

MEDIUM TERM RESULTS OF INSERTION OF TRANSOBTURATOR TAPE FOR FEMALE URINARY INCONTINENCE IN A SINGLE UROLOGY UNIT

Hypothesis / aims of study

Insertion of Transobturator tape is a common procedure for treatment of female stress urinary incontinence. Several studies have established the safety and efficacy of Transobturator tapes. Our aim was to assess our practice and compare it with published data.

Study design, materials and methods

Data were collected retrospectively for all Transobturator tape procedures undertaken in our unit between 2008 and 2011. Patients who had a concomitant pelvic floor repair were excluded. Data collation and analysis were undertaken for details including demographics, type of incontinence, peri-operative events and post-operative follow-up.

Results

A total of 70 female patients with age range of 27 to 77 (median age of 48) were included in the study. 14 (20%) had mixed incontinence whereas 80% had pure stress incontinence. All TOTs were performed using the Monarc sling with an outside-in technique. IV antibiotic prophylaxis was used for all procedures. 8 (11%) patients had post-operative retention and 1 patient had excess bleeding through the vaginal wound which was managed conservatively. No bladder or urethral perforations occurred. On follow-up, dry or cure rate was 86%, 1 patient was obstructed and performing CISC, 3 had storage symptoms and 6 (8.5%) had persistent or recurrent stress incontinence. None of the patients had a tape erosion. 94% patients reported a 'good' quality of life on follow-up.

Interpretation of results

Rate of complications of Transobturator tapes in our study is low. Success rates of our tapes are high with majority of patients being cured with a good quality of life.

Concluding message

Our medium term results are very encouraging and comparable to published data. This reinforces the fact that insertion of TOT is a simple, safe and effective procedure for the treatment of female stress urinary incontinence. We recommend standardisation of practices and further studies to assess patient centred outcomes.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** This is a retrospective study. **Helsinki:** Yes **Informed Consent:** No