

	Retropubic approach	Transobturator approach	p-value
Intraoperative complications	4	0	0.153

COMPARISON OF THE TWO DIFFERENT APPROACHES FOR THE TREATMENT OF

FEMALE STRESS URINARY INCONTINENCE

Hypothesis / aims of study

To compare two different surgical approaches: Retropubic approach (TVT, SPARC) and Transobturator approach (TVT-O, MONARC).

Study design, materials and methods

A total of 328 women with stress urinary incontinence were randomly assigned to the retropubic approach (n=185) or transobturator approach (n=143) from 2002 to 2006. The operative techniques complied with the manufactures instructions. The preoperative evaluation included a careful history taking, physical examination, voiding diary, stress & pad test and a comprehensive urodynamic study. The patients' characteristics and urodynamic evaluations were similar in both groups. The postoperative evaluation included a questionnaire, voiding diary, stress & pad test and uroflowmetry with post void residual. We compared subjective satisfaction at 6month follow-up, intraoperative and postoperative complications, retrospectively.

Results

In the retropubic approach, 134 (72.4%) of the patients were satisfied and 40 (21.6%) were tolerable. Similarly, 111 (77.3%) were satisfied and 27 (18.8%) were tolerable in the transobturator approach (p>0.05). The bowel or vessel injuries were not occurred intraoperatively in both groups. However 4 (0.02%) patients had intraoperative bladder perforation in the retropubic approach. The postoperative complications were 47 (23.2%) patients in the retropubic approach and 27 (19.2%) in the transobturator approach, however all of these patients were treated conservatively (Table 1).

Interpretation of results

In the retropubic approach and transobturator approach, patients were equally satisfied. The postoperative complications were similar in both group. Therefore, the retropubic approach and transobturator approach appear to be equally safe and efficient for the surgical management of stress urinary incontinence in women.

Concluding message

The retropubic approach and transobturator approach appear to be equally safe and efficient for the surgical management of stress urinary incontinence in women.

References

Bladder perforation	4	0	0.153
Vessel injury	0	0	1.000
Bowel injury	0	0	1.000
Postoperative complications	47	27	1.000
Suprapubic/femoral pain	9	8	1.000
Wound infection	3	1	1.000
Postoperative UTI	0	0	1.000
Vaginal erosion	4	3	1.000
Voiding difficulty	11	7	0.926
Urinary retention	8	4	0.769
De novo urgency	4	3	1.000
Tension revision	4	1	0.652

FUNDING: no
HUMAN SUBJECTS:
This study did not need ethical approval because This is a not clinical trial. These operative technique is no significant risk for patients. but followed the Declaration of Helsinki

Informed consent was obtained from the patients.