1169

Sahinkanat T¹, Arikan D², Turgut E³, Ozkurkcugil C⁴, Yilmaz H⁴, Ekerbicer H⁵

1. Department of Urology, University of Kahramanmaras Sutcu Imam School of Medicine, Kahramanmaras, Turkey, 2. Department of Obstetrics and Gynecology, University of Kahramanmaras Sutcu Imam School of Medicine, Kahramanmaras, Turkey, 3. Department of Obstetrics and Gynecology, Istanbul Education and Research Hospital, Istanbul, Turkey, 4. Department of Obstetrics and Gynecology, University of Kocaeli School of Medicine, Kocaeli, Turkey, 5. Department of Public Health, University of Kahramanmaras Sutcu Imam School of Medicine, Kahramanmaras, Turkey, 5. Department of Public Health, University of Kahramanmaras Sutcu Imam School of Medicine, Kahramanmaras, Turkey, 5. Department of Public Health, University of Kahramanmaras Sutcu Imam School of Medicine, Kahramanmaras, Turkey

EFFECTS OF LUMBAR LORDOSIS AND PELVIC INLET ORIENTATION ON THE OUTCOME OF THE TRANSOBTURATOR TAPE SLING OPERATION IN WOMEN

Hypothesis / aims of study

To determine the association between the changes in lumbar lordosis and/or pelvic inlet orientation and the outcome of transobturator tape (TOT) sling procedure.

Study design, materials and methods

The study population consisted of 70 patients who underwent TOT sling procedure for stress urinary incontinence and were evaluated by stress test at the 6th month after the surgery. The women were defined as continent on the absence of both subjective complaint of leakage and objective leakage on stress test performed. All other cases were considered incontinent. With the use of a standardized protocol, lateral lumbosacral spine/pelvic x-rays were taken while the participants standing in their usual upright posture with their hands kept at chest level. From these x-rays, the angle of lumbar lordosis and pelvic inlet were measured.

Results

Of 70, 42 were continent and 28 were incontinent according to the evaluation done at the 6th month after the TOT procedure. There were no significant differences with respect to age, body mass index, gravidity, vaginal parity, pelvic organ prolapse, and comorbid diseases between the continan and incontinan groups. The mean angle of pelvic inlet in the continent group (34 degrees; range: 20-50) was significantly lower than in the incontinent group (37 degrees; range: 28-60) (p:0,012). There was no significant difference in the median angle of lumbar lordosis (32 degrees; range: 15-50 in continent group, 34,5 degrees; range: 21-56 in incontinent group, p:0,13) between the two groups.

Interpretation of results

Angle of PI is more important than angle of LL on deflecting the downward intra-abdominal forces towards the pubic bone and rectus abdominis muscles before they reach the pelvic floor.

Concluding message

Women with continence after the TOT sling procedure have lower angle of pelvic inlet than women with incontinence.

| Specify source of funding or grant | There is no specify source of founding or grand |
|----------------------------------------------------------------|-------------------------------------------------------------------|
| Is this a clinical trial? | Yes |
| Is this study registered in a public clinical trials registry? | No |
| Is this a Randomised Controlled Trial (RCT)? | No |
| What were the subjects in the study? | HUMAN |
| Was this study approved by an ethics committee? | Yes |
| Specify Name of Ethics Committee | Kahramanmaras Sutcuimam University Medical School Ethic Committee |
| Was the Declaration of Helsinki followed? | Yes |
| Was informed consent obtained from the patients? | Yes |