to-use method and a helpful non-invasive tool if used in experienced hands.

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