The Comparison on Postoperative Outcomes of Burch, Stamey and Raz's Operation

Jong Hyun Kim, Ju Tae Seo, Jae Yup Hong
Department of Urology, Samsung Cheil Hospital Ewha Womans University College of medicine, Seoul, Korea.

Introduction and objectives:

Burch, Stamey and Raz operation are reliable techniques for correcting genuine stress urinary incontinence but they have a problem of recurrence at long term followup. The purpose of this study is to evaluate which operative procedure brings better success and which factors affect the postoperative outcomes.

Methods:

We reviewed 107 patients who underwent Burch(45 patients), Stamey(42 patients) and Raz(20 patients) operations between January 1992 and February 1995 for stress urinary incontinence. All operations were done by same one operator and the followup period of all patients was over 2 years and mean followup was 37 months.

Results:

Cure(complete dryness) rate was 73% in Burch, 48% in Stamey and 50% in Raz group. Overall, a successful outcome(cure or rare stress incontinence not requiring protection) was 93% of patients in Burch, 77% in Stamey and 75% in Raz group. In Stamey and Raz group, the only predictor

of outcome was the degree of preoperative stress urinary incontinence (mild, moderate, severe) but not in Burch group. No statistical correlation in success was found with patients age, number of parity, prior hysterectomy, combined operations(hysterectomy, anterior and posterior colporrhaphy), preoperative urgency and urge incontinence in three groups. Preoperative urgency was present in 24% of Burch, 29% of Stamey and 35% of Raz group patients. Postoperative resolution of urgency was 55% in Burch, 58% in Stamey and 57% in Raz group. De novo urgency occurred in 21% of Burch, 17% of Stamey and 23% of Raz group patients. Persistent or de novo urgency postoperatively was more common among failure than success group.

Conclusions:

The success rate of Burch operation was higher than Stamey and Raz operations. So we think Burch operation is gold standard management for stress urinary incontinence. In Stamey and Raz group, the only factor affecting on outcome was the degree of preoperative stress urinary incontinence.