

## **READJUSTABLE SLING: TRANSOBTURATOR VERSUS TRANSVAGINAL OUTCOME**

### **Hypothesis / aims of study**

In recent years, a new readjustable minimally invasive sling for treating stress urinary incontinence (SUI) has been introduced. SAFYRE is a monofilament polypropylene mesh, held between two self-anchoring silicone columns that associates the efficacy of slings with readjustability. The authors compare the safety, efficacy and complication rates of SAFYRE procedure performed through transobturator and transvaginal approaches.

### **Study design, materials and methods**

A total of 226 patients with clinical and urodynamic diagnosis of SUI underwent SAFYRE sling procedure, which was performed either transvaginally (group 1; 126 patients) or transobturator (group 2; 100 patients). The mean age was 63 years, in group 1 and 61 years in group 2. Seventy-five patients (59%) presented previously failed anti-incontinence procedures in group 1 and 65% in group 2. Physical clinical examination, stress test, pad use and a urodynamic study were performed before the surgery. Statistical analysis was based on Student's *t*-test in order to denote significant differences.

### **Results**

The average follow up period was 18 months in group 1 and 14 months in group 2. The mean operative time was higher (25 minutes) in group 1 than in group 2 (15 min) ( $p < 0,05$ ). A significant difference in the bladder injury rate was observed between group 1 and 2 (respectively 12/126, 10% versus 0/100, 0%;). There was no bleeding, blood transfusion, urethral or vaginal perforations or any major complications during the procedure in both groups. There were 4 cases (3,1%) of tape infection in group 1 and 1 case (1%) in group 2 ( $p > 0,05$ ). During the postoperative period, 20,6% of patients developed urgency symptoms in group 1 and 10% in group 2. During that follow up period, 92,1% were continent in group 1 and 94% in group 2 ( $p > 0,05$ ), 2,4% and 2% reported an improvement of their preoperative symptoms in group 1 and 2, respectively. Of these failures, all patients underwent later readjustment, which was performed under local anesthesia.

### **Interpretation of results**

Transobturator SAFYRE is as effective as the transvaginal sling.

### **Concluding message**

Among the advantages of transobturator approach, it can be mentioned fewer complications, less operative time and irritative voiding symptoms. This approach could be a major advance should the good initial results prove to be long lasting.

### **References**

- 1.A readjustable minimally invasive sling for female urinary stress incontinence. Int Braz J Urol 2003;29(4):353-359.
- 2.Transobturator tape (Uratape): a new minimally-invasive procedure to treat female urinary incontinence. European Urology 2004; 45(2): 203-7.