**INTRODUCTION**

- Urinary incontinence is a very common and debilitating problem affecting about 50% of women at some point in their lives [1].
- Mid-urethral tape procedures can be offered for the surgical management of stress urinary incontinence (SUI) and in appropriately selected cases can have a positive impact on improving the quality of life of women with SUI [1].
- Long term outcome data particularly for procedures involving the trans-obturator (TVT-O) approach are currently limited [2]. Studies support that the TVT-O procedure is a safe and efficient treatment of female SUI, with maintenance of high cure rates after a 3-yr minimum follow-up [3].
- Our aim was to explore patients’ perceptions of symptoms at long term follow up (upto 5 years), following Transvaginal and/or trans-obturator tape repairs for the surgical management of urinary stress incontinence in our unit.

**METHODS**

- We retrospectively randomly sampled 45 patients treated with transvaginal tape or trans-obturator tape procedures at our local hospital between 2012 - 2015.
- Of which, 22 patients responded and consented to participate in a standardised follow up telephone review to follow up on their current clinical symptoms and severity at 3-5 years post surgery.
- Telephone reviews were conducted using a ‘cold calling’ technique without prior contact or notification in order to minimise the risk of attrition bias.
- We determined the presence or absence of symptoms and recorded dichotomous responses as Yes/No.
- A visual analogue scale (VAS) measured symptom bother and was scored from 1 to 10 to determine if this symptom was better, the same or worse than before the surgery.
- The severity of symptoms was recorded by measuring patient responses using the Patient Global Impression of Improvement Scale (PGI-I).

**RESULTS**

- Of 45 patients, 22 agreed to participate and successfully completed the telephone survey.
- On questioning 55% [n=12] reported leaking urine when coughing, sneezing, straining or when active or exercising. 13% [n=3] reported symptoms were ‘the same’ as prior to surgery. 23% [n=5] described leaking as ‘a little better’ than prior to surgery. 13% reported their symptoms were ‘much better’ than prior to surgery.
- 77% [n=17] reported urgency to rush to the toilet due to a fear of wetting themselves or leaking. Of which 55% [n=12] reported an improvement since the procedure. 27% felt it was ‘the same’ as prior to surgery and 27% [n=6] felt it was ‘worse’ than prior to surgery.
- 91% reported a history of nocturia of which 27% reported this as the ‘same’ as prior to surgery. 18% [n=4] reported this as ‘very much better’ than prior to surgery and 18% reported this as ‘very much worse’. 68% reported inadequately emptying their bladder when voiding.
- 50% reported dyspareunia and 36% reported leg or groin pain following surgery.
- 23% [n=5] went on to require further surgery for urinary incontinence [n=2] or reoccurrence of symptoms [n=3], within 5 years of their primary procedure.

**REFERENCES**

3. TVT-O for the Treatment of Female Stress Urinary Incontinence: Results of a Prospective Study after a 3 Year Minimum Follow-Up. Waltregny, David et al. European Urology, Volume 53, Issue 2, 401 - 410