

What are the predictors for transient post-operative urinary retention after pelvic floor surgeries?: An observational study

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ABSTRACT

Introduction: Transient postoperative urinary retention (POUR) is common after pelvic floor surgery. We aimed to determine the association between peri-operative variables and POUR. **Methods:** We conducted an observational cohort study of patients who underwent pelvic floor surgeries at a tertiary referral centre from 2021 to 2023. We examined the variables that could be used as significant predictors with univariate and multivariate logistic regression analyses. **Results:** A total of 148 patients satisfied our inclusion criteria. 12.2% of patients had POUR. Both arms were comparable with regard to surgical complications and co-morbidities. The multivariate analysis showed that women who were overweight and obese had a significantly higher risk of developing transient POUR (adjusted odd ratio, AOR 4.15; 95%CI 1.13-15.39, p=0.032) whilst surgery less than 90 minutes had a significantly lower risk (AOR 0.18; 95% CI 0.04-0.81, p=0.026). **Conclusion:** Urogynaecologists and pelvic floor surgeons should attempt to minimize the duration of their surgeries as well as advise overweight or obese patients to lose weight in order to reduce post-operative morbidity.

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Anterior vaginal wall cysts, mimicking anterior compartment prolapse: A case series

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ABSTRACT

Introduction: Vaginal cysts are benign, rare conditions, with a prevalence of 1 in 200 women. We report three cases of vaginal wall cysts mimicking pelvic organ prolapse. **Cases Description:** 1) A 33-year-old para 2, four months postpartum, presented with mass per vagina of five years, which increased in size during pregnancy and protruded out from the introitus. Perineal examination revealed an anterior vaginal wall cyst measuring 7 x 5 cm, non-tender and mobile. Translabial ultrasound [TLUS] showed a well-defined vaginal cyst. She underwent examination under anaesthesia, cystoscopy, and vaginal cystectomy. The histopathological examination revealed a Gartner's duct cyst. 2) A 54-year-old, para 5 presented with a two-year history of vaginal fullness and heaviness. A pelvic examination revealed a 3 x 3 cm non-tender, cystic lesion on her upper left anterior vaginal wall. The cyst was excised and histopathological examination confirmed Bartholin's cyst. 3) A 48-year-old, para 1 presented with a stage IV uterovaginal prolapse and subsequently planned for vaginal hysterectomy. Intraoperatively, we noted a cervical fibroid measuring 4 x 4 cm with serous discharge and degenerative changes. The operation was then converted to an open laparotomy hysterectomy. The mass was located between the lower uterine segment and the bladder which was enucleated as one piece. The histopathological report confirmed myopericytoma of the cervical tissue. **Discussion:** Diagnosis for rare vaginal cysts may be challenging especially when they mimic Pelvic Organ Prolapse (POP) and are often misdiagnosed as cystocele. A thorough assessment should include pre-operative imaging. TLUS permits accurate assessment and facilitates patient counselling and surgical planning.