Long-term Follow-up of TOT Operation and Quality of Life

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Hypothesis / aims of study:
To evaluate the long-term outcome of TOT and its effect on lower urinary tract symptoms and quality of life.

Study design, materials and methods:
Patients that suffered from stress urinary incontinence or mixed urinary incontinence and surgery was performed were recruited. Urogynecologic symptom assessment, bladder diary, and urodynamics was performed. Quality of life was analyzed using King’s Health Questionnaire. Patients were reanalyzed minimum 5 maximum 10 years after the operation.

Results
The total number of patients included in the study was 86. Mean follow-up period was 7.9±1.5 (5-10) years. Mean age of patients at the beginning of the study was 49.8±8.5 (34-75). Mean age of the patients at the completion of the study was 56.6±7.4 (45-80). Mean number of deliveries was 3.0±1.5 (0-9). 40 women (46.5%) were in the postmenopausal period. 20 women suffered from stress urinary incontinence whereas 66 women suffered from mixed urinary incontinence preoperatively. Stress test was positive in 34 women (39.5%) preoperatively, 31 women suffered from coital incontinence preoperatively whereas 3 women suffered from coital incontinence in the postoperative period. 53 women had Stage 2 or higher prolapse and underwent concomitant prolapse surgery. After surgery, urinary retention developed in 2 women, urinary tract infection developed in 5 women, groin pain developed in 2 women, mesh erosion requiring excision developed in one woman. 72 women had pad usage preoperatively whereas 12 women had pad usage in the postoperative period. Mean 1-hr pad test was 22.1±29.4 gr preoperatively and 3.4±18.1 gr (0-135) 1 year after the operation. Bladder diary results are summarized in Table 2. Q-tip test was 64.9±17.1 (30-90) preoperatively and 50.2±16.4 (15-90) at postoperative 1 year. Mean perineometer result was 22.3±10.9 cmH2O (2-51) and 23.1±11.6 cmH2O (0-62) at postoperative 1 year. 22 women suffered from urinary incontinence in the postoperative period. 4 women suffered from SUI, 15 suffered from urge incontinence, and 3 suffered from mixed urinary incontinence. 67.4% were cured, 23.3% were better than before, 5.8% were the same, and 3.5% were worse. At long-term follow-up, 11 patients recurred. 2 suffered from stress urinary incontinence, 8 had urge incontinence, and 1 had mixed urinary incontinence. 63.2% were cured, 26.3% were better than before, 5.3% were the same, 5.3% were worse. There was a significant improvement in quality of life in all domains and the total score. (Table 3) This improvement persisted at the long-term follow-up.

Interpretation of results
TOT operation even when combined with prolapse surgery has a durable effect after long term follow-up.

Concluding message
TOT operation even when combined with prolapse surgery has a durable effect after long term follow-up.

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