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MEDIUM AND LONG TERM ANALYSIS OF OUTCOMES OF TENSION-FREE MIDURETHRAL SLING PROCEDURE IN WOMEN WITH MIXED URINARY INCONTINENCE

Hypothesis / aims of study

To evaluate medium and long term outcomes of Tension-free midurethral sling in treatment of women with Mixed Urinary Incontinence(MUI).

Study design, materials and methods

Sixteen patients who underwent the Tension-free midurethral sling procedure for MUI from April, 2010 to June, 2015, were followed up. Five of 16 patients underwent retropubic mid-urethral sling (TVT), and 11 of them underwent transurethral middle obturator sling (TOT). Scales were used in the follow-up, such as Incontinence severity score (UISS), detrusor instability score (DIS), Quality of Life Scale Evaluation (I-QOL), lower urinary tract symptoms affect score (UDI-6), and the outcomes before procedure underwent were compared with ones after.

Results

The mean age is (63±12) years old, with a range of 42-85 years old. The mean BMI is 26.19±2.65, with a range of 21.22-30.43. The mean follow-up time is 29.3 months, with a range of 6-61 months. M-blockers were not used more than two weeks before and after surgery in 15 patients. None of the patients has complications including dysuria, injury of bladder, urethra, obturator vessel or nerve during the surgery. And after pulling out the catheter, no one felt partial pain or difficulty urinating. The overall cure rate for stress urinary incontinence (SUI) was 87.5% with 14 patients cured, for urge urinary incontinence (UUI) was 75% with 12 patients cured. All of the. The patients' life quality also improved significantly ($P<0.05$).

Concluding message

Tension-free midurethral sling procedure is an effective treatment for women with mixed urinary incontinence. Even without taking the M-blockers and other drugs, cure rate of the surgery for urge incontinence reaches 75%. The efficacy of surgery stays stable in medium and long term, and the patients' quality of life improve significantly.

References

1. Effectiveness of midurethral slings in mixed urinary incontinence: a systematic review and meta-analysis.
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3. EAU guidelines on surgical treatment of urinary incontinence.

Disclosures

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