

COITAL URINARY INCONTINENCE: A RANDOMIZED, DOUBLE BLINDED CONTROLLED TRIAL USING INTRAVAGINAL LASER, RADIOFREQUENCY AND SHAM CONTROL GROUP IN WOMEN WITH URINARY INCONTINENCE (LARF-STUDY ARM3)



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INTRODUCTION Coital Incontinence(CI) is defined as involuntary loss of urine during coitus. This symptom might be divided into that occurs during penetration or at orgasm. It occurs even during masturbation. CI is an embarrassing condition for women, a symptom that is rarely reported spontaneously and can cause psychosexual problems. Moreover, was reported a significant improvement in CI after sling surgeries. Recently, vaginal energies such as laser(LS) and radiofrequency(RF) have been described as an alternative treatment of UI

OBJETIVE To evaluate the use of vaginal energies, LS and RF, in the treatment of CI

METHODS This is a secondary outcome of a randomized, double blinded, controlled clinical study was performed using fractionated LASER CO₂ Femilift® -LBT and Microablative fractioned Radiofrequency- Fraxx®- LOKTAL, for the treatment of stress UI. Were eligible for the study women referring predominant stress UI, confirmed by stress test. After providing written informed consent, women were randomized to have either LS, RF or sham control group(SCT). All participants and the outcome assessors were blinded to the intervention group, and only the physician who performed the treatment application was aware of it. The treatment protocol included 3 subsequent monthly energy application sessions. Participants in the SCT group were submitted to the same procedures; however, the equipment was blocked and could not release energy. Follow-up visits occurred at 1, 6, and 12months after the third procedure. Complications were assessed between treatment sessions and in all follow-up visits by clinical evaluation including physical exam

RESULTS. Study flow chart is available on figure 1. The groups were similar regarding demographic and clinical pretreatment parameters(table1). A significant improvement of CI rate was observed during the follow-up in LS p0.035, RF p0.002, but not in p0.125. Moreover, was also reported improvement in lubrication in LS, RF greater than in SCT p<0.001; libido, RF and SCT with difference between groups p0.004 and arousal LS, RF and SCT with difference between groups p0.004 (Fig2). The pain related to the procedures was moderate (VAS scores > 3 and < 7) in all groups without differences among them. Mild vaginal bleeding immediately after the treatment (LS 29.0%, RF 36.0%, SCT 24.0%) and dysuria, mainly after the first application (LS 23.0%, RF 5.0%, SCT 1.0%) was also reported. No urinary infection or vaginal mucosa scarification or fibrosis was observed during the follow-up.

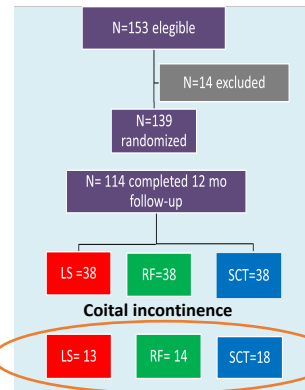


Figure1- Consort flowchart

Table 1. Demographic Pre- treatment Data

	LASER (N13)	RF (N 14)	SCT (N 18)	p
Age ¹ (years)	50.2 (±8.7)	49.2 (±9.6)	50.6 (±8.6)	0.757 ²
BMI ¹ (kg/m ²)	28.8 (±5.0)	28.7 (±4.7)	29.5 (±5.2)	0.693 ²
Parity (n)	2.0 (0-5.0)	2.0 (0-6.0)	2.0 (0-5.0)	0.479 ²
PostMenopause: n/N (%)	3 (23.1)	6 (42.8)	5 (27.8)	0.677 ³
Voiding Diary (n)	3.6 (±1.8)	4.4 (±2.3)	4.8(±3.6)	0.156 ²

N (total number of available patients) and n: number of patients; ¹mean (±standard deviation); ²ANOVA; ³Chi-Square; ⁴Kruskal-Wallis;

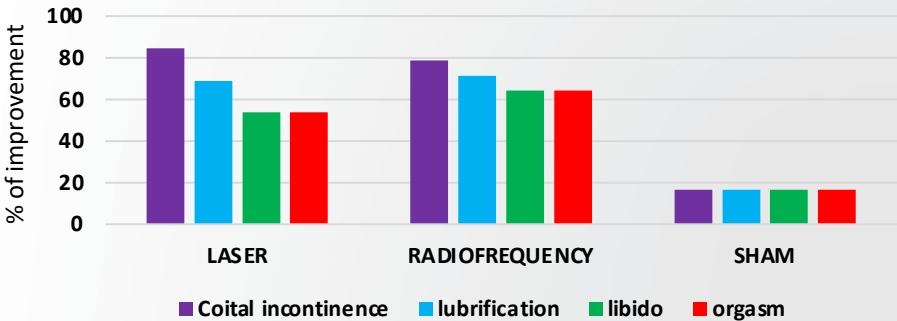


Figure2- Improvement of CI, lubrication libido and organs at 12 months follow-up visit

CONCLUSIONS CO2 LASER and Radiofrequency are outpatient options for CI treatment, with no major complications. They have similar results and present better results when compared to the sham control group.

Realização



Apoio

