

THE EARLY EXPERIENCE OF THE SIMULTANEOUS TANSOBTURATOR TAPE (TOT) AND TROCAR-GUIDED TENSION FREE VAGINAL MESH REPAIR (PROLIFT™) PROCEDURES IN PATIENTS WITH STRESS URINARY INCONTINENCE (SUI) CONCOMITANT WITH ANTERIOR VAGINAL WALL PROLAPSE.

Hypothesis / aims of study

Stress urinary incontinence (SUI) is frequently associated with pelvic organ prolapse. This study is to assess the feasibility, effectiveness and safety of the simultaneous TOT and Prolift procedures in patients with SUI concomitant with anterior vaginal wall prolapse.

Study design, materials and methods

Between March 2009 and December 2010, 47 patients with comorbid SUI (VLPP < 120cmH₂O on urodynamic study) and anterior vaginal wall prolapse (stage III or IV on POPQ system) were treated with simultaneous TOT and Prolift procedure. All the patients underwent pelvic examination included coughing test 12 weeks after the operation, and surgical outcome assessment were evaluated by the patients reported global satisfaction scale (GSS) and King's health questionnaires (KHQ).

Results

The mean age was 51 +/- 9 (range 38-71) and mean operative time was 67.4 minute (range 45-96). Our results indicate the 95.7% success rate for SUI assessed by GSS post operatively 12 weeks. (cure ; n=40, 85.1% improvement; n=5, 10.6%) as well as the significant global improvement of QoL assessed by KHQ. None of the patients were demonstrated the persistent anterior vaginal wall prolapse more than stage I. The mean change of Aa point of the POPQ system was +2.2 to -1.7 (p<0.001) postoperatively. The major complication related the surgery occurred in one patient. The post operative pelvic hematoma and subsequently mesh erosion were noted in that patients, thus the mesh revision operation was performed postoperatively 4 weeks. Other minor complications such as urinary obstruction (n=5, 10.6%), pelvic pain (n=9, 19.2%) and minimal bleeding (n=3, 6.3%) were spontaneously resolved with conservative management.

Interpretation of results

Our results confirmed that simultaneous treatment of SUI and POP is both effective and safe. However, operating time is longer than for two separate procedures. Simultaneous placement of the sling with the Prolift™ has no additional morbidity and the surgical outcomes were satisfactory related with both SUI and POP.

Concluding message

These preliminary results suggest that simultaneous TOT and Prolift procedure offers a feasible, effective and safe treatment for patients with SUI concomitant with anterior vaginal wall prolapse. However, a long-term followup is necessary in order to support the good result maintenance.

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| Was this study approved by an ethics committee? | Yes |
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| Was the Declaration of Helsinki followed? | Yes |
| Was informed consent obtained from the patients? | Yes |