Patient Satisfaction with operative outcomes following midurethral tape surgery for urinary stress incontinence ID20856

Miss Nikola Sambandan¹ MBBS MRCS- Obstetrics & Gynaecology Registrar, Miss Roopa Nair² FRCOG- Consultant Obstetrician & Gynaecologist

Barking, Havering and Redbridge University Hospitals

Queen's Hospital London, United Kingdom Barking, Havering and Redbridge University Hospitals NHS Trust



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).

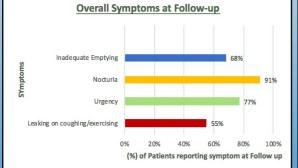


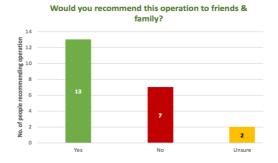
Fig 1: Overall Symptoms reported at 3-5 year Follow up

Patient VAS Scores: Symptoms											
Symptom	0	1	2	3	4	5	6	7	8	9	10
Leaking on coughing/											
sneezing	6		1	1			1	2	1	2	7
Urgency	5		1	2	1		1		3	3	6
Nocturia	5	1	1	1	2			2	2	2	5
Inadequate Emptying	5	1	4	2	2				3	2	3
Dyspareunia	6		3	3	1	3			1	2	1
Groin/Leg pain	12				2	1	1		1	1	1
Prolapse (PV bulge/lump)	9	1	2	1		2	2				2

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.

Fig 2: Overall satisfaction to recommend the procedure



Overall **86%** [n=19] were 'satisfied' with their operation results. **59%** [n=13] would recommend it to a friend or family member.

CONCLUSIONS

- Our results albeit a small sample size, are in keeping with similar studies suggesting TVT-O and TVT can be effective in the short and medium term
- Further evidence is required to see the long term benefits and reoccurrence rates [1].
- Overall patients appear to be satisfied with the results
 of their operation however, longer term they report and
 attribute reoccurrence or worsening of predominantly
 overactive bladder (OAB) symptoms, 12-24 months
 after the procedure. In our cohort, 86% were satisfied
 with the results of their primary operation and 59%
 would still recommend the surgery to a friend or
 relative at 3-5 years post intervention. Further studies,
 with a larger sample size are required to evaluate
 patient satisfaction and perception of outcomes

REFERENCES

- 1.Ford A et al, 2015. Mid-urethral sling operations for women. Cochrane Database of Systematic Reviews.
- National Institute of Health and Care Excellence (NICE), 2014. Urinary Incontinence in women: management. London: NICE.
- 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