

## PATIENT SATISFACTION, CLINICAL OUTCOME AND COMPLICATIONS AFTER TENSION-FREE VAGINAL TAPE (TVT) AND TRANSOBTURATOR TAPE (TOT) PROCEDURES FOR STRESS URINARY INCONTINENCE

### Hypothesis / aims of study

To identify patients' impression of change post-operatively

To compare the incidence of intra-operative, short- and long-term complications

### Study design, materials and methods

This is a retrospective cohort study and patient survey. 196 patients (69 TVT, 127 TOT) were sent an International Consultation on Incontinence Questionnaire (ICIQ) and Patient Global Impression of Change (PGI-C) scale to assess post-operative change and effect on daily life. A t-test statistical analysis was performed on the results. Pre-operative ICIQ and clinical outcome data was obtained from medical notes.

### Results

**TVT:** 28 patients completed a pre- and post-operative ICIQ. 27 patients (96%) had improved scores. A P-value of <0.01 indicates a statistically significant improvement. 39 patients completed PGI-C scores. 38 patients (97%) said their bladder condition was 'better', including 29 (74%) who stated their condition as 'very much better'.

4 patients (6%) had intra-operative complications, including bladder and vaginal perforations and haemorrhage. Short-term complications included voiding difficulties (19%) and urinary tract infection (19%). 8 patients (12%) had *de novo* urgency. 7 patients (10%) required further surgery, including 3 cystoscopies, 1 TVT release, 1 repeat TVT and 2 removals of exposed mesh. 65 patients (94%) reported full cure of their stress incontinence. Additionally, 16 (64%) of the 25 patients with pre-operative mixed incontinence were cured of their urgency.

**TOT:** 24 patients completed a pre- and post-operative ICIQ. 19 patients (79%) had improved scores. A P-value of <0.01 indicates a statistically significant improvement. 68 patients completed PGI-C scores. 60 patients (88%) stated their bladder condition as 'better', including 30 (44%) who stated their condition as 'very much better'.

1 patient (0.8%) had an intra-operative complication of urethral perforation. Short-term complications included voiding difficulties (10%), urinary tract infections (11%) and vaginal/wound infection (6%). 1 patient (0.8%) experienced long-term groin pain. 9 patients (7%) experienced *de novo* urgency. 12 patients (9%) had further surgery, including 1 examination under anaesthetic, 6 cystoscopies, 2 TOT removals due to mesh exposure and 2 TOT releases. 123 patients (97%) had full cure of their stress incontinence. Additionally, 32 (84%) of the 38 patients with pre-operative mixed incontinence were cured of their urgency.

### Interpretation of results

Both procedures had high cure rates of stress incontinence and additional cure of pre-existing urgency. TVT patients had a greater incidence of intra-operative and short-term complications. Although both procedures had statistically significant improvements in ICIQ scores, TVT patients had overall better ICIQ and PGI-C scores post-operatively.

### Concluding message

Both procedures had high cure rates, although TVT scores implied better patient satisfaction and improvement of quality of life, despite the greater incidence of complications.

### References

1. BJOG 2007 May;114(5):522-31.
2. Cochrane Database Syst Rev. 2009 Oct 7; (4): CD006375.

### Disclosures

**Funding:** NONE **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** NONE REQUIRED **Helsinki not Req'd:** No medical research was performed upon the patients. No intervention was made for the purpose of this project which would impact upon their health. **Informed Consent:** Yes