8.A nationwide cohort study of readmissions after surgical treatment for urinary incontinence

Margrethe Foss Hansen 1,2, Hrefna Sigurdardòttir2, Kim Gradel1, Ulrik Schiøler Kesmodel2 ,Gunnar Lose 2

1 Center for Clinical Epidemiology, Odense University Hospital and Research Unit of Clinical Epidemiology, Institute of Clinical Research, University of Southern Denmark, Odense, 2 Herlev and Gentofte Hospitaler, Department of Obstetrics and Gynaecology, Herlev, and Department of Clinical Medicine, University of Copenhagen.

**Background:** The synthetic midurethral slings (retropubic midurethral sling [RPMUS]) and (transobturator midurethral sling [TOMUS]) are the current standard for surgical treatment for urinary incontinence (UI). Urethral injection therapy (UIT) is often a second choice. The aim was to assess complications of UI for women who were readmitted to the hospital department within 30 days and to evaluate a conventional method of classifying complications versus grading complications into the The Clavien-Dindo Classification (CDC) System.

**Materials and methods**: A historical cohort study based on a nationwide population during a five-year period (2007-2011) of women who had a readmission within 30 days after surgical treatment for UI.

**Results**: There were 874 (15.4%) readmissions within 30 days to a Department of Obstetrics and Gynecology, among 5393 procedures performed during the study period.

The most common indications for readmission were for UIT related to persisting UI, infection and cystitis and for RPMUS and TOMUS voiding dysfunction requiring surgery, infection and pain within 14 days.

Women who had UIT were classified as up to CD II whereas women who received RPMUS and TOMUS, had surgical complications classified as up to CD IIIb.

**Conclusion:** The rate of readmission was high as compared to other countries which might be due to the fact that there is free access to health care in Denmark.

The CDC System was initially created to categorize complications within major surgery, and within its current form it does not adequately characterize the breadth and severity of minimal invasive surgery of UI.