

DO SEVERE OBESE PATIENTS WITH STRESS URINARY INCONTINENCE BENEFIT FROM TRANSOBTURATOR TAPE PROCEDURE? 3-YEAR SURGICAL OUTCOME

Hypothesis / aims of study

To evaluate the impact of severe obesity on surgical outcomes of the transobturator tape (TOT) procedure in patients with stress urinary incontinence (SUI).

Study design, materials and methods

Thirty-two women with severe obesity (BMI>35 kg/m²) were included in the study. All patients were preoperatively evaluated with history, pelvic examination, ultrasonography (US) and cough stress test (CST). All patients filled in the International Consultation on Incontinence Questionnaire-Short form (ICIQ-SF) preoperatively and at the postoperative follow-up. Cure of incontinence was defined as being completely dry after surgery. Cure was assessed subjectively and objectively. Subjective improvement defined as an ICIQ-SF score ≤12 and satisfaction with surgery. Failure defined as having no change or worsening of urinary incontinence after surgery. Postoperative patient satisfaction was assessed using a visual analog scale (VAS).

Results

Mean follow up time and mean BMI were 40.9 ± 20.9 months and 38 ± 3 kg/m² respectively. Baseline characteristics are shown in Table 1. According to preoperative ICIQ-SF questionnaire scores; 20 patients (62.5%) had severe and 12 patients (37.5 %) had very severe urinary incontinence symptoms. No patient had slight or moderate symptoms. Table 2 summarizes the outcomes. None of the patients had declared that her symptoms were worsened after surgery. Objective cure, subjective cure, subjective improvement and patient satisfaction rates were 81.2%, 46.8%, 37.5%, and 84.3% respectively. Our overall complication rate was 9.3%. None of the patients experienced intraoperative complications.

Table 1. Baseline characteristics of the patients

Age, year (mean±SD)	53.4 ± 8,7
BMI, kg/m ² (mean±SD)	38 ± 3
Follow-up time, month (mean±SD)	40.9 ± 20,9
Operation time, min (mean±SD)	24.7 ± 5,6
Chronic disease, n (%)	
DM	6 (18,7%)
Chronic constipation	5 (15,6%)
Chronic cough	3 (9,3%)

BMI, body mass index; DM, diabetes mellitus; SD, standard deviation

Table 2. Outcomes of the patients after TOT procedure at mean 40.1 months and incontinence type before surgery

		SUI	MUI
Total number ,n	32	15	17
Objective cure rate, n (%)	26 (81.2)	12 (80)	14 (82.4)
Subjective cure rate, n (%)	15 (46.8)	11 (73.3)	4 (23.5)
Subjective improvement, n (%)	12 (37.5)	4 (26.7)	8 (47.1)
Patient satisfaction rate, n (%)	27 (84.3)	14 (93.3)	13 (76.5)

TOT, transobturator tape

SUI, stress urinary incontinence

MUI, mixed urinary incontinence

Interpretation of results

In the current study, we aimed to discuss our TOT results in severe obese patients and evaluate risk factors for surgical failure. Our objective cure rate was similar with the previous studies (1,2). Although our subjective cure rate was relatively low, the sum of improved and cured patients was 84.3% and patient satisfaction rate was 84.3%. 5 patients (15.6%) who had MUI before surgery were failed. These results showed that TOT procedure is a good option for the treatment of SUI in obese patients. The most important reason for the relatively low subjective cure rate compared to previous studies was the definition used for subjective cure in our study. Unlike many incontinence studies subjective cure was defined as an ICIQ-SF score=0 which means being completely dry. Higher rate of overactive bladder symptoms (53.1%) in severe obese patients was another potential reason.

Concluding message

The results of our study showed that transobturator tape procedure is a good option with minimal complications for the treatment of SUI in severe obese women.

References

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2. Sung VW, Schleinitz MD, Rardin CR, Ward RM, Myers DL. Comparison of retropubic vs transobturator approach to midurethral slings: a systematic review and meta-analysis. Am J Obstet Gynecol 2007; 197: 3-11.

Disclosures

Funding: NONE **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** This is retrospective study documented from medical records of the patients **Helsinki:** Yes **Informed Consent:** Yes