

SURGICAL TREATMENT OF STRESS URINARY INCONTINENCE: TRANSVAGINAL TAPE-OBTURATOR APPROACH. ONGOING DATA COLLECTION, OUTCOMES, AND EFFICACY

Hypothesis / aims of study

To evaluate 1) the degree of satisfaction with the transvaginal tape-obturator approach 2) to assess the level of continence following the TVT-O procedure at set points in time and 3) to evaluate characteristics that may contribute to the incidence of incontinence.

The purpose of this study was to evaluate the efficacy of the transvaginal tape-obturator approach. This is a new technique utilized for the treatment of stress urinary incontinence. This procedure involves placement of prolene mesh under the mid-urethra, with the sling passing bilaterally through the obturator foramina. The mid-urethral tension-free sling avoids the retropubic space, involves minimal vaginal dissection, and expedites patient recovery time.

Study design, materials and methods

Thirty-six female patients who met strict criteria and underwent the procedure were evaluated. Pre-operative testing included a complete history and physical examination, focused urological testing (i.e. urodynamic testing, cytourethroscopy, etc.) and completion of a detailed questionnaire. The questionnaire involves assessment of medical, surgical, urogynecologic history, as well as medication use, lifestyle factors, fluid intake, urinary/bowel habits, and other co-morbidities. We have also included the Urogenital Distress Inventory-6 (UDI-6) and the Incontinence Impact Questionnaire-7 (IIQ-7) [1]. Additional data has been gathered from the office and hospital charts, including: operating time, length of hospital stay, type of anesthesia used, peri-operative complications, and occurrence of combined procedures. Follow-up questionnaires were given post-operatively at two weeks and three months. One year evaluations are pending.

Results

Thirty-six women with symptoms of stress urinary incontinence were enrolled in the study. Mean age was 58.6 +/- 14.17 years, mean parity was 2.8 +/- 1.77. Following placement of the transvaginal tape via the obturator approach, greater than 90% of patients were completely cured of their urinary symptoms. We found that there was a strong correlation between stress urinary incontinence and poor coaptation of the midurethra, level of parity, and degree of pelvic organ prolapse. The majority of patients were extremely satisfied, would recommend the procedure to others, and most importantly found immediate relief from their prior symptoms of stress urinary incontinence.

Concluding message

The obturator approach for transvaginal sling placement has already and will continue to impact the way that stress urinary incontinence is managed. This less invasive, efficacious approach has been found to be extremely beneficial to patients and has limited peri-operative complications.

References

1. Short forms to assess life quality and symptom distress for urinary incontinence in women: The incontinence impact questionnaire and the urogenital distress inventory. Neurourology and Urodynamics 1995; 14:13-9.