

## CONCOMITANT TRANS-OBTURATOR TAPE AND ANTERIOR COLPORRHAPHY VERSUS TRANS-OBTURATOR SUBVESICAL MESH IN MANAGEMENT OF CYSTOCELE ASSOCIATED WITH STRESS URINARY INCONTINENCE.

### Hypothesis / aims of study

The aim of the study is to prospectively and retrospectively compare between Concomitant trans-obturator tape and anterior colporrhaphy versus trans-obturator subvesical mesh in management of cystocele associated with stress urinary incontinence as regards; safety and efficacy by subjective and objective measures.

### Study design, materials and methods

Non-randomized, prospective study of 50 female patients suffering from incontinence (SUI & mixed) associated with cystocele grade II or more Patients were randomly divided into two groups ( Group I: 25 patients underwent anterior colporrhaphy in concomitance with TOT "in out" fixation and Group II: 25 patients underwent implantation of subvesical trans-obturator mesh (4 armed mesh) during the period from January 2013 to March 2015. All patients were assessed before surgery by history including Patric Questionnaire for incontinence, clinical examination including Baden Walker classification for prolapse, urine analysis, abdomino-pelvic ultrasonography, and urodynamic examination. Postoperative evaluation carried out at 1, 3, 6, 12 months postoperatively.

### Results

Median follow up was 12 months. Our cure rate as regard incontinence was in group I 21 (84%) cured and 4 (16%) improved while in group II 22 (88%) were cured, 2 (8%) improved and 1case (4%) failed. With single case of failure, our cure rate for SUI mounted to 96% in group II & while 100% in group I. As regard cystocele, a cure rate of 80% was achieved in our series after combined anterior colporrhaphy& TOT fixation. On the other hand a 100% cure rate was achieved after 4 armed mesh. Bleeding was encountered in 3 cases (12%) in Group I & 1 case (4%) in Group II. Only one case needed blood transfusion in Group I. Thigh pain occur during the early post-operative weeks and was more common in group II patients (8/25 vs 5/25). Difficulty of micturition was more obvious in group I (12%) during early follow up. Persistent urgency occurred in both group (37.5%) & (16.7%) respectively. Vaginal infection was noticed in 3 patients from Group I (12%) & 2 (8%) from Group II.

### Interpretation of results

Patients who developed UTI (one from each group), responded readily to antibiotic according to C&S. Denovo dyspareunia occurred in our study only in one case in group II. No cases of vaginal erosion were encountered after 1 year follow up.

### Concluding message

Both anterior colporrhaphy with TOT fixation and application of 4 armed trans-obturator mesh are safe and effective techniques in correction of concomitant cystocele and SUI. The 4 armed mesh has the advantages of a single incision, lesser early post operative voiding difficulty& lower incidence of cystocele recurrence. Meanwhile, it entailed higher incidence of post-operative pain & dyspareunia. Urethral erosion & vaginal extrusion were not encountered in our study. Long term follow up and larger series are required to confirm these results and ensure that they stand the test of time.

### Disclosures

**Funding:** None **Clinical Trial:** Yes **Public Registry:** No **RCT:** Yes **Subjects:** HUMAN **Ethics Committee:** Al-Azhar university ethics committee **Helsinki:** Yes **Informed Consent:** Yes