

## THE EFFECT OF OBSERVING THE DEGREE AND THE PATTERN OF URINE LEAKAGE BEFORE ADJUSTMENT OF THE MESH DURING TRANSOBTURATOR TAPE (TOT) PROCEDURE

### Hypothesis / aims of study

Intraoperative tests previously reported were performed after applying and adjustment of the mesh, but our intraoperative test was performed before applying and adjustment of the mesh in order to observe the degree and the pattern of urine leakage in advance. We studied whether this method has effect on the success rate of TOT procedures.

### Study design, materials and methods

The study was conducted on patients selected randomly, who visited the hospital between Jan, 2007 and May, 2011. A total of 96 patients were included. 47 patients underwent TOT procedure without intraoperative test from Jan, 2007 to Dec, 2009, and 49 patients underwent TOT procedure with intraoperative test from Jan, 2010 to May, 2011. The intraoperative test was done in order to observe the degree and the pattern of urine leakage before applying and adjustment of the mesh by cough or manual pressure on the suprapubic area. Bladder filling was done with at least 300 ml of normal saline during intraoperative test. After observing the degree and the pattern of urine leakage, we applied and adjusted the mesh.

### Results

In the group not applied intraoperative test the preoperative and postoperative peak flow velocity and post-voiding residual urine were 25.60ml/sec, 26.90ml/sec and 17.16ml, 29.67ml, respectively. In the group applied intraoperative test the preoperative and postoperative peak flow and post-voiding residual urine were 20.82ml/sec, 45.98ml/sec and 19.77ml, 45.98ml, respectively. In the group not applied intraoperative test the cure and improved rate were 70.2% and 27.7%, respectively. In the group applied intraoperative test the cure and improved rate were 91.8%, and 8.2%, respectively.

### Interpretation of results

There was no significant difference in peak flow velocity and residual urine in both groups. The group applied intraoperative test had a significantly higher success rate compared to the group not applied intraoperative test (p-value=0.023).

### Concluding message

We suggest that observing the degree and the pattern of urine leakage before applying and adjustment of the mesh is an effective method to confirm whether adequate tension is applied to the tape. Further study and refinement of the method is needed.

### References

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2. Yang JM, Yang SH, Huang WC. Dynamic interaction involved in the tension-free vaginal tape obturator procedure. *J Urol* 2008;180:2081-7.

### Disclosures

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