

SUBTRIGONAL TRANSVAGINAL OBTURATOR TAPE: AN INNOVATION IN MINIMALLY INVASIVE SURGERY FOR STRESS UNIRARY INCONTINENCE

Hypothesis / aims of study

To evaluate the efficacy and safety of Sub-Trigonal Trans Obturator Tape (S-TOT) in women diagnosed with stress urinary incontinence (SUI).

Study design, materials and method

We performed a retrospective study from files of patients diagnosed with SUI and mixed incontinence treated by S-TOT. We modified traditional technique by moving the sling to the subtrigonal area based on our previous results published with fascial slings for complex urinary incontinence, in the last 16 patients we add to the technique a stich to the adductor tendon, to avoid detachment of the sling, who was present in 8 cases. (1).

A clinical evaluation of resolution of SUI and urgency incontinence (UI), voiding symptoms (IPSS), post void volume (PVV) and maximum flow rate (Qmax) was done. We compared the baseline data and postoperative results for two related samples and the patient series treated with suburethral tapes reported in the international literature.

Results

A total of 40 patients underwent S-TOT. The median following was 29.5 month and the mean age was 55.2 ± 10.3 years. 33 patients (82.5%) resolved their SUI and 19/26 (73%) resolved their UI. Median IPSS decreased from 10 to 8 points, p=0.000, PVV increased from 2.5 to 10 ml, p=NS and Qmax increased from 24ml/s to 28ml/s p=0.043. There were n 36 vo UI, urinary difficulty, urinary retention, outflow obstruction or significant complications in any of the patients. A c tion with the literature si showed on Table 1

Table 1. Comparison Between the literature: Suburethral and subtrigonal sling Success, Qmax and Urinary retention.

AUTHOR	N n/n P	F U	CURE / IMPROV MENT	Qmax preQx ml/seg	Qmax postQx ml/seg	Dif.	p	Urinary Retention
Araco	120/120	12						
	TVT		100%	32±4	29±7	-3	ND	12, 4Lib
	TVT-O		83%	32±3	32±4	0	ND	RC15 0 RC17
Krofta	149/151	12						
	TVT		91%	34±19	23±7	-11	ND	ND
	TVT-O		88.4%	35±29	24±12	-11	ND	ND
Meschia	114/117	6						
	TVT		92%	25±10	23±10	-2	NS	2.5% 2Lib
	TVT-O		87%	25±10	23±9	-2.1	NS	3.0% 6Lib
Scheiner	65/34/37	12						
	TVT		93.6%	28.9±12.1	20.4±8.1	-8.5	ND	3Lib
	TOT		91.2%	29.9±11.7	23.5±9.0	-6.4	ND	1Lib
	TVT-O		89.2%	27.0±13.7	20.6±6.9	-6.4	ND	1Lib
Waltregny	102	12						
	TVT-O		93%	26.3±12.2	18.9±9.0	-7.4	0.01	0
This study	24/16							
	STOT-O	30	75%	23.2 (11-	28.5 (21-	+5.3	0.043	0
	AR	12	93.5%	65)	56)	+1.7	NS	0
	STOT-O			24.5 (11-	26.2 (22-			
	FA			56)	32)			

N: Number, FU= Folowup, P= Procedure, Qmax = Maximum floww rate, PreQx: Preoperative, PosQx: Postoperative, D: Difference, Lib: Sling liberation, RC: Need of catheter after surgery, ND: No Disponible, NS: No Significative, TVT: Tension-free Vaginal Tape, TVT-O: Tension-free Vaginal Tape-Obturator, TOT: Trans Obtutator Tape, STOT-O: Subtrigonal Trans obturator vaginal Tape., AR: Self retained (witout stich), AF: Adductor fixation

Interpretation of results

This is to our knowledge the first report of TOT in the subtrigonal position, we show in te results a very good resolution of the incontinence without the morbidity of the obstruction.

Concluding message

The S-TOT is effective and safe for the resolution of SUI. Unlike most suburethral tapes techniques reported in the literature, the S-TOT did not produced urinary difficulty, retention; outflow obstruction or significant postoperative complications

References

1. Serrano-Brambila EA, Maldonado-Alcaraz E, Espinoza-Guerrero XA, Moreno-Palacios J, Ixquiac-Pineda GA, Cardenas-Rodriguez E. Subtrigonal sling with abdominal fascia for treatment of complex stress urinary incontinence. *Cirugia y cirujanos*. 2009 May-Jun;77(3):193-200. PubMed PMID: 19671271.
2. Araco F, Gravante G, Sorge R, Overton J, De Vita D, Sesti F, et al. TVT-O vs TVT: a randomized trial in patients with different degrees of urinary stress incontinence. *International urogynecology journal and pelvic floor dysfunction*. 2008 Jul;19(7):917-26. PubMed PMID: 18217177.
3. Meschia M, Bertozzi R, Pifarotti P, Baccichet R, Bernasconi F, Guercio E, et al. Peri-operative morbidity and early results of a randomised trial comparing TVT and TVT-O. *International urogynecology journal and pelvic floor dysfunction*. 2007 Nov;18(11):1257-61. PubMed PMID: 17345002.

Disclosures

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