506

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THE EFFECT OF TRANSOBTURATOR TAPE FOR TREATMENT OF STRESS URINARY INCONTINENCE ON FEMALE SEXUAL FUNCTIONING

Hypothesis / aims of study
Sexual dysfunction in women is common and is associated with urinary incontinence. Transobturator tape (TOT) may improve sexual function by decreasing incontinence, but may worsen it by the way the procedure is performed. The aim of this study is to describe the effect of transobturator tape for stress urinary incontinence on sexual functioning in women.

Study design, materials and methods
A prospective observational study was performed. All patients who underwent a tension-free TOT outside-in procedure (Uretex TO®) from April 2005 till June 2006 were invited to participated in the study. All patients enrolled were invited to answer the Incontinence Quality of Life Questionnaire (I-QoL), the Urinary Distress Inventory (UDI) and the nine questions on Sexual Functioning (NSF-9) (1), prior to surgery, 6 weeks postoperatively and 12 months after surgery. The NSF-9, a Dutch-language standardized questionnaire, contains questions on sexual desire, frequency of sexual activity, lubrication, orgasm, urinary leakage during sexual activity, pain during or after sexual activity and satisfaction, all in the past month. Of 59 women, 54 (92%) agreed to participate in the study.
Statistical analysis was performed by using SPSS 16.0. Non-parametric tests (Wilcoxon Signed-Rank test) were applied because the data were not normally distributed.

Results
A total of 54 women, aged 37 to 78 (median 50), were included. The median parity was two (range 0-5). Twenty-three women (43%) were postmenopausal. 83% reported daily stress urinary incontinence. Twenty patients (37%) reported also urge urinary incontinence. There were no intraoperative complications. The subjective cure rate of SUI was 85% and the improvement rate was 15% at six weeks. Both the UDI-score and the I-QoL-score significantly improved after surgery and remained unchanged over the period of one year.
Of 54 women, 40 (78%) were sexually active in the month prior to surgery. Forty percent of these women reported being sexual active once a week or more. Urinary loss during sexual activities was identified in 22 women (55%). One fourth of the women had experienced lubrication problems, while forty percent of the women never or just occasionally achieved an orgasm. Pain during and after sexual activity was mentioned by 55%, of those women 12.5% experienced this pain frequently. 38% of the women had a satisfactory sexual life. No significant differences were reported on the frequency of sexual activity and problems with lubrication and orgasm six weeks postoperatively and 12 months after surgery. Urinary leakage during sexual activity was significantly improved after the TOT procedure. Six week postoperatively 88.5% had no urinary loss during sexual activity and 12 months after surgery 93.5%. Compared to prior to surgery, the satisfaction with current sexual life was increased at six weeks (52%; $p = .048$) and 12 months (58%; $p = .029$). Pain during and after sexual activity was significantly diminished 12 months after surgery ($p = .019$). Only one patient reported an increase in this pain.

Interpretation of results
The results of our study suggest that the TOT procedure for treatment of SUI has a positive effect on urinary leakage during sexual activity and the experience of pain during or after sexual activity. The overall satisfaction with current sexual life also seems to be improved after surgery.

Concluding message
The TOT procedure has positive influence on female sexual functioning by reducing the urinary leakage and pain during sexual activity. It seems to have a positive effect on the overall sexual satisfaction. Further research is warranted to support these preliminary findings.

References
1. Int J Impot Res (2006) 18(5); 470-475.

Specify source of funding or grant	**None**
Is this a clinical trial?	**Yes**
Is this study registered in a public clinical trials registry?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require eithics committee approval because	**According to the Dutch law (WMO 26/2/1998), there was no ethical approval needed for this study. The code Good Behaviour on responsible use of information in medical scientific research (reference Dutch law: WGBO/WBP) was followed.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**