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TREATMENT OF FEMALE SUI WITH A TRANSOBTURATOR DEVICE: ARE THERE DIFFERENCES BETWEEN INSIDE-OUT AND OUTSIDE-IN TECHNIQUES AFTER THOROUGH MULTIDISCIPLINARY ANALYSIS AND PHYSIOTHERAPY?

Hypothesis / aims of study

In our Regional pelvic floor centre two transobturator techniques for the surgical treatment of stress urinary incontinence (SUI) are in use since more than 5 years. The clinical impression was that the outside-in technique (TOT, Intramesh Softlift®, Cousin) gave more complications and less results concerning stress incontinence than inside-out (TVT-O®, Johnson&Johnson) The aim of this study is to compare the results and complications of the two transobturator techniques used in our centre.

Study design, materials and methods

Multidisciplinary analysis of urinary incontinent patients started in our centre in January 2007. After analysis treatment of SUI patients always starts with physiotherapy for three months at least. When still incontinent after this period surgery is proposed. This retrospective study includes 74 randomised patients who received a TVT-O or TOT transobturator suburethral tape from April 2007 till June 2008. The incidence of complications and the presence of stress urinary incontinence are studied one year after urethral suspension by clinical examination, urodynamics and validated questionnaires (Dutch pelvic floor questionnaire and PISQ). Data were analyzed using the Chi-square test and Fisher's exact test.

Results

Complications occurred in seven out of 74 patients. Five of them underwent a repeat urethral suspension after removal of the first tape. Complications were mainly displacement of the tape and residual SUI. No significant differences were found between the results of TVT-O and TOT. (92,85% and 89,6% respectively) The multidisciplinary approach did not influence the results significantly.

Interpretation of results

Clinical impression is not always a wise guide in choosing a surgical technique. After thorough multidisciplinary analysis and physiotherapy only a minority of patients needs surgery and when needed, no differences in complication rates and cure rates are being shown in our clinic between inside-out and outside-in transobturator tapes.

Concluding message

When the choice for a transobturator urethra suspension is made there is no difference between inside-out and outside-in technique.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Medical ethical committee Albert Schweitzer hospital Dordrecht the Netherlands
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes