

[Obesity and urogynecology: A systematic review].

[Article in French]

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Abstract

OBJECTIVES: To determine the specificity of the management of urogynecologic disorders in obese women.

PATIENTS AND METHODS: Review of the literature: obesity, genital prolapse, pelvic organ prolapse, urinary incontinence, anal incontinence.

RESULTS: The relative risk of urinary incontinence (UI) for morbidly obese women (BMI>40kg/m²) is five times greater than a normal weight woman. A 10% weight loss reduced the frequency of urinary leakage by 50%. Beyond a BMI of 35kg/m², the success rate of suburethral sling decreased to 50% with an increased risk of de novo urgencies. Within this population of morbidly obese women, bariatric surgery was as successful as or more than surgery for incontinence. Patients with morbid obesity are three times as likely to experience anal incontinence, with a prevalence reaching 32%. The treatment of anal incontinence in obese patients is not clearly codified. The association between obesity and prolapse is very controversial according to the methodology used in the studies. Treatment of genital prolapse in obese women is little studied in the literature. Only sacrocolpopexy by laparotomy was studied. No more complications were found in this population.

CONCLUSION: Now we have specific data concerning urogynecology in obese women to better manage these patients.