

## SINGLE CENTRE MIDURETHRAL SLING EXPERIENCE USING ICIQ-SF QUESTIONNAIRE : LONG-TERM FOLLOW-UP

### Hypothesis / aims of study

Aim of the study was to assess our daily practice midurethral sling outcomes for the treatment of Stress Urinary Incontinence (SUI) using International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF).

### Study design, materials and methods

Records of patients who have undergone midurethral sling procedure between 2006-2012 were included in this study. Descriptive data including age, vaginal delivery, comorbidities and previous gynecologic or vaginal surgery were evaluated. Medical records such as pad-test, cystocele grading, rectocele grading, type of incontinence, postoperative complications and preoperative ICIQ-SF were retrospectively analysed also. All patients were checked for long-term complications and their final continence status with ICIQ-SF form. Preoperative and postoperative ICIQ-SF scores were compared with SPSS 15.0 software.

### Results

Totally 177 midurethral sling operations were performed, TVT for 12 and TOT for 165 patients. Descriptive analysis is given in Table 1. 45 patients (25.4%) had pure SUI and 132 (74.6%) had stress predominant mixed urinary incontinence (MUI). 103 patients had accompanying cystocele ( 35% Grade 1, 40.8% Grade 2 and 24.2% Grade 3 ) and 40 patients had accompanying rectocele ( 50% Grade 1, 42.5% Grade 2 and 7.5% Grade 3 ). 62.1% of the patients ( 110/177 ) had at least one comorbidity including HT, DM, COPD, thyroid diseases and CAD. Mean follow-up was 45.1 months ( 3.5 – 98 ) and 63.2% of patients were completely dry ( ICIQ-SF3 = 0 ); furthermore all of the ICIQ-SF scores improved significantly when compared with preoperative values at final evaluation (Table 2). Overall complication rate was 10.2% with dyspareunia in 3 patients, vaginal mesh erosion in 10 patients, voiding dysfunction in 2 patients, bleeding in 1 patient and vaginitis in 2 patients. No intraoperative complication was seen. Patients with vaginal extrusion were treated by partial tape excision and primary closure of the vaginal wall under local anaesthesia as an outpatient procedure. Only one of the three patients with vaginal extrusion needed a secondary incontinence procedure (TVT); the others maintained their continence.

Table 1. Descriptive analysis of the patients

N	177
Mean age ( Years )	56,7 ± 11,4
Mean follow-up (Months)	45,1 ± 19,9
Average pad (/day)	3,24 ± 1,95
Mean vaginal delivery	2,81 ± 1,99
Previous Gynecologic Surgery ( Abdominal or Vaginal )	20.3%

Table 2. Comparison of preoperative and postoperative ICIQ-SF scores

	Preoperative	Postoperative	P
ICIQ-SF - 3	4.05 ± 0.77	1.32 ± 1.84	<0.001
ICIQ-SF - 4	4.39 ± 1.11	1.46 ± 2.00	<0.001
ICIQ-SF - 5	7.96 ± 1.12	2.71 ± 3.56	<0.001
ICIQ-SF - Total	16.41 ± 2.70	5.49 ± 7.34	<0.001

### Interpretation of results

Our daily practice results suggest that midurethral slings have high patient satisfaction rates considering the improvements in ICIQ-SF scores in long-term and are relatively safe procedures despite high comorbidity rates.

### Concluding message

Mid urethral sling operations are quick and simple procedures for stress incontinence that carry low risk of minor complications.

### Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** This is a retrospective study. According to our national rules retrospective studies don't require approval. **Helsinki:** Yes **Informed Consent:** Yes