

# #444- SUCCESS AND COMPLICATIONS RATE AFTER STRESS URINARY INCONTINENCE SURGERY WITH THE SINGLE-INCISION MINISLING-TOT ALTIS®, AFTER 8 YEARS OF FOLLOW-UP



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## Hypothesis

The prevalence of stress urinary incontinence (SUI) is about 5-69% (1), which constitutes a huge health problem with a negative impact on quality of woman’s life. A randomized clinical trial (RCT) showed a complication rate after 36 months of the surgery with a single-incision slings (SIMS), that included 14.1% groin or thigh pain, a smaller rate in comparison to mid urethral sling (MUS) -14.9% (2).

## Aims of study

To evaluate the success and postoperative complications rates and its time to onset, after a mean follow-up of 8 years from TOT Altis® surgery.

## Study design, materials and methods

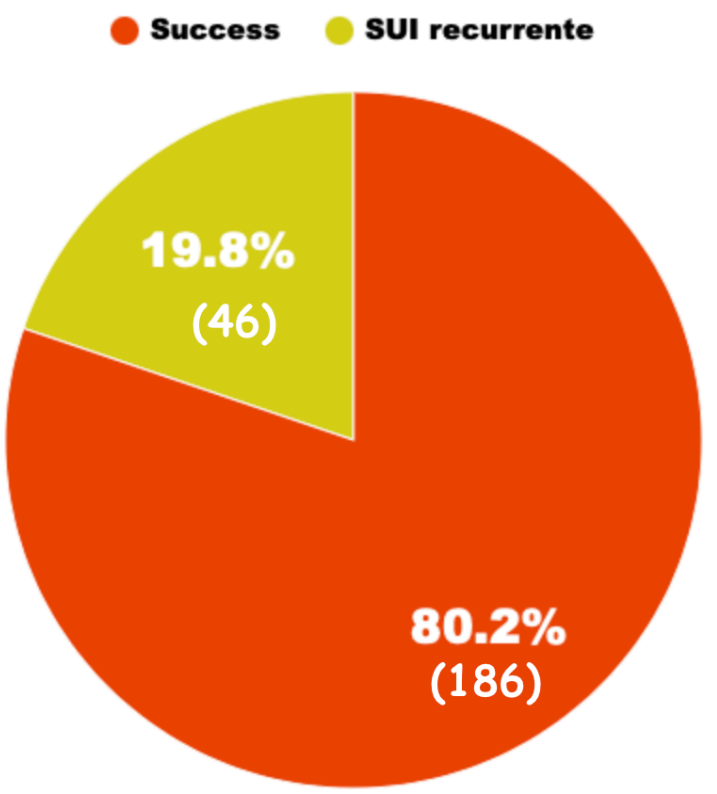
Retrospective observational study of patients with SUI treated with the SIMS TOT Altis® surgery between *June 2015 and December 2018*. Descriptive analysis of epidemiological and clinical variables. Multivariate analysis (Chi-square) between mesh exposure or incontinence recurrence and different qualitative independent variables (Obesity, dyspareunia, constipation, estrogen preoperative therapy, pelvic organ prolapse).

We considered surgery success an answer as “yes” when we asked patients during the follow-up if they had experienced SUI after the surgery (dry-patient).

## Results and interpretation

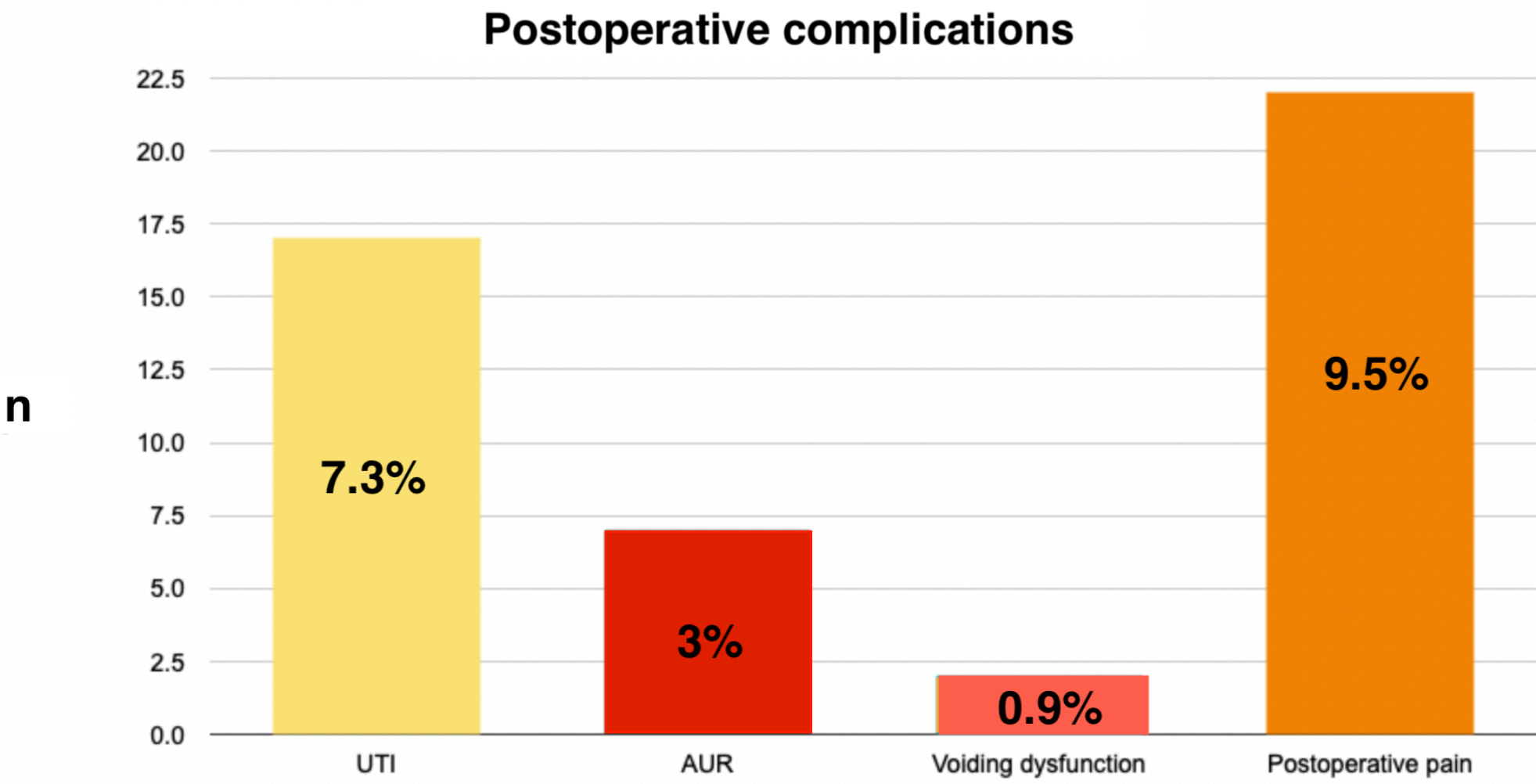
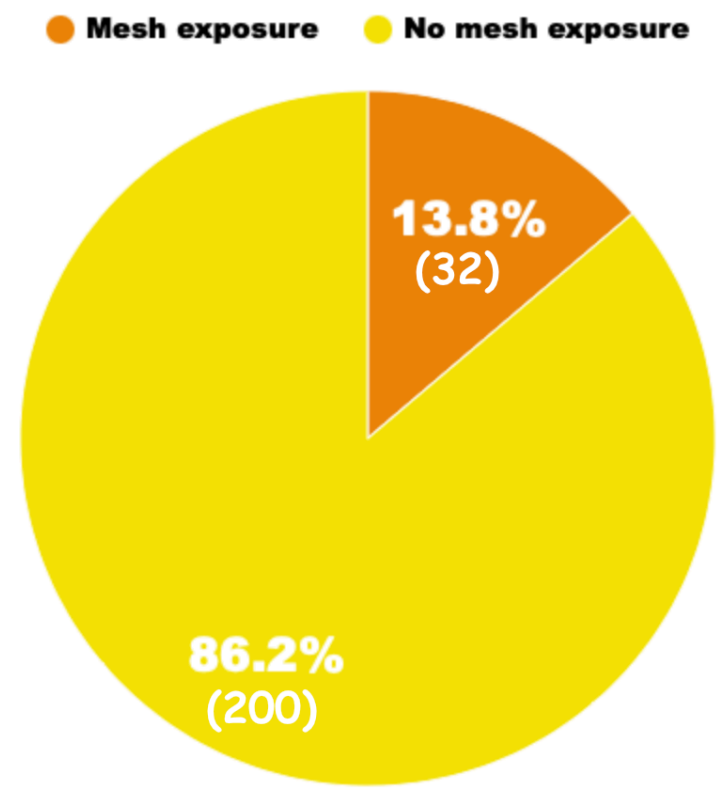
Demographic data	Average/ %
n	232
Age (years)	53.31
Obesity patients	33 (14.7%)
SUI	167 (72%)
MUI	65 (25%)
Vaginal delivery	166 (71.6%)
Constipation	74 (31.8%)
Menopause genitourinary syndrome	97 (41.8%)
Preoperative estrogen	12 (5,2%)
Dyspareunia	62 (26.7%)
Pelvic organ prolapse	69 (29.7%)

Surgery outcomes	Average/ %	Average time to onset
Mesh exposure	32 (13.8%)	13.87m (1-62m)
SUI recurrence	46 (19.8%)	7.75 m (1-60m)



After a mean follow-up of 94 months (66-99m) a surgical success rate of over 80% was reached.

The most frequent complication was SUI recurrence (19.8%) during the first year after the surgery, while the second one was mesh exposure (13.8%), after the first year of the surgery.



Chi-square test showed a statistically significant association between SUI recurrence and vaginal delivery (p=0.041). While mesh exposure had a statistically significant association with dyspareunia (p=0.012) as well as with pelvic organ prolapse (p=0.048).

## Conclusions

Mesh exposure could be related to dyspareunia. Besides, vaginal delivery could influence SUI recurrence.

**Key words:** Stress urinary incontinence, surgery.

## References

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