

TRANSOBTURATOR VAGINAL TAPE (TVT-O) INSIDE-OUT FOR THE TREATMENT OF FEMALE STRESS URINARY INCONTINENCE: SHORT TERM RESULTS OF A PROSPECTIVE STUDY.

Hypothesis / aims of study

The aim of the study is to evaluate the results of the transobturator inside-out procedure for the treatment of female urinary incontinence.

Study design, materials and methods

From February to December 2004, 24 consecutive patients with stress urinary incontinence underwent the Trans-Obturator-Tape (TOT) procedure. All patients included had been indicated for surgical treatment of their SUI with or without a combined procedure for prolapse. The pre- and post-operative evaluation included the medical history, urogynaecologic examination, urodynamics, a stress test (cough provocation), the Q-tip test, ultrasonography, and the assessment of post-operative efficacy at 1, 3 and 6 months.

Cure was defined as the absence of subjective complaint of urine leakage and the absence of leakage on cough stress testing. Patients were considered improved when they had a decrease of stress incontinence. Other cases were considered as failure.

Results

Mean age of the patients was 54 years (44 to 76). Of the 24 patients, 9 had undergone previous pelvic surgery. TVT-O was combined with other procedures in 6 patients. 5 patients had vaginal procedures for prolapse and only 1 patient had open colposacropexy. The procedure was performed under local anesthesia in 16 cases, spinal in 1 and general anesthesia in 7 cases. Mean operating time was 15 minutes.

There were no intra- or peri-operative complications (no bleeding, nerve, bladder, bowel or vascular injury). Mean follow-up was 9,7 months (range 3-12 months).

Among the 24 operated patients, 1 has been lost at follow-up and only 1 was not cured of their incontinence. Immediate post-operative voiding disorders have been reported in 2 patients, treated by temporary intermittent self-catheterisation; the patients recovered a normal micturition in about two weeks after surgery. At the follow-up none of the patients had voiding difficulties with residuals > 100 ml. Post-operative urgency was not reported. 21 patients reported pain symptoms directly after the procedure (usually no longer than 7 days), located in the thigh regions. Pain was always mild: at the VAS questionnaire 14 patients report pain inferior to 5 points and 9 more of 5 points of the scale. No patients complained of a persistent pain; pain had completely vanished within the first post-operative month in all cases. Based on subjective evaluation and physical examination at the follow-up 22 patients (96%) were cured or significantly improved.

Interpretation of results

Our study suggests that TVTO is associated with high objective and subjective stress urinary incontinence cure rates and low incidence of post-operative complications and confirms the results reported in the current literature. Longer follow-up times are required to determine the long-term efficacy of TVTO.

Concluding message

The transobturator approach is an effective and safe technique for the treatment of female stress urinary incontinence, alone or in combination with prolapse repair.