

## COMPARISON OF THE EFFECTS OF KELLY PLYCATION AND TOT SIMULTANEOUSLY WITH VAGINAL HYSTERECTOMY, ON THE INCONTINENCE, QUALITY OF LIFE AND SEXUAL FUNCTIONS

### Aims of study

We aimed to compare the effect of the vaginal hysterectomy - anterior colporrhaphy - posterior colporrhaphy - kelly plication (VH-KP), versus vaginal hysterectomy - anterior colporrhaphy - posterior colporrhaphy - transobturator tape (VH-TOT) operations, on incontinence, quality of life, and sexual functions, that performed for subtotal \ total prolapse (POP) concurrent with obvious stress urinary incontinence (SUI).

### Materials and methods

Between 2013 and 2017, fifty patients who were treated with VH-KP (n=25) and VH-TOT (n=25) due to POP and SUI, were evaluated prospective consecutively. Age, parity, duration of urinary incontinence, and the daily pad usage were recorded. Patients were filled "Urinary Distress Inventory-6 (UDI-6)", "Incontinence Impact Questionnaire 7 (IIQ-7)" and "Index of Female Sexual Function (IFSF)" questionnaire forms at preoperatively and postoperative 6<sup>th</sup> month. In addition, intraoperative ve postoperative complications were noted.

### Results

There was no statistically significant difference between two groups, for the mean age of the patients, parity, duration of urinary incontinence, and the daily pad usage ( $p > 0.05$ ) (Table 1). Although the decrease in the daily pad usage was similar ( $p = 0.0001$ ) in both groups, the improvement rates in the UDI-6 and IIQ-7 forms were found to be higher in the VH-TOT group (69.5% vs 63.0%,  $p=0.04$ , 67.3% vs 57.8%,  $p=0.182$ ). Eighteen (72%) of the patients in both groups were sexual active. It is remarkable that the improvement in the IFSF scores was higher in the VH-KP group (91.1% vs. 78.7%,  $p=0.226$ ) (Table 2). No intraoperative complications were observed in both groups. At the postoperative 6th month follow-up, 4 (16%) patients had recurrent SUI in the VH-KP group ( $p=0.039$ ), and vaginal extrusion occurred in 2 (8%) patients, in the VH-TOT group ( $p=0.153$ ).

**Table I:** Demographic data of the patients and the operations.

			p value
age (year)	62.20±11.23	65.12±11.18	p=0.460
parity (n)	5.08±2.21	5.76±2.58	p=0.322
incontinence period (year)	1.76±1.42	2.12±1.76	p=0.585
pre-operative daily pad usage (n)	1.92±0.95	2.24±1.2	p=0.310
post-operative daily pad usage (n)	0.4±0.64	0.36±0.48	p=0.935
intraoperative complications	-	-	-
postoperative complications	recurrent stress urinary incontinence in 4 (16%) patients	-	p=0.039
		vaginal extrusion in 2 (8%) patients	p=0.153

**Table II:** Improvements on UDI-6, IIQ-7, and IFSF scores.

			p value
Improvement on UDI-6 scores	%63.0±14.22	%69.52±24.87	p=0.04
Improvement on IIQ-7 scores	%57.88±23.32	%67.32±32.77	p=0.182
Improvement on IFSF scores	%91.17±17.97	%78.72±30.42	p=0.226

### Concluding message

Although the effects of VH-TOT surgery are superior to conventional methods for incontinence, and quality of life; negative effects on sexual functions are notable. In addition, although recurrence rates of TOT are low, complications such as vaginal extrusion

are accompanied by drawbacks of mesh usage. Therefore, in addition to treatment success, patients who are treated with mesh should be informed about the effects of mesh on sexual functions, and mesh complications.

Disclosures

**Funding:** None **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** University of Gaziantep, Ethics Committee **Helsinki:** Yes **Informed Consent:** Yes