





# Repeatability of intra-abdominal pressure measurement in pregnancy

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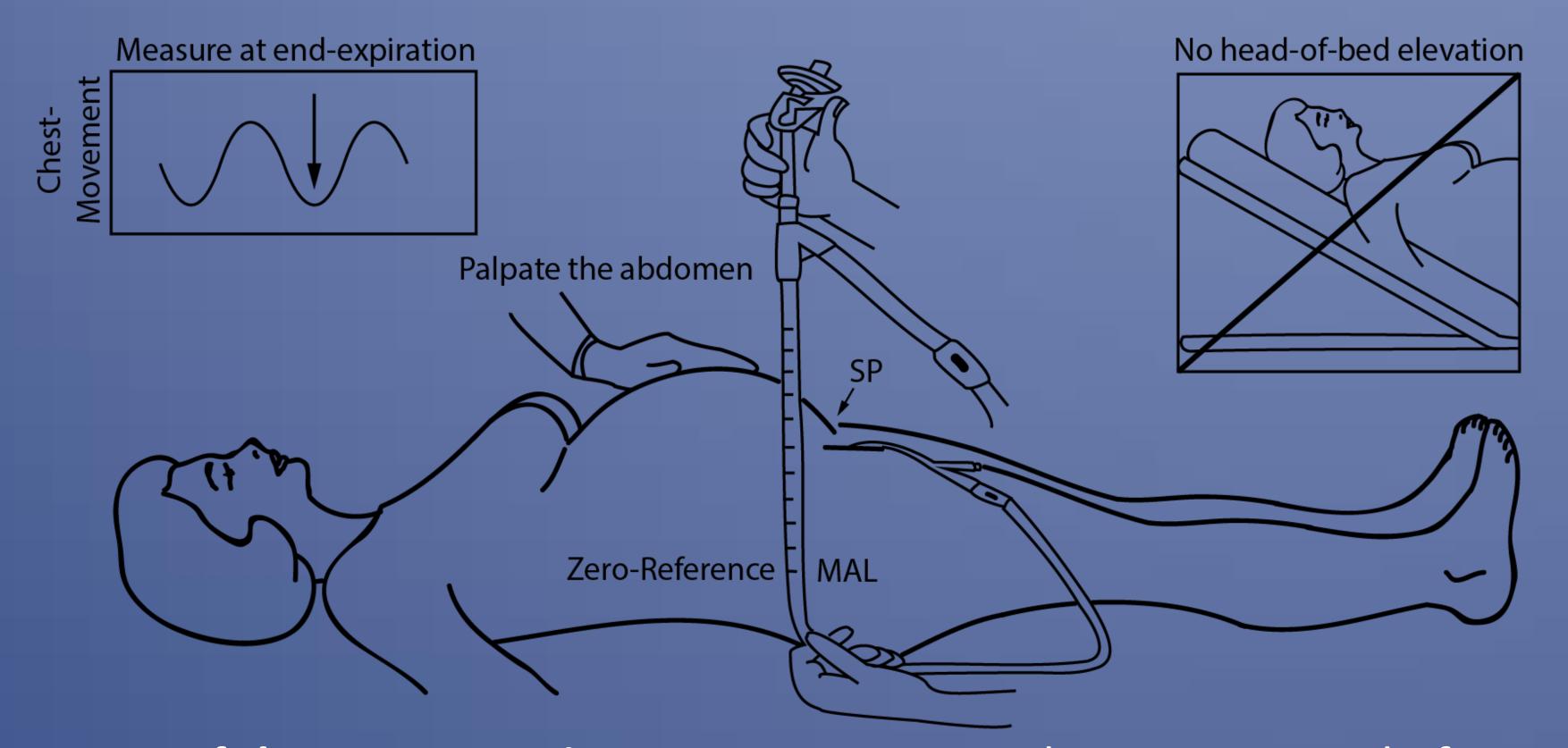
## Background

It is well known that an elevated intra-abdominal pressure (IAP) can lead to harmful and even lethal conditions. IAP is thought to be an underestimated factor in a variety of pathophysiological processes outside critical care, like in complications of pregnancy. To assess the significance of IAP in some pregnancy-related diseases, a reliable and repeatable method needs to be established to measure IAP in the pregnant population. The FoleyManometer Low Volume (FMLV) (Holtech Medical, Charlottenlund, Denmark) is a safe, easy to use and cost-effective device to measure IAP via the urinary bladder.

# Objective

The aim of this study is to evaluate the repeatability of intra-abdominal pressure (IAP) measurements in women undergoing a caesarean section (CS) using the FMLV.

### Methods

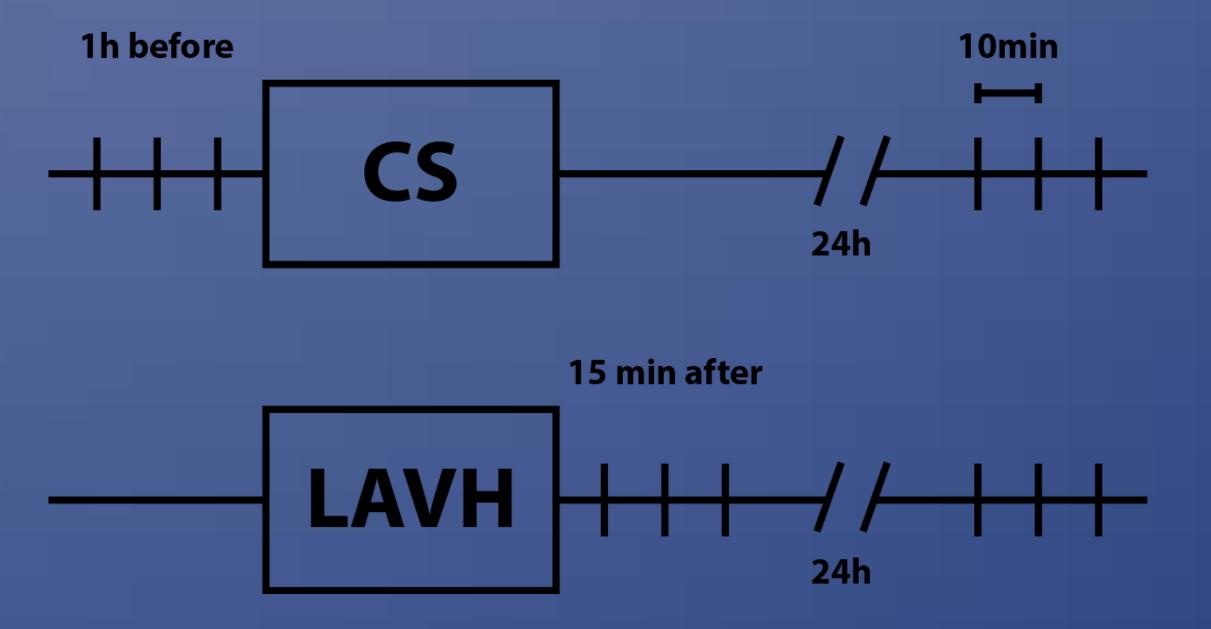


Series of **three consecutive measurements** with a time interval of 10 minutes were performed. In all **50 subjects**, **IAP<sub>MAL</sub> was measured**. In a **subset** of subjects (n=14 and n=13 in the CS-group and the LAVH-group, respectively) both **IAP<sub>MAL</sub> as well as IAP<sub>SP</sub>** was evaluated.

Repeatability (or intra-observer reliability) was determined by calculating the intra-class correlation coefficients (ICCs) with 95% confidence interval (CI) between consecutive measurements using the SPSS 20.0 package (IBM Corp., Armonk, NY, USA).

50 subjects were included and categorized into two groups; 25 women undergoing a caesarean section (CS-group) and 25 women undergoing a laparoscopic assisted vaginal hysterectomy (LAVH-group) as a control group.

Two different zero-reference points were used; the midaxillary line (MAL) and the symphysis pubis (SP).



#### Results

|     | Pre-CS             |                   | Post-CS            |                   | Post-LAVH          |                   | Day After LAVH     |                   |
|-----|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|
|     | IAP <sub>MAL</sub> | IAP <sub>SP</sub> |
| N   | 25                 | 14                | 24                 | 14                | 5                  | 5                 | 25                 | 13                |
| ICC | 0,73               | 0,83              | 0,87               | 0,95              | 0,98               | 0,98              | 0,96               | 0,97              |
| CI  | 0,55-0,86          | 0,64-0,94         | 0,76-0,94          | 0,86-0,98         | 0,92-1             | 0,88-1            | 0,93-0,98          | 0,93-0,99         |

In this repeated cross-sectional study, a total of **125 sets of 3 consecutive measurements** were executed.

Intra-observer correlation in the CS-group is lower than in the LAVH-group. ICC before CS is lower than after CS.

#### Discussion

IAP measurement in pregnant women using the FMLV is **highly repeatable**. Most ICC's are > 0.80, which indicates that **one single measurement is reliable**. Overall, ICCs in the CS-group is lower than in the LAVH-group, which might be explained by **difficulties in defining the specific zero-reference point in a pregnant women**. When compared to measurement before CS, repeatability after CS seems slightly higher, which might be due to **Braxton Hicks contractions**.

Measurements of IAP in pregnant women using the FMLV are highly reliable.