

## LONG TERM FOLLOW-UP FOR SAFETY AND EFFICACY OF TRANSOBTURATOR TAPE FOR TREATMENT OF FEMALE STRESS URINARY INCONTINENCE.

### Hypothesis / aims of study

The aim of the present retrospective study is to evaluate the long-term safety and efficacy of transobturator tape (TOT) procedure in the treatment of female patient with stress urinary incontinence (SUI).

### Study design, materials and methods

The preoperative work-up involved complete history taking, physical examination, cough stress test (CST) and 1 h pad weight test (PWT). Two questionnaires, the Urogenital Distress Inventory – Short Form (UDI-6) and the Incontinence Impact Questionnaire – Short Form (IIQ-7), were also completed preoperatively. TOT was inserted via the transobturator route in all patients. Postoperatively, the previous work-up was repeated for objective evaluation of the procedure and the subjective improvement was assessed by the Patient Global Impression of Improvement scale. Urodynamic tests were performed when indicated. Patient's data were collected and retrieved from our medical data base and patient's files. Follow-up evaluation was carried out every 3 months during the 1<sup>st</sup> year and yearly afterwards.

### Results

A total of 56 women with primary SUI underwent the TOT procedure at our university hospital. Mean patients age was  $42.12 \pm 8.25$  (range: 29-64). The follow-up period ranged between 32 and 56 months (mean 42 months). At 12-month follow-up, a negative CST was found in 93.3%, 1 h PWT <1 g was present in 91% and the subjective cure rate was 90.5%. A significant improvement in both UDI-6 and IIQ-7 were found ( $p < 0.001$ ). Negative CST, 1-h PWT <1 g and the subjective cure rate at the last follow-up were (90%), (88%) and 5 (89%) respectively. The postvoid residual (PVR) urine and Qmax did not differ significantly between the preoperative values and at the last follow-up. The complication rates after a mean follow-up of 42-months included 2 patients with de novo urgency, 1 patient with voiding difficulties and 3 patients had groin pain.

### Interpretation of results

From the current objective and subjective data in our study, and the long term follow-up (mean 42 months) for patients underwent TOT. It seems that TOT maintains its anti-incontinence mechanism over time and no significant changes in its efficacy and safety.

### Concluding message

TOT procedure appeared to be effective minimally invasive procedure for the treatment of primary SUI with satisfactory good long-term outcome and low complications rate.

### Disclosures

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