

Coguplugil A¹, Demirer Z², Aydur E¹, Simsir A³, Demirkesen O⁴, Seckin B⁵

1. *Gulhane Military Medical Academy, Department of Urology, Ankara, Turkey*, 2. *Eskisehir Military Hospital, Urology Service, Eskisehir, Turkey*, 3. *Ege University, Department of Urology, Izmir, Turkey*, 4. *Forte Urology Center, Istanbul, Turkey*, 5. *Medicana International Hospital, Department of Urology, Ankara, Turkey*

PRACTICE PATTERN IN THE EVALUATION AND TREATMENT OF STRESS URINARY INCONTINENCE AMONGST TURKISH UROLOGISTS.

Hypothesis / aims of study

To determine the trends in the evaluation and treatment of stress urinary incontinence (SUI) amongst Turkish urologists.

Study design, materials and methods

195 urologists working in Turkey were asked to fill in a questionnaire concerning their daily management of SUI. The questionnaires were distributed at four local meetings and at one national meeting of female and functional urology.

Results

51 urologists answered the questionnaire. The total response rate was 26.1%. For about 84.3%, SUI took up less than 25% of daily consult activity. Most frequently used diagnostic methods were supine stress test (60.7%), voiding diary (41.1%), patient reported outcome (PRO) measures (35.2%), uroflowmetry (35.2%), post-void residual urine measurement (17.6%), urodynamics (13.7%), and pad test (11.7%). 60.9% of respondents were performing supine stress test when patients felt normal desire to void, while 39.1% were performing stress test after filling the bladder to a certain volume. The most frequent initial treatment methods were pelvic floor muscle training (58.8%), conservative treatments (%43.1), duloxetine (23.5%), and surgery (21.5%). 41.1% of respondents were performing urodynamics prior to surgery. 64.7% and 29.4% of the respondents were performing 1-2 and 3-5 continence surgery in a month, respectively. The preferred primary surgical procedure was outside-in transobturator tape (TOT) in 66.6% and the preferred secondary surgical procedure was tension-free vaginal tape (TVT) in 52.9% of respondents. 92.1% of respondents were recording success and complication rates following surgery. 17.6% and 54.9% of respondents were performing TOT after TVT failure and TVT after TOT failure, respectively. 40.7% and 59.2% of respondents were using general and regional anaesthesia in TVT, respectively, while 32.3% and 67.6% of respondents were using general and regional anaesthesia in TOT, respectively. The respondents were assessing intraoperative suburethral tape tension in TVT (by gropingly [37%], asking patient to cough [29.6%], placing urethral dilatator or Foley catheter into uretra[14.8%], pressing into patient's abdomen [14.8]) and in TOT (by gropingly [32.3%], asking patient to cough [29.4%], placing urethral dilatator or Foley catheter into uretra [14.7%], pressing into patient's abdomen [14.8]).

Interpretation of results

TOT is the main surgical treatment for female stress urinary incontinence. TVT is the preferred surgical procedure after TOT failure. About 60% of Turkish urologists are not using PRO measures.

Concluding message

Mid-urethral sling is the main surgical treatment for female stress urinary incontinence amongst Turkish urologists.

Disclosures

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