Obesity and pelvic floor disorders: a systematic review.

Objective: To review the current literature and summarize the effect of obesity on outcomes of surgical treatment of pelvic floor disorders as well as the effect of weight loss on pelvic floor disorder symptoms.

Data sources: Relevant sources were identified by a MEDLINE search from 1966 to 2007 using the key words obesity, pelvic floor disorders, urinary incontinence (UI), fecal incontinence, and pelvic organ prolapse (POP). References of relevant studies were hand searched.

Methods of study selection: Relevant human observational studies, randomized trials, and review articles were included. A total of 246 articles were identified; 20 were used in reporting and analyzing the data. Meta-analyses were performed for topics meeting the appropriate criteria.

Tabulation, integration, and results: There is good evidence that surgery for stress UI in obese women is as safe as in their nonobese counterparts, but cure rates may be lower in the obese patient. Meta-analysis revealed cure rates of 81% and 85% for the obese and nonobese groups, respectively (P<.001; odds ratio [OR] 0.576, 95% confidence interval [CI] 0.426-0.779). Combined bladder perforation rates were 1.2% in the obese and 6.6% in the nonobese (P=.015; OR 0.277, 95% CI 0.098-0.782). There is little evidence on which to base clinical decisions regarding the treatment of fecal incontinence and POP in obese women, because few comparative studies were identified addressing the outcomes of prolapse surgery in...
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Obese patients compared with healthy-weight patients. Weight loss studies indicate that both bariatric and nonsurgical weight loss lead to significant improvements in pelvic floor disorder symptoms.

**CONCLUSION:** Surgery for UI in obese women is safe, but more trials are needed to evaluate its long-term effectiveness as well as treatments for both fecal incontinence and POP. Weight loss, both surgical and nonsurgical, should be considered in the treatment of pelvic floor disorders in the obese woman.

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