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WHAT ARE THE PREDICTIVE FACTORS OF THE CURE AND COMPLICATION RATES FOR MIDURETHRAL SLINGS IN THE TREATMENT OF STRESS URINARY INCONTINENCE IN WOMEN: A MULTICENTRIC STUDY

Hypothesis / aims of study

Predictive factors that could affect the cure and complication rates of midurethral slings (MUS) in the treatment of stress urinary incontinence (SUI) were investigated.

Study design, materials and methods

A total of 594 women (transobturator outside to inside in 285, transobturator inside to outside in 91, retropubic in 218) with SUI and who had undergone MUS were evaluated. Median age was 53.9 (27-82). Univariate analyses were done using Chi-square test, student-t test and Mann-Whitney U tests. Multivariate analyses were done using logistic regression test to determine predictive factors affecting cure and complication rates.

Results

The mean follow-up time was 48 months. The subjective cure rate was 84% and complication rate was 11.2%. On univariate and multivariate analyses, the cure rate was increasing in younger patients (OR 0.97, 95% CI 0.95-0.99, $p = 0.038$) and in patients with pure stress urinary incontinence (OR 2.17, 95% CI 1.31-3.60, $p = 0.002$). The type of surgery was the only statistically significant parameter affecting the complication rate, which was significantly higher in retropubic (OR 6.28, 95% CI 3.51-11.22, $p < 0.001$).

Interpretation of results

MUS is an effective and safe surgical procedure in the treatment of SUI.

Concluding message

In this study age and type of incontinence were only significant predictive factor affecting the cure rate. Our study suggest that retropubic approach could be considered a risk factor for the complication rates after MUS.

Disclosures

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