

THE EFFECT OF CONCOMITANT CYSTOCELE REPAIR ON OUTCOME OF TRANSOBTURATOR TAPE MID-URETHRAL SLING SURGERY

Hypothesis / aims of study

Today; midurethral slings are the first option for surgical treatment of stress urinary incontinence (SUI) due to high success rates and minimally invasive characteristics of the procedure. Concomitant prolapse surgery do not appear to have an effect on treatment outcomes according to previous studies predominantly evaluating tension-free vaginal tape (TVT) procedures [1]. In this study, we aim to evaluate the effect of cystocele repair on the outcomes of transobturator tape (TOT) procedure.

Study design, materials and methods

103 patients with SUI and cystocele were included in this study. 36 patients had grade 1, 42 patients had grade 2 and 25 patients had grade 3 cystocele. They were classified as group 1 (n=62) who have undergone TOT only and group 2 (n=41) who have undergone combined TOT and cystocele repair. Descriptive data including age and vaginal delivery were evaluated. Medical records such as pad-use, cystocele grading and preoperative International Consultation on Incontinence Questionnaire–Short Form (ICIQ-SF) were retrospectively evaluated also. All patients were checked for their final continence status with ICIQ-SF form. Outcomes were analyzed with postoperative ICIQ-SF and Δ ICIQ-SF (Preoperative ICIQ-SF–Postoperative ICIQ-SF) and compared between two groups using SPSS 15.0 software. Then post operative outcomes of patients with low-grade cystocele (grade 1 and 2) were compared with the results of women with high-grade cystocele (grade 3).

Results

Mean age (57.77 \pm 1.43 vs. 55.78 \pm 1.66, p=0.503) and vaginal delivery numbers (3.19 \pm 0.30 vs. 2.88 \pm 0.25, p=0.143) were similar for two groups; average pad-use/day was slightly higher in group 1 (3.34 \pm 0.28 vs 3.21 \pm 0.26, p=0.047). Preoperative ICIQ-SF scores did not differ between groups. Post operative ICIQ-SF scores were significantly decreased in both group 1 and 2 (p<0.001), Δ ICIQ-SF of group 1 was significantly greater than group 2 results (Table 1).

Preoperative ICIQ-SF scores were similar for low-grade and high-grade cystocele subgroups (Table 2). Postoperative ICIQ-SF scores of patients with low-grade cystocele were significantly higher than patients with high grade cystocele (p=0.017). Δ ICIQ-SF scores were significantly lower in low grade cystoceles than results of TOT only group (Table 2) and women with high grade cystocele (p=0.008).

Interpretation of results

Our findings demonstrate that concomitant cystocele repair with TOT did not significantly change the ICIQ-SF scores of women with low-grade cystocele. ICIQ-SF score of patients with high grade cystoceles were significantly improved after the TOT + cystocele operations.

Severity of cystocele had an impact on outcomes of concomitant TOT and cystocele repair .

Concluding message

In conclusion, cystocele repair concomitant with TOT must be recommended for patients with SUI and high grade cystocele.

Table 1. Comparison of ICIQ-SF groups for both groups.

	Group 1 TOT only	Group 2 TOT + cystocele	p
Preoperative ICIQ-SF	16.06 \pm 0.34	16.82 \pm 0.42	0.395
Postoperative ICIQ-SF	3.28 \pm 0.78	5.41 \pm 1.21	0.004
Δ ICIQ-SF	12.77 \pm 0.83	11.41 \pm 1.23	0.017

Table 2. Comparison of low and high grade cystocele subgroups with group 1

	TOT only (n=62)	TOT+Cystocele repair (n=41)	P*
		pts with low-grade cystocele (n=19)	pts with high-grade cystocele (n=22)

Preoperative ICIQ-SF	16.06±0.34	16.00±0.69	17.52±0.47	0.899
Postoperative ICIQ-SF	3.28±0.78	7.11±1.99	3.95±1.44	<0.001
ΔICIQ-SF	12.77±0.83	8.88±1.98	13.57±1.42	0.002

* p value for group TOT only and pts. with low grade cystocele

References

1. Anger JT, Litwin MS, Wang Q, et al. The effect of concomitant prolapse repair on sling outcomes. J Urol 2008;180:1003–6.

Disclosures

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