

## RESULTS OF THE TRANSOBTURATOR VAGINAL TAPE TECHNIQUE IN THE YOUNG WOMAN

### Hypothesis / aims of study

The incidence of urinary incontinence increases with age and while stress urinary incontinence is common in young women. However, behavioral modification and conservative measures are important in the initial management of these with stress urinary incontinence (SUI) in young woman as under 40. This study is to assess the efficacy of transobturator tape (TOT) technique in the management of young women with urodynamic SUI.

### Study design, materials and methods

A total of 110 consecutive young women, aged 40 years and younger (mean age 37 years; range, 29-40 years, respectively) who underwent TOT for urodynamically- confirmed SUI were prospectively enrolled in single institute. Baseline assessment included a complete medical history, physical examination, urodynamic evaluation, and patient symptom survey. Follow-up data were collected by clinical examination preoperatively, and at 1 week and the 1st, 3rd months postoperatively. Pelvic examination was performed to reveal any adverse effects of the tape material. The main outcome measures were perioperative morbidity, postoperative SUI, persistent urgency.

### Results

The incidence of TOT related complications was not seen. Preoperatively, the mean peak flow rate was 26.2 ml/sec, and the mean Valsalva leak point pressure was 102 cmH<sub>2</sub>O. Regarding the number of pregnancies, 3.6% had never been pregnant. The mean BMI was 24.53 kg/m<sup>2</sup>. 88% (97/110) of the patients were cured and 11% (12/110) were satisfied of treatment. One patient had persisted SUI. Preoperatively, 49% (54/110) of the patients had urgency. Urgency symptoms were cured in 65% of the patients, but 35% of the patients had still urgency.

### Interpretation of results

Younger women are subjected to more discomfort even if they do not have low leak point pressure because they are engaged in higher level of social activity. The TOT technique is considerable as the initial treatment of SUI in the young women. Younger women recover quicker following continence surgery and may also have a higher success rate with lower postoperative morbidity. This technique is a viable treatment, as well as in patients with mixed incontinence.

### Concluding message

The TOT procedure is safe, efficient and one of initial treatment option to treat SUI in the young women. Therefore, active treatment should be considered for young women with SUI.

### References

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### Disclosures

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