

DID SUPERVISED RESIDENTS PERFORM MID URETHRAL SLING PROCEDURES AS GOOD AS THE TRAINED UROGYNECCOLOGISTS?

Hypothesis / aims of study

In Israel, during six years of OBGYN residency, residents are expected to master basic gynecologic surgical procedures. The curriculum, other than vaginal hysterectomies, includes at least ten vaginal operative procedures. Only a few OBGYN departments allow residents to perform these procedures. In our department we perform transobturator tape (TOT) as a primary procedure of MUS. In all these operations attending urogynecologist is present, who frequently allows the residents to perform them under his guidance.

The objective of this study was to compare the operative results of midurethral sling (MUS) surgeries for stress urinary incontinence (SUI) performed by the residents under guidance of attending specialist in urogynecology to those done by the attendings themselves.

Study design, materials and methods

Retrospective analysis of all midurethral slings performed in a period of five years in a single public tertiary medical center was carried out. Two hundred fifty-seven patients underwent TOT from January 2009 to December 2013. Minimal follow-up was 12 months. Efficacy of the treatment was evaluated in terms of early postoperative course, reoperation, and patient's symptoms improvement based on pelvic floor distress inventory-short form (PFDI-20) questionnaire. The criteria for treatment success included no surgical retreatment for stress incontinence and absence of self-reported symptoms of stress-type urinary incontinence, as assessed with the use of PFDI-20 questionnaire. The Mann-Whitney rank sum test was used for continuous measurements and chi-square test for categorical measurements. A P value <0.05 was considered statistically significant.

Results

One hundred thirty-six (52.9%) patients underwent TOT by attending specialist in urogynecology and 121 (47.1%) by the residents under guidance of the attending. There was no difference between the groups in demographic, clinical characteristics, and the type of concomitant prolapse surgery (Table 1). Immediate postoperative complication were comparable in both groups (Table 2). The reoperation rate in both groups were similar and mainly for repeated sling. Reoperation with repeated sling for USI in both groups was 5%. Assessment of patient's symptoms, in a mean follow-up of 40 months in both groups, by urinary scale (UDI-6) and prolapse scale (POPDI-6) of PFDI-20 were also similar. Subjective success for USI was lower in both groups 70% by the urogynecologists and 60% by the residents.

Interpretation of results

TOT operations performed by residents in all grades of seniority, are as effective as those performed by attending urogynecologist. Proper guidance might be a crucial indicator of success in the outcome of such surgical procedures.

Concluding message

The operative results of MUS procedures for SUI performed by the residents under guidance of attending specialist in urogynecology are as effective as those done by the attendings themselves.

Table 1. Demographic and clinical characteristics at baseline

	Urogynecologists (n = 136)	Residents (n = 121)	<i>p</i>
Age (yo)*	61.0 ± 11.8	60.8 ± 11.4	0.78
Gravidity*	4.5 ± 2.8	4.6 ± 3.1	0.78
Parous*	2.9 ± 1.3	2.8 ± 1.6	0.32
Menopause	102 (75.0%)	91 (75.2%)	0.91
Previous CS	11 (8.1%)	10 (8.3%)	0.86
Previous prolapse surgery	11 (8.1%)	7 (5.8%)	0.63
Main complaint:			
Urinary	40 (29.4%)	31 (25.6%)	0.59
Prolapse	40 (29.4%)	48 (39.7%)	0.11
Combined	51 (37.5%)	39 (32.3%)	0.45
Urinary complaint:			
Stress incontinence	102 (75.0%)	93 (76.9%)	0.84
Mixed incontinence	27 (19.8%)	21 (17.4%)	0.72
Duration of incontinence	3.0 ± 3.6	2.9 ± 2.9	0.83
Uterine Prolapse ≥3	53 (39.0%)	38 (31.4%)	0.26
Cystocele ≥3	76 (55.9%)	54 (44.6%)	0.09
Rectocele ≥3	20 (14.7%)	9 (7.4%)	0.10
Urodynamic confirmation of SUI	108 (79.4%)	102 (84.3%)	0.39
Concomitant prolapse surgery	110 (80.9%)	91 (75.2%)	0.34
- Anterior vaginal repair	67 (49.3%)	56 (46.3%)	0.72
- Posterior vaginal repair	55 (40.4%)	42 (34.7%)	0.41
- Hysterectomy	61 (44.9%)	54 (44.6%)	0.93
- Apical vaginal fixation	10 (7.4%)	8 (6.6%)	0.99
- Vaginal mesh	17 (12.5%)	20 (16.5%)	0.46

*mean

±

SD

SUI = Stress urinary incontinence

Table 2. Outcome

	Urogynecologists (n = 136)	Residents (n = 121)	<i>p</i>
Vaginal hematoma	5 (3.7%)	2 (1.7%)	0.54
Urinary retention	3 (2.2%)	2 (1.7%)	0.89
Follow-up (months)*	40.1 ± 18.6	40.9 ± 17.2	0.71
Reoperation	11 (8.1%)	11 (9.1%)	0.95
- Repeated sling	7 (5.1%)	6 (5.0%)	0.83
- Sling mesh erosion or exposure	3 (2.2%)	4 (3.3%)	0.87
- Division of sling	1 (0.7%)	1 (0.8%)	0.53
No symptoms of USI#	51/73 (69.9%)	42/71 (59.2%)	0.06
UDI-6*	12.3 ± 16.0	18.8 ± 12.8	0.082
POPDI-6*	12.9 ± 21.4	8.4 ± 15.4	0.18

*mean ± SD

#Negative answer to question 17 in PFDI-20

UDI-6 = Urinary Distress Inventory (questions 15 – 20)

POPDI-6 = Pelvic Organ Prolapse Distress Inventory (questions 1 – 6)

Disclosures

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