

## TFS IN THE TREATMENT OF GENITAL PROLAPSE AND SUI (STRESS URINARY INCONTINENCE): ONE YEAR EVALUATION.

### Hypothesis / aims of study

Evaluating after 12-15 months the clinical subjective improvement and the degree of satisfaction in patients operated of pelvic floor pathology.

### Study design, materials and methods

20 patients (17 presented symptoms of lump in external genitals, 5 out of them with SUI (Stress Urinary Incontinence) associated and 10 with UUI (Urge Urinary Incontinence) and nocturia and 2 only with SUI) operated applying meshes of Tissue Fixation System (TSF) following Dr. Petros technique.

We have evaluated the following variables: age, symptoms and grade of prolapse, type of UI (Urinary Incontinence), previous surgery, inserted meshes, postsurgery evaluation, complications, follow up between 4-15 months and grade of satisfaction.

### Results

*We have found the following complications:*

- In the immediate postsurgery: 3 UTI (Urine Tract Infection).
- In the late postsurgery: 2 UI (Urinary Incontinence)
  - 1 mesh extrusion of the perineal bodies after 1 month.
  - 1 mesh extrusion of perineal bodies with fistula after 1 year

In the immediate postsurgery course only 3 patients presented mild pain.

12-15 months after surgery:

- 4 patients with genital prolapse: 1 cystocele relapse (previous surgery), 1 vault prolapse relapse (previous HATS), 1 hysterocele and 1 vault prolapse de novo.

- 9 patients with urge, 30% have persistence but in decreased grade treated with anticholinergic therapy, 1 with SUI de novo.

- 6 women with nocturia, 50% have persistence but in decreased grade treated with anticholinergic therapy.

- 4 patients with SUI, only 1 patient has persistence of SUI but in decreased grade.

The grade of satisfaction of the patients is around 90 % and good results about 70%.

### Interpretation of results

Patients with genital symptomatic prolapse +/-SUI (Stress Urinary Incontinence) vs MUI (Mixed Urinary Incontinence) and patients with pure SUI treated with TFS state a clinical improvement and a high grade of satisfaction.

### Concluding message

TFS allows uterus preservation and functional reconstruction of the vagina. We should be careful with the results but we are satisfied with its good evolution.

<b><i>Specify source of funding or grant</i></b>	<b>hospital funding</b>
<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>No</b>
<b><i>This study did not require ethics committee approval because</i></b>	<b>it has the gynecologist head approval and patients state informed consent</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>Yes</b>