INTRODUCTION

Patients with recurrent or persistent stress urinary incontinence (SUI) constitute a difficult therapeutic challenge. Previous operations might have left legacies such as scarring, adhesions and distorted anatomy, making repeat surgery arduous. The aim of this study was to determine the outcomes of mid-urethral sling (MUS), retropubic (TVT) or trans-obturator (TOT) sling, after a failed primary surgery for SUI.

MATERIALS AND METHODS

This is a retrospective multicentric study that include female patients with recurrent or persistent SUI (clinical and urodynamic diagnosis) treated with MUS, both retropubic (TVT) and trans-obturator (TOT).

RESULTS

We included in this study 48 women with recurrent or persistent SUI who had previously undergone different surgical procedures. Seventeen patients underwent TOT and 31 TVT. Fig. 1 shows primary anti-incontinence procedures and type of MUS for each group. The median follow-up was 120 months (range 12-130).

At the last follow-up:
- Objective cure rate in 31 patients (64.5%)
- Subjective cure rate in 37 patients (77.1%)
- Subjective improvement in 5 patients (10.4%)

The overall failure rate in the TVT group was 11.7% vs 12.9% in the TOT group (no statistical significance).

Fig. 2 shows the cure-rate on the basis of pre-op SUI-grade. Fig. 3 shows the results on the basis of 2 groups: Group 1 (22 pts) in which primary anti-incontinence surgery was a non-prosthetic procedure. Fig. 4 shows post-operative de novo urgency and de novo Urge Urinary Incontinence (UUI) in TOT and TVT procedures. Fig. 5 shows pre and post-op urodynamic data.

CONCLUSIONS

- Our study demonstrates that MUS can be offered to patients with persistent or recurrent SUI. The cure rates and improvement rates are favourable, although lower than the MUS cure rate for primary surgery.
- The grade of pre-op SUI is not a risk factor of recurrence, while the better results were obtained when MUS were used after non-prosthetic anti-incontinence surgery.
- There is no consensus regarding the better approach to be used (trans-obturator or retropubic). We didn't find statistical differences between TVT and TOT but the number of patients is low and a different distribution among different primary procedures is a major bias.
- Prospective, randomized studies on this subject are needed.