

## STRESS INCONTINENCE SURGERY IN THE UK (2). POST SURGERY SUCCESS, FOLLOW-UP AND COMPLICATIONS. ANALYSIS OF THE BRITISH SOCIETY OF UROGYNAECOLOGY DATABASE

### Hypothesis / aims of study

The BSUG database is an audit tool available to UK consultants undertaking urogynaecological procedures. We have analysed the database concerning operations performed for stress continence. We have analysed follow up, place of follow-up, success and complication rates by surgery type.

### Study design, materials and methods

The database has registered 142 centres and 68 have entered data. 44 centres (65%) are district general hospitals and these have entered 68% of the episodes. It is likely that the range of operations performed is representative of those being performed in the UK.

On 26 Jan 2010 there were 14,977 surgical episodes entered (97% performed after 1<sup>st</sup> Jan 2007). The median number of cases entered per active centre was 113 (range 1-1726, IQR 16-281). The following were excluded: 6,989 prolapsed surgery alone, 593 botox injections, 50 cystoscopy alone, 13 urethral diverticulum, 12 long term suprapubic catheters, 6 vaginal fistulas. This left 7,314 episodes of surgery for stress incontinence. Of these 3,697 (50.5%) had follow-up information recorded. Cure was defined as either a response of **cure** to the question 'Change in Stress Urinary Incontinence' or **Very much better** on the Global Impression of Improvement for Incontinence.

### Results

Of the 3,697 who had recorded follow-up, 2985 (81%) were seen in outpatients, 514 (14%) completed a postal questionnaire, 192 (5%) telephone interview, and 6 on line follow-up.

The range of follow up intervals was: 6 weeks 1410 (38%), 3 months (23%), 6 months 1268 (34%), 12 months 107 (3%).

Incontinence Surgery Type	Follow up/Total (%)	Returned to theatre	Catheter use n (%)	Cure rate
Anterior repair + Bladder Neck Buttress	87/125 (70)		>10 days 4 (4.6) at follow-up 2 (2.2)	21/35 (60%)
Artificial Urinary Sphincter	1/1 (100)			
Laparoscopic Colposuspension/urethropexy	10/18 (55)			8/10 (80%)
Colposuspension-Open	75/127(59)	2 (2.6)	>10 days 9 (12) at follow-up 4 (5.3)	54/66 (82%)
Autologuse Sling	4/14 (29)			2/4 (50%)
Cystoscopic BNI	55/143 (38)			13/50 (26%)
Non-Cystoscopic BNI	48/82 (58)		>10 days 2 (4.1)	13/48 (27%)

Retropubic MUS	2398/4900 (49)	13 (0.5)	>10 days 89 (3.7) at follow-up 39 (1.6)	1936/2245 (86%)
Single Incision tape	149/214 (70)		>10 days 1 (0.7) at follow-up 1 (0.7)	114/148 (77%)
Stamey Procedure	2/4 (50)			2/2 (100%)
TOT-outside in	418/805 (52)	3 (0.7)	>10 days 6 (1.4) at follow-up 6 (1.4)	335/394 (85%)
TOT Inside out	450/881(51)	2 (0.4)	>10 days 20 (4.4) at follow-up 11 (2.4)	351/433 (81%)
Total	3697/7314 (50)	20 (0.5)		2849/3435 (83%)

Graft problems were identified in 51/2984 (1.7%) who attended out patients, 1/514 who had postal questionnaire (0.2%) and none who had telephone interview or on line.

#### Interpretation of results

Follow up intervals and type of follow-up is inconsistent across the UK. Returns to theatre and long term catheterisation are uncommon. Cure rates vary between operations considerably. Graft problems were only usually identified in patients physically seen in outpatients.

#### Concluding message

The use of a national database allows consultants to compare their own choice of operation, complication rate and success rate with the national average. This and will hopefully improve standards and patient outcomes in the long run.

<b><i>Specify source of funding or grant</i></b>	<b>British society of Urogynaecology</b>
<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>No</b>
<b><i>This study did not require ethics committee approval because</i></b>	<b>This is an analysis of a national audit database for urogynaecological procedures</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>Yes</b>