797

Gülpinar Ö¹, Güçlü A G¹, Gökçe M I¹, Süer E¹, Kayis A¹, Burgu B¹

1. Ankara University Faculty of Medicine Urology Department

THE RELATIONSHIP BETWEEN TREATMENT SUCCESS AND POSTOPERATIVE MAXIMUM VOIDING RATE AFTER MID-URETHRAL TENSION FREE TAPE SURGERY

Hypothesis / aims of study

To evaluate the relationship between postoperative maximum voiding rate (Qmax) changes and continence rates in patients treated with transobturator midurethral tension free tape (TOT) surgery.

Study design, materials and methods

Patients treated with TOT procedure between December 2005 to March 2012 are included to the study and data analyzed retrospectively. Any condition may cause decreasing iQmax including history of concomitant prolapse surgery, grade III-IV pelvic organ prolapse, diabetes, preoperative mixed type incontinence and neurologic disorders are excluded. Patients divided in to three groups as continent (0 ped), social continent (1-2 peds) and incontinent (>2 peds.) Preoperative and postoperative Qmax rates, Qavg rates and residual urine volumes of three groups are compared.

Results

Sixty six patients with mean age 51, 5±11 were included to the study. Preoperative and postoperative parameters of three groups are summarized on Table 1. Preoperative and postoperative value changes calculated as percentage and statistical analyze performed. (Table 2).Qmax decreased mostly in continent group and value of Qmax decrease were statistically significant between three groups.

Interpretation of results

It seems to be there is a positive correlation between continence and decrease of Qmax rates in TOT performed patients.

Concluding message

During follow up, in TOT performed patients, the risk of probable bladder outlet obstruction should be kept in mind.

Table 1: Comparing of urodynamical parameters and residual volumes of three groups Pre:Preoperative Post:Postoperative

	0 pad n=24 (36.4%)	1-2 pad(s) n=27 (40.7%)	>2 pads n=15 (22.7%)
Pre Qmax	21,41 ± 3,87	22,65 ± 5,95	27,5 ± 8,15
Post Qmax	14,50 ± 1,91	18,36 ± 6,13	26,56 ± 6,96
Pre Qavr	9,01 ± 2,20	8,87 ± 4,29	14,74 ± 5,66
Post Qavr	5,93 ± 1,40	7,53 ± 3,71	11,98 ± 4,51
Pre Residual Urine	44,54 ± 26,98	44,77 ± 15,37	65,60 ± 11,13
Post Residual Urine	57,75 ± 23,76	51,92 ± 24,30	66,80 ± 19,01

Table 2: Changes in values of urodynamic parameters and residual urine volume of three groups as percentage are shown

	0 pad	1-2 pad(s)	>2 pads	p value
Age	50,5 ± 8,66	46,0 ± 11,22	63,0 ± 7,51	0,966
Duration (month)	64,5 ± 18,07	54,67 ± 12,16	55,2 ± 10,73	0,229
Qmax	- % 30,85	- % 16,64	- % 1,86	0,003
Qavr	- % 32,73	- %11,60	- % 8,21	0,296
Residual Urine	+% 73,56	+% 16,55	+% 0,13	0,627

Duration: Elapsed time between two urodynamics evalatuation

<u>Disclosures</u> **Funding:** There is no conflict of interest. **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Ankara University Ethics Board **Helsinki:** Yes **Informed Consent:** Yes