

ASSESSMENT OF THE QUALITY OF LIFE AFTER TRANSOBTURATOR TAPE: LONG TERM FOLLOW UP WITH THE KING'S HEALTH QUESTIONNAIRE.

Aim of study

Urinary incontinence (UI) is a distressing and disabling condition causing significant morbidity, affecting the social, psychological, occupational, domestic, physical, and sexual lives of 15% to 30% of women of all ages. Stress UI appears to be the most common UI type and overall 50% of incontinent women in the EPINCONT survey reported this as their only symptom. According to national guidelines the synthetic slings using a transobturator foramen approach are recommended as alternative treatment option for stress UI if conservative management has failed, provided women are made aware of the lack of long-term outcome data (1). The aim of our study was to evaluate the long term outcomes of the use of transobturator tape (TOT) for the treatment of stress UI by assessing the responses of the patients to a validated quality of life questionnaire.

Study design, method and materials

The patients who underwent a TOT insertion in our Institute, a tertiary University Hospital, for one year period and at least six months before we commenced the postage of questionnaires were included in our study. We considered the period of six months as a minimum cut off to evaluate longer term results. The patients were posted the validated incontinence-specific King's Health Questionnaire (KHQ) and asked to fill it in based on their symptoms and quality of life before the surgery and at the time of receiving the questionnaire. The reply was by post as well, so as to minimise any interpersonal influences by a face to face follow up interview. The scores were estimated for all the 9 domains of the questionnaire and the differences in scores before and after the treatment were evaluated as well. Scores in each domain range between zero and 100, whereas higher scores indicating a greater impairment of quality of life. From previously published data, a change from baseline of at least 5 points on each KHQ domain indicates a change that is meaningful to patients (2). The statistical analysis of the data was conducted by the use of the Excel Microsoft 2007. The t paired test was performed to check statistical significance.

Results

Fifty four patients underwent a TOT insertion from October 2007 until October 2008, all had urodynamic investigations which confirmed stress UI (SUI) and all had supervised pelvic floor muscle training at least for six months which failed to control their symptoms. The procedures were undertaken under general anaesthesia by a single experienced operator. The questionnaires were posted in May 2009 with a time lag of at least 6 months between treatment and evaluation. Thirty five out of 54 (65%) patients replied and posted back a filled questionnaire. The mean age of the patients who replied was 52.5 (range 39-72). The mean time between surgery and completion of the questionnaire was 12.6 months (range 7-18 months). Although the majority of the patients (58%) considered their health fair to good before surgery, the impact of their urinary incontinence to their life was considerable; all of them admitted that it affected their life to at least moderate to major degree (mean score 92%). Post treatment, 89% of the patients considered their health fair to good and the urinary incontinence affected the quality of their life only in a total mean of 28%. Considering the role limitation domain, 89% of the patients reported significant improvement in their ability to undertake their daily tasks following the procedure and the mean change in the score before and after treatment was 62% (SD 28). Considering the physical limitations before and after the procedure 31 patients (91%) reported improvement in a mean degree of 66% (SD 31) and only one patient reported deterioration to a very small degree of 16%. In the domains of social limitations, emotions, energy and severity of symptoms 85% of the patients admitted improvement in their quality of life in a significant degree ($p < 0.05$) after the insertion of the TOT. In the domains of energy and social limitations two and one patients respectively admitted small deterioration in the quality of their lives with regard those features. Considering the sexual relationships, 22 patients filled in this column and 18 out of them (81%) considered that the procedure has changed their personal relationships by a mean of 67% improvement (SD 28). The patients who reported deterioration or no improvement were consistent throughout the different categories.

Interpretation of results

The patients who reported a small deterioration in some domains were consistent and the same reported no improvement in other domains. The overall cure rate was around 86% which is in keeping with other citations in the literature (3). They were some limitations in our study such as the small number of replies, which is a well recognised obstacle in postal surveys, or possible patient bias which can be related with the fact that they were asked to fill in the questionnaire for before and after the operation simultaneously. The fact that the answers from the same individuals differed from question to question shows that the questions probably reflected the real extent of the problem and not an exaggeration of this.

Conclusions

Our results demonstrate that the TOT procedure is an effective procedure for improving the quality of life in patients treated for stress urinary incontinence. From the patients' perception, it is a highly favourable technique that changes their life in a significant degree. Given that all recommended treatments for stress urinary incontinence aim to improve the quality of life, we show that TOT has a very high subjective cure rate in a long term follow up.

References

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<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	Quality of life retrospective study. No potential adverse outcome to the patients because of the study.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes