

## TVT-O FOR STRESS URINARY INCONTINENCE FOLLOWING RADICAL CYSTECTOMY AND ORTHOTOPIC RECONSTRUCTION IN WOMEN

### Hypothesis / aims of study

TVT-O by being passed through the obturator foramen avoiding the retropubic space make it safe. This advantage raised the idea of using it to treat women complaining of new onset stress urinary incontinence (SUI) following orthotopic bladder reconstruction after radical cystectomy.

### Study design, materials and methods

Of 57 patients treated by radical cystectomy and orthotopic neo bladder, six patients (10.5 %) developed stress urinary incontinence. Four of them had moderate degrees of stress incontinence (67%). Severe stress incontinence was presented by the other two (33%) patients.

All patients were urologically evaluated as regards to pouch capacity, residual urine, and the integrity of upper urinary tract by KUB film, IVU and abdominal sonography and urodynamic evaluation. All patients underwent TVT-O for controlling their urinary incontinence. The duration of follow up ranged from 16-32 months (median 18 months).

### Results:

After catheter removal, four patients (67%) showed complete dryness. Intermittent Self catheterization was feasible and easy using clean 10 F feeding tube with no reported difficulties or complications to evacuate the pouch was reported in one patient. One (17%) patient who had severe stress showed no improvement and had refused any further surgery. The mean pouch capacity was 462 cc, mean abdominal leak point pressure was 57 cc/H<sub>2</sub>O. No residual urine was reported in any of the cases. No special difficulties were recorded during tape insertion. Also we did not encounter significant or special complications. Patients were followed for 16-32 months (mean 18 months), with no deterioration of the continence status, with no significant PVR or pouch capacity change.

### Interpretation of results:

The procedure achieved overall success rate of 83% with variable degrees of continence improvement. Four patients (67%) showed complete day and night dryness (three of them can initiate voiding and one can't initiate voiding and treated by intermittent catheterization).

### Concluding message

In conclusion, our encouraging results confirm the feasibility and safety of the TVT-O in women with ileal neobladder and varying degrees of incontinence after cystectomy. needed.

### Disclosures

**Funding:** We certify that no source of funding or conflict of interest with any company or manufactures **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Sohag faculty of medicine ethical committee **Helsinki:** Yes **Informed Consent:** Yes