

STRESS URINARY INCONTINENCE SURGICAL TREATMENT: AMBULATORY TRANSOBTURATOR TAPE PROGRAM. 6 MONTHS FOLLOW-UP

Hypothesis / aims of study

To prove that Transobturator tape, performed ambulatory, as a treatment for female stress urinary incontinence, is an effective, well tolerated, high rate patient satisfaction surgery.

Study design, materials and methods

Prospective, descriptive study. Objective and subjective results of the surgical treatment of SUI with a free-tension transobturator tape (TOT) placement were evaluated, within a pilot program of major ambulatory surgery that took place from November to December 2014 in a Gynaecology Service, Urogynecology and Reconstructive Pelvic Surgery Unit. 50 women with stress-predominant mixed urinary incontinence, and pure stress urinary incontinence were evaluated clinical and urodynamic with simple cystometry at the beginning of the program and 6 months after surgery. 50 TOT were performed. Monofilament macropore polypropylene mesh of 30x12 mm size was used in all procedures. 47 patients completed 6 months follow up.

Results

Average age was 51 years-old, BMI 27.8 kg/m², and parity 2 vaginal deliveries. There were 4 hysterectomized patients, and 2 had pelvic organ prolapse, asymptomatic, no further than stage 2. 85% patients had stress-predominant mixed urinary incontinence and 15% pure stress urinary incontinence. 100% had positive cough test with maximum cystometric capacity during simple cystometry. All procedures were performed by a trained surgeon. Average length of surgery was 32,4 minutes. 100% patients were discharged the same day of surgery. 1 patient presented with urinary retention after procedure, treated with Foley catheter for 48 hours. After 6 months follow up, there was 75% symptomatic cure of SUI, 76,6% negative stress test and 57,5% negative cough test with maximum cystometric capacity during simple cystometry. In a subjective evaluation, 95,7% patients felt better after surgery. There was 4,2% mesh extrusion (2 patients) that was solved ambulatory, with local anaesthesia. 8.5% presented with inguinal pain 6 months after procedure. There were no cases of "de novo" urge urinary incontinence.

Interpretation of results

The ambulatory performance of TOT is feasible, effective, with a low rate of complications, and high rate of patient satisfaction.

Concluding message

This is a very useful technique in a less developed country like Chile, where the bed-day cost is very high, and the waiting lists in the public hospitals are extensive. Besides, it is a proven fact that same-day discharge improves patient satisfaction, without generating any complications different to the ones when the discharge is two or three days after surgery.

Disclosures

Funding: Government Funding (Public Hospital) **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** All patients signed a consent form before surgery, and the indication of surgery was before the beginning of the study. **Helsinki:** Yes **Informed Consent:** Yes