

IS TRANSOBTURATOR TAPE OPERATION FOR THE TREATMENT OF STRESS URINARY INCONTINENCE EFFECTIVE AND SAFE IN ELDERLY WOMEN OVER 65?

Hypothesis / aims of study

The aim of this study was to evaluate the efficacy and safety of the transobturator tape (TOT) procedure for the surgical management of stress urinary incontinence (SUI) in elderly women.

Study design, materials and methods

All women suffering from SUI and undergoing TOT procedure between 2004- 2013 were retrospectively enrolled in this study. Patients were divided into two groups according to their age: older women (>65 years old) were included in Group 1, while younger women (< 65 years old) were included in Group 2. Patients who had history of anti-incontinence surgery, history of radical pelvic surgery and detrusor overactivity on urodynamic studies were excluded from the study. Demographic variables, urogynecologic symptoms, urodynamics, intraoperative and postoperative complications, patient satisfaction, and quality of life were compared. Quality of life was evaluated using King's Health Questionnaire (KHQ). The primary outcomes were patient reported satisfaction after surgery and results of the KHQ. Secondary outcome was preoperative and postoperative complications. SPSS version 21.0 was used for statistical analysis. Data were expressed as mean \pm standard deviation. T-test was used for preoperative and postoperative comparison of the two groups. A p value <0.05 was considered statistically significant.

Results

103 women were added in the study. Among these women 69 (66.9%) and 34 (33.1%) were included in Groups 1 and 2 respectively. Demographic variables and the results of the urogynecologic evaluations are summarized in Table 1. The cure and improvement rates in Group 1 and Group 2 were 88.5% and 92.8%, respectively. No differences were observed in the postoperative total scores of KHQ, which were 179.93 ± 202.69 and 200.47 ± 173.64 in Group 1 and Group 2, respectively ($p > 0.05$). No differences were observed in terms of voiding dysfunction, vaginal erosion, groin pain and onset of de novo urge incontinence (14.6% vs 11.4%; $p > 0.05$).

Interpretation of results

There was no statistical significant difference between the two groups in the terms of cure and improvement rates, quality of life scores, and complication rates.

Concluding message

TOT appears to be a safe and effective procedure for the management of stress urinary incontinence also in the elderly population.

Table 1. Demographic and urodynamic values

Variables	Group1 Mean \pm SD or n(%)	Group 2 Mean \pm SD	p value
Parity	4.17 \pm 2.61	3.0 \pm 1.96	0.023
BMI	31.25 \pm 5.18	30.60 \pm 4.53	0.004
Ped test	22.78 \pm 47.96	16.08 \pm 43.06	0.495
Q-type test	56.91 \pm 20.76	67.94 \pm 15.62	0.007
Preoperative stress test			
Positive	25 (36.2%)	17 (50%)	
Negative	44 (63.8%)	17 (50%)	

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** It is a retrospective study **Helsinki:** Yes **Informed Consent:** Yes