

## OUR EXPERIENCE WITH TRANS-OBTURATOR TAPE (TOT) FOR FEMALE STRESS URINARY INCONTINENCE

### Hypothesis / aims of study

To audit our experience with the Trans-Obturator vaginal tape (TOT) for female stress urinary incontinence, compare outcomes and evaluate adherence to the NICE guidelines.

### Study design, materials and methods

A retrospective analysis of 110 case notes from January 2004 to September 2008.

125 cases of TOT were identified from the hospital theatre records and Consultant's personal records, 110 case notes were retrieved, and analysed using a purpose designed proforma.

### Results

Urinalysis Done	75% (83)
Bladder Diaries completed	5% (5)
Information given/documentated leaflet	48% (53)
Day Surgery	51% (56)
Previous continence surgery	7% (8)
Associated prolapse	34% (37)
Urodynamics	96% (106)
Initial conservative management	87% (96)
Intra-operative complications	3% (2)

Outcomes

Continent	56% (62)
Significant Improvement	17% (19)
Unsuccessful	6% (7)
Too soon to comment	11% (12)
Lost to follow-up	12% (13)

### Interpretation of results

The majority of patients were multiparous and aged between 41-50 and. 75% of patients had urinalysis done/documentated. Bladder diaries were completed by only 5% of patients, which highlights a need to re-evaluate the use of this very important tool in our patient population. Only 51% of cases were performed as day cases. We encountered only 2 intra-operative complications (1 bladder and 1 urethral injury). Late complications were as follows; 1 tape erosion, 4 cases of dyspareunia, 2 cases of groin pain, 3 cases of voiding difficulty, 3 cases of DeNovo urgency and 13 cases of worsening urgency. The number of patients that had urodynamics is in keeping with NICE recommendation that in cases of genuine stress urinary incontinence, urodynamic studies is not mandatory. Post operatively, 74% of patients had successful outcome which is comparable to outcomes in the literature

### Concluding message

Our findings also demonstrates however that we are still performing a higher number of complex surgeries as day-cases, with less morbidity, a zero intra-operative complication rate and complete cure in the majority thus providing invaluable data in the pre-operative counselling of patients undergoing TOT.

The poor compliance with urinalysis and uptake of bladder diaries demonstrated in this audit indicates an urgent need for both staff and patient education, and possibly the introduction of a standardized check-list proforma in our unit. We aim to perform all cases that are suitable as day case procedure which would have potential significant benefits for both patients and the hospital. In addition, this audit adds to the current knowledge on outcomes and complications with TOT in clinical practice.

#### References

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<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>Yes</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>