

3 YEAR OUTCOME OF TRANSOBTURATOR (I-STOP ®) TAPE PROCEDURE IN FEMALE STRESS URINARY INCONTINENCE – EXPERIENCE OF UK GENERAL HOSPITAL

Hypothesis / aims of study

To evaluate the safety and efficacy of using the less elastic polypropylene monofilament tape I-stop® to treat women with stress urinary incontinence.

Minimally invasive procedures have revolutionized the surgery for female stress urinary incontinence. Delorme in 2000 introduced the transobturator (TOT) tape procedure. This technique potentially avoids the bladder and urethral injuries compared to the retropubic approach, increasing the reproducibility of tape insertion and ensuring minimal tissue dissection.

Study design, materials and methods

Between May 2007 and May 2011, 53 consecutive women (mean age 51) were operated on using the outside - in TOT procedure of Delormes with the I-stop® tape. Preoperative assessment included detailed urogynaecological history, physical examination and urodynamic evaluation including cystometry, uroflowmetry and urethral profilometry. All were done under GA. All women were evaluated at 2, 6, 12, 24, 36 months postoperatively. The objective cure was evaluated by clinical examination and the subjective cure rate was assessed using the KHQ and B

Results

The cure rate was consistently high 85-90% at 6 months and 80-85% at 12, 24, 36 months. There was 85% significant improvement in stress incontinence symptoms amongst the mixed incontinence group.

Voiding difficulties were 2.3 (2 women) in this series, much lower than quoted in the literature for TOT (16-17%) and in comparison to TVT group (25%). Difficulty in voiding was temporary and limited to the immediate postoperative period requiring less than 24 hours of catheterisation.

10.95% (n=6) patients developed denovo detrusor instability. No bladder injury was reported. There was no tape erosion or exposure encountered

Interpretation of results

Minimally invasive procedures have revolutionized the surgery for female stress urinary incontinence. Delorme in 2000 introduced the transobturator (TOT) tape procedure¹. This technique potentially avoids the bladder and urethral injuries compared to the retropubic approach, increasing the reproducibility of tape insertion and ensuring minimal tissue dissection. Using the I-Stop tape has in our study shown a significant reduction in the quoted complication rate for TOTs.

Concluding message

Transobturator I-Stop® procedure is an effective and safe treatment for women with stress urinary incontinence. Local complications such as vaginal exposure and erosion were previously reported with other tapes but not seen with I-Stop®. Long term follow up is needed.

Disclosures

Funding: none **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** The above submitted abstract is not a study. I-Stop is the Tape used at Stafford General Hospital in the Urogynaecology department and the submission is an audit of 3 year outcome since start of use of I-Stop Tape in TOTs for Female Urinary Stress Incontinence. **Helsinki:** Yes **Informed Consent:** Yes

I-STOP® for female Stress Urinary Incontinence



