

IS SHORT URETHRA LENGTH A NEGATIVE PREDICTOR FOR TOT-PROCEDURE OUTCOME?

Hypothesis / aims of study

The aim of the study is to investigate whether a shorter urethra length, with the risk of suboptimal placement of the tape, influences the success rate or postoperative complications (e.g. urge-incontinence, de novo urge, or obstruction) in TOT-procedure. A TransObturator Tape (TOT)- operation is a frequently used treatment for stress urinary incontinence (SUI). The Transobturator tape is placed tension-free under the mid urethra.

Study design, materials and methods

Retrospective study of consecutive 43 women with stress urinary incontinence, who underwent a tension free (Uretex® TO) TOT-operation between April 2005 to June 2006. Preoperative all patients had their urodynamic examinations conducted in the urology outpatients department to confirm SUI. The functional urethra length (FU) derived from the urodynamic examination was used as urethra length. Preoperative and two months postoperative questionnaires were completed (voiding-, I-QoI- and UDI-questionnaires). By data-mining the patients' condition was ranked within categories of postoperative SUI ('continent', 'good' or 'average improvement', 'equal' or 'aggravated incontinence': score 0-4), de novo- urgency (score 0-3) and 'obstructive voiding' ('uncomplicated' vs. 'difficult' voiding: score 0-3). Statistic analysis was performed by Chi-square test (cutoff-point 25 mm).

Results

The mean age of the women was 52,7 yrs, with range 36-78 yr. The average FU was 31.8 mm (SD 11.7 mm). Preoperative 15 of the 43 women (34.8%) had combined incontinence with urge component. Postoperative 80.0 % of patients with FU \leq 25 mm had no stress incontinence, versus 81.8 % of the patients with FU > 25 mm. ($p=1.00$) Three of the fifteen patients known with combined incontinence showed aggravation of urge incontinence, while four women developed a de novo urgency (overall 16.3 %). Significant difference could not be found ($p= 0.656$ women with FU \leq 25 vs. >25 mm), although a shorter mean urethra length of 21,9 mm was found in patients with de novo urge. Obstructive voiding was not experienced in 70.0 % of patients with FU \leq 25 mm, vs. 63.6 % of patients with FU > 25 mm ($p=1.00$)

Interpretation of results

No significant association was found between functional urethra length and outcome for TOT-procedure.

Concluding message

No significant association was found between functional urethra length and outcome for TOT-procedure.

<i>Specify source of funding or grant</i>	None
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	NONE