

THE PATIENTS WHO LOST TO FOLLOW-UP AFTER MIDURETHRAL SLING SURGERY: ARE THEY OK?

Hypothesis / aims of study

The purpose of our study was to know the ratio of patients who lost to follow-up (FU) after midurethral sling surgery, to evaluate their current success rate and to identify the reasons of FU loss.

Study design, materials and methods

Two-hundred thirty-eight patients who received trans-obturator tape(TOT) surgery for urinary incontinence were reviewed. For patients lost to FU at 3 months, the Stamey's surgical outcome scale(SSOS) questionnaire and questions regarding the reason for the FU loss were checked via phone interview. Surgical success was defined by the SSOS as minimal or no leakage with subjective satisfaction.

Results

One-hundred forty-three (60.1%) patients were lost to FU 3 months postoperatively, and phone interviews were conducted with 120 (83.9%) patients. Except for urgency rate (59.3% vs 72.3%, $p=0.049$), there were no significant statistical differences in preoperative profiles including age, BMI, symptom grade and duration, and urodynamic study findings between the FU loss group and the FU group.

The treatment success rate (80.3%, 94 of 117 patients) of the FU loss group was lower than that (95.8%, 91 of 95 patients) of the FU group ($p=0.001$). When patients were divided according to urgency symptoms to stress urinary incontinence and mixed urinary incontinence (MUI), the FU loss group with MUI showed significantly lower surgical success rates than did the FU group with MUI.

Interpretation of results

The most common reason for these losses was the improvement of symptoms. However, there was a significant difference in treatment success rate, especially between the FU and FU loss groups in the mix type incontinence subgroup.

Concluding message

Compared to the FU group, the FU loss group showed a lower surgical success rate. Especially, in incontinence patients with urgency, close FU is recommended for better consultation of patients' incontinence.

Table 1. Outcomes of the surgical procedure in the follow-up (FU) group and FU loss group after the midurethral sling surgery

Outcome	FU loss group	FU group
Cure	82 (70.1%)	78 (82.1%)
Improvement	12 (10.2%)	13 (13.7%)
Failure	23 (19.7%)	4 (4.2%)
Total	117 (100%)	95 (100%)

Table 2. Treatment success rate of the follow-up (FU) group and FU loss group which stratified with accompanied symptoms after the midurethral sling surgery

	FU loss group	FU group	<i>p</i>
Mixed type incontinence	76.6% (n=64)	95.5% (n=67)	0.002
Stress type incontinence	82.6% (n=46)	96.3% (n=27)	0.086

Table 3. The reasons for the follow-up loss in the follow-up loss group after the midurethral sling surgery

Reason	N	Percent
Symptom improvement	74	62.7%
Private problem	19	16.1%
Abandonment of additional treatment	10	8.5%
Oblivion of the follow-up date	5	4.2%
Death	1	0.8%
Other reasons	9	7.6%
Total	118	100

Disclosures

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