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FEMALE STRES URINARY INCONTINENCE SURGICAL MANAGEMENT ; SURVEY OF PRACTICE PATTERNS AMONG TURKISH UROLOGIST

Hypothesis / aims of study

The aim of this study was to survey urologists regarding the surgical management of female stress urinary incontinence (SUI). This is the first study in our country investigated urologist approach on the management of SUI.

Study design, materials and methods

A comprehensive survey consisting of 11 questions was sent to members of the "Turkish Urology Association in a ground-mail (Table 1), the participation was anonymous and participants were able to complete the survey only once. Survey questionnaires conducted by Turkish Urology Incontinence Study Group members. Data analysis was carried out by the survey provider.

Results

Of the 500 urologists to whom the survey was sent, 218 answered the survey (43.6%). Overall, 19.10% of urologists reported female urology practice maintains higher than 20% of their daily workload..A Transobturatuar tape (TOT) mid-urethral sling (MUS) was the most common procedure that was offered (74%).Urodynamic study (UDS) was ordered only the patients have concomitant filling and evacuation symptoms (70%). Valsalva Leak Point Pressure value detected in UDS was important factor to choose the surgical options(78%). Possible surgical alternative for mixed type urinary incontinence was TOT (56%).The definition of success after the surgery was patient satisfaction report (55%). Cystoscopy was not applied routinely after TOT procedure(58%). Duloxetin oral tablet plus pelvic floor exercise (PFE) was the most common offer after failed surgery (37%). Mesh exicison (57%) was the most common practice soon after MUS if the patient had severe bladder emptying problem. Observing the complication after MUS was under 10 percent (69 %). Botulinum Toxin A administration was not offered in patients with oral anticholinergic drug resistant over active bladder (52%). Follow up(FU) time frequency after MUS was 6 months (42 %) and maximum FU time duration was 5 years(76%)

Interpretation of results

A TOT MUS procedure was the most commonly recommended surgical procedure with a minimum complication rate among the participants. Bulking agents were rarely recommended in the surgical treatment of female SUI. Conservative approaches such as PFE and duloxetine oral tablet are the most commonly offer after failed MUS for recurrent/refracter SUI. After failed MUS surgeries, rectus fascial sling or Burch colposuspension procedures were offered with a rate of 11.05 % .It was almost similar rate with Re do TVT/TOT offer (10.05 %). Majority of the answers received from participants were consistent with ICS Recommendations. However, VLPP value detected in UDS was critical to select the surgery type.

Concluding message

There seems to be consensus among Turkish Urologists regarding the management of female SUI. Majority of their daily practice with a small difference compatible with Incontinence Guidelines. However there are still controversial issues among the urologists.

Table 1- Survey Q/A regarding the surgical management of female stress urinary incontinence

Survey Questions						
Primary choose for SUI surgical treatment	TVT (15 %)	TOT (74%)	Burch Colposuspension (1%)	Fascial Sling (3%)	Bulking agent injections (2%)	
UDS requirement before operation	Always (23%)	Filling and emptying symptoms (70%)	Never (5%)			
VLLP values; How effect the way of your surgical selection	No (20%)	Yes (78%)				
Mixed type urinary incontinence (drug refractory)	No surgery offered (15%)	TVT (13%)	TOT (56%)	Burch colposuspension (2%)	Fascial sling (4%)	Bulking agent injections (3%)
Definition of success after ASI surgery	Total dryness (28%)	Patient satisfaction (55%)	Negative stres test during vaginal investigation (8%)	Half reduction of the number of pad usage (1.8%)		
Routine cystoscopy check peroperatively after TOT	No (58%)	Yes (37%)				
After failed MUS, What is your next for SUI	Duloxetine (7%)	PTE (11%)	TVT (3%)	TOT (6%)	Burch colposuspension (4%)	Fascial sling (6%)
Severe emptying symptoms developed after MUS	CIC (30%)	Excision of mesh (57%)	Mesh take out (6%)			
Complication rate you faced after MUS	Never (15%)	Less than 10 % (69%)	Between 10 -20 % (11.5%)			
Botulinum Toxin A application for medical refractory OAB	No (52%)	100 IU detrusor muscle (26%)	200 IU detrusor muscle (8%)	300 IU detrusor muscle (4%)	100 IU submucosal (2%)	
Frequency of FU time after MUS	3 months (40%)	6 months (42%)	Once a year (15%)			
How long you follow the patient after MUS	Life long (16%)	5 years (76%)	10 years (2%)			

Abreviations; Q/A, Questions and Answers. SUI ; stress urinary incontinence. VLPP ; Valsalva Leak Point Pressure. MUS; Mid Urethral Sling. TOT; Transobturatuar tape. UDS; Urodynamic Studies.
A given percentages were calculated by dividing the total number of selected single choice for each question to total participants. Percentange of multiple selected choices and questions lefted empty were not presented.

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