

TVT LIKE SOLUTION IN FAILED OBTURATOR ROUTE SLINGS IN WOMEN WITH RECURRENT OR PERSISTENT STRESS URINARY INCONTINENCE WITHOUT REMOVAL OF THE TOT TAPE.

Hypothesis / aims of study

During 2001 Delorme described the trans-obturator tape like a new technique in the treatment of stress urinary incontinence.¹ TVT and TOT are two effective techniques for the correction of stress urinary incontinence, but the advantages of this new procedure would seem to be a technique much easier to perform and does not require a routinely cystoscopy.² Furthermore according our experience in other publications the obturator route seems to have fewer complications than TVT.² For these reasons many physicians prefer the obturator sling. But this technique may also fail and the question arises what to do when the obturator tape fails?

We hypothesise that TVT may be a good solution in patients with previous obturator sling failed without removal the TOT sling. This study aims to review the security and effectiveness of retropubic tension-free vaginal tape (TVT) in women after failed TVT-O or TOT sling.

Study design, materials and methods

Prospective study with 20 women admitted for recurrent or persistent stress urinary incontinence after TVT-O or TOT sling, at Urogynecology and Vaginal Surgery Unit, Obstetrics and Gynaecology Department, Clínica Las Condes, Santiago, Chile. The study was between January 2007 and January 2010. The range of age was 40 and 54 years old, media 50 years old. The BMI was between 23 and 35, media 28. The vaginal parity was between 0 and 5, media 3. All women had the trans-obturator sling from 6 to 12 months. The persistence of stress urinary incontinence was observed during physical examination in the office with valsalva manoeuvre and was verified with voiding diary and urodynamics test. Six cases were classified like stress urinary incontinence type II and fourteen women type II + III (stress urinary incontinence and intrinsic sphincter deficiency). All women maintained urethral mobility more than 30 degree. In these women a classic TVT sling was placed without removal the previous failed trans-obturator tape. In all women a routinely cystoscopy was realized after placed the retropubic sling.

Results

In all patients the persistent or recurrent stress urinary incontinence was successful treated with the retropubic tension-free vaginal tape without removal the previous failed trans-obturator sling. The operative time was between 15 and 35 minutes, media 23 minutes. Complications not were observed during the surgery and immediate and late postoperative period.

Interpretation of results

TVT appears to be a good alternative to avoid the same route that was used in the obturator tape because the passage of the sling through the same place can be difficult because of the presence of the previous mesh.

Most women in this study corresponded to cases of stress urinary incontinence associated with intrinsic sphincter deficiency. Other studies have compared the effectiveness of the TVT and obturator sling in women with this association have concluded that the TVT has better results than the obturator route.³ This could explain the good results to place a second tape type TVT in previous failed cases with obturator sling.

The TVT sling is closer to the mid-urethra being in a similar position in "U" unlike obturator tape that is similar position in "V". This different position and the sling more area closest to the urethra might be the reason of the better results of the second mesh under mid-urethra in these women. But we must not forget that in some cases may simply have been in deficient position the obturator tape.

Concluding message

According our experience in women with recurrent or persistent stress urinary incontinence after failed TOT sling may be treated with TVT sling placed without removal the previous obturator tape. This procedure is safe and effective; however only the long follow-up and the incorporation of new patients in this protocol study will allow warranted the permanence of these good results in the time.

References

1. Pardo Schanz J, Ricci Arriola P, Tacla Fernandez X. Trans obturator tape (TOT) for female stress incontinence. Experience with three years follow-up in 200 patients. *Actas Urol Esp.*2007;31(10):1141-1147.
2. Sola V, Pardo J, Ricci P, Guiloff E, Chiang H. TVT versus TVT-O for minimally invasive surgical correction of stress urinary incontinence. *Int Braz J Urol.*2007;33(2):246-252.
3. Schierlitz L, Dwyer PL, Rosamilia A, Murray C, Thomas E, De Souza A, Lim YN, Hiscock R. Effectiveness of tension-free vaginal tape compared with transobturator tape in women with stress urinary incontinence and intrinsic sphincter deficiency: a randomized controlled trial. *Obstet Gynecol.*2008;112(6):1253-1261.

<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	The procedure is option approved for use in patients.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes