

PATIENT-REPORTED OUTCOMES OF RETROPUBIC (TVT) VERSUS TRANS-OBTURATOR (TOT) MID-URETHRAL SLINGS FOR URODYNAMIC STRESS INCONTINENCE: THE IPOH EXPERIENCE.

Hypothesis / aims of study:

To determine if the TOT is equivalent to the TVT by using patient-reported outcomes for the treatment of urodynamic stress urinary incontinence

Study design, materials and methods:

It is a cross sectional study on all consecutive patients who underwent TVT procedure between Jan 2005 and Jan 2006 and TOT procedure from Jan 2006 to Jun 2008. Post operatively all women were followed up at 1 month, 3 month, 12 month and annually thereafter. Data was retrieved from patients' records based on the standard pre-operative assessment sheet and follow up record. Then, interviews were made via telecommunication to assess the patients' symptoms and satisfaction using a validated questionnaire. Data analysis performed using SPSS program version 12 for both quantitative and qualitative variables considering a significant level of $P < 0.05$. **Results:** Total of 51 subjects in TVT group and 52 in TOT group were available for analysis. At 12 months, the SUI cure rate for TVT and TOT were 84.32% ($p=0.002$) and 80.80% ($p=0.008$) respectively.

Table 2: Lower Urinary Tract Symptoms

Symptoms	TVT (N=51)		TOT (N=52)		P*
	Pre-Op (%)	Post-Op (%)	Pre-Op (%)	Post-Op(%)	
SUI	51 (100)	5 (9.80)	52 (100)	10 (19.20)	0.279
Urge incontinence	40 (78.4)	1 (1.96)	16(30.76)	10 (25.00)	0.001 <
Frequency	48 (94.1)	1(21.57)	24 (46.15)	7 (13.46)	0.782
Urgency	36 (70.6)	2(3.92)	24 (46.15)	11 (21.15)	0.005
Voiding difficulty	9 (17.7)	0	13 (25.00)	3(5.76)	0.280
Incomplete empty	30 (58.8)	0	16(30.76)	3 (5.76)	0.053

- Fisher's Exact test

Four (7.4%) subjects in TVT group had bladder perforation ($p=0.992$) and one case of vaginal erosion reported in TOT group. Other complications were not significantly different in both groups. **Interpretation of results:** TVT has four times higher chance of urinary retention compared to TOT (13.7% vs. 3.8%). This is possibly because it is more obstructive nature of the TVT procedure. Bladder perforation noted in TVT and none following TOT. This could be related to the learning curve of the surgeon. There were no serious complications observed in our cases. Mesh protrusion rates were higher in the TOT group, which may have been as a result of inadvertent, unrecognized vaginal wall puncture. TVT reported significant improvement of UUI symptoms compared to TOT group. This contradicts the theory of increased OAB or de novo urgency in TVT group in view of its close approximates with the bladder. **Concluding message:** TVT had higher successful rate but with increased risk of bladder perforation. LUT symptoms were significantly improved after both TOT and TVT.

References

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Disclosures

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