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# CLINICAL EFFICACY OF TAPE CUTTING AS A TREATMENT FOR COMPLICATION IN TRANSOBTURATOR TAPE

#### Hypothesis / aims of study

Compared to the previous treatments for stress incontinence, TOT is used more with its safety and less complication. However it is not free from only the complication, but also the voiding difficulty, on the contrary to the symptoms of complication. Accordingly the purpose of this study is to identify the clinical efficacy of tape cutting as a treatment for voiding difficulties

### Study design, materials and methods

We have researched the data of the 750 subjected patients taking TOT from 2006 to 2010 in a retrospective way. The subjects refer to the 20 patients (at the age of 65, ranging 52 to 75) without any reaction due to voiding difficulties for more than three months, out of the patients taking tape cutting because of voiding difficulties after TOT. After putting a patient under local anesthesia in the mucous coat area at the supine position, we made a 2cm of incision, detached and incised the TOT tape below the urethra area. We compared the several points focused on Q max, Voiding volume, RU and recurrence of incontinence before and after tape cutting.

#### **Results**

Before TOT operation, the record of a patient showed Q max 17.2(ranging 5.7~30.6), Voiding volume 190(ranging 38~386) and RU 179(ranging 105-266). After tape cutting operation, it showed Q max 24.1(ranging 14.2~40.3), Voiding volume 272(ranging 57~400) and RU 52(ranging 0-102), which means the significant increase of Q max and residual urine. While 2 patients complaining of a continuous residual urine are dosing alpha blocker and 2 patients with recurrence of incontinence are in conservative treatment.

#### Interpretation of results

Tape cutting is increase Qmax and reduce residual urine

#### Concluding message

Tape cutting, as a treatment of voiding difficulties after TOT, can be an efficient treatment for the patients without any reactions to conservative treatment. We should conduct more casuistics and close monitoring, though.

#### **Disclosures**

Funding: No Clinical Trial: Yes Public Registry: No RCT: No Subjects: HUMAN Ethics Committee: IRB Helsinki: Yes Informed Consent: Yes