

TRANSOBTURATOR ADJUSTABLE TAPE: OUR INICIAL EXPERIENCE.

Hypothesis / aims of study

The mid-urethral slings are the gold standard surgical treatment of urinary stress incontinence. However, despite the success of this type of surgery, about 20%^[1;2] of the patients suffer from persistent and recurring symptoms after surgery. Adjustable slings are a recent alternative, but still with very few studies in the literature. The aim of this study was to present the cases of stress urinary incontinence that were submitted to the placement of an adjustable transobturador sling (A.M.I[®]) in our Urology Department and to evaluate this surgical procedure in terms of efficacy, safety, improved quality of life and patient satisfaction.

Study design, materials and methods

10 women were implanted with adjustable transobturador sling during 2016. The general characteristics of the patients, incontinence risk factors, obstetric history and urodynamic examination results were recorded. A short version of the Urogenital Distress Inventory (6 questions) and two verbal questions: "would you repeat the procedure and "are you satisfied your urinary function" were used.

Results

We increase tension of the sling in 1 patient and decrease tension in 2 patients that goes on urinary retention. Six of the ten patients had previously had urethral slings placement and all had at least one risk factor for stress urinary incontinence. At the first follow-up visit, 1 month after surgery, all patients were free of complaints. The questionnaire was realized at a mean 8,2 months after the surgery. At the time of the questionnaire, one of the patients demonstrated recurrence of the symptoms. Overall satisfaction was favourable, and only one patient would not repeat the procedure because of recurrence of urinary symptoms. All other patients had complete regression of urinary incontinence.

Interpretation of results

The optimal combination of stress urinary incontinence resolution and patient satisfaction after the adjustable sling may be related to the possibility of modulating tension in the postoperative period. This allows avoiding the most common problems after placement of conventional slings such as persistent urine leakage or obstructive complications often associated with inappropriate intraoperative tension.

Concluding message

Our work confirms the few data on this procedure in terms of efficacy and patient satisfaction^[3] and will be a database for a work with more cases.

References

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Disclosures

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