

A NEW TECHNIQUE FOR SURGICAL TREATMENT OF FEMALE STRESS URINARY INCONTINENCE, TRANSOBTURATOR TAPE WITHOUT PARAURETHRAL DISSECTION

Introduction

To mitigate Transobturator Tape (TOT) complications we designed a modified TOT (mTOT) technique. Our aims were to describe this new technique and comparison of TOT and mTOT.

Design

We retrospectively evaluate 57 women underwent midurethral sling surgery for stress urinary incontinence between 2011 and 2014. 31 patients underwent an original outside-in TOT procedure and 26 patients underwent a modified outside-in TOT procedure. The TOT procedure was performed as originally described. The mTOT procedure differed from its original counterpart by without paraurethral dissection. The first step was about 0.5 cm stab incisions were made to the genitocrural fold at the level of the clitoris on each side. The needle was inserted through the incision, passed through the obturator membrane and its tip was palpated with the index finger through the vagina and the needle tip was directed 1.5 cm below to the external urethral meatus with finger controlled. The *same procedure was done on the other side*. One cm incision was made in the anterior vaginal wall over the bilateral needles tips. All other surgical steps were identical between the two procedures. All the parameters were compared between two groups.

Results

The mean age of patients was 53 years (33-67). There were no significant differences between two groups in terms of age, vaginal deliveries, menopausal status, previous gynecological operation, incontinence duration, daily number of incontinence episodes, IQoL (Incontinence Quality Of Life Instrument) ($P > 0.05$). In the mTOT group, operative duration was significantly reduced compared with those in the TOT group ($P < 0.05$). A lower blood loss was observed in the mTOT group, but the difference was not statistically significant. No bladder perforations were found during surgery in both groups. *Sexual intercourse was forbidden* for four to six weeks after the TOT but two to three weeks after the mTOT operation. In both groups the total satisfaction and IQoL were same between two groups at the 6th month follow-up.

Conclusions

Our modified transobturator tape procedure is a simple and clinically mini-invasive operation with same efficacy and safety as the original technique. It has an advantage over the original TOT with shorter operative time and lower blood loss, early *sexual intercourse*

Disclosures

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