

## THE IMPLICATIONS OF PERIURETHRAL ZUIDEX ON SUBSEQUENT TENSION FREE TAPE INSERTION.

### Hypothesis / aims of study

The purpose of injectable treatment is to provide a minimally invasive, effective and safe alternative to open surgery for the treatment of stress urinary incontinence.

In our unit we use Zuidex which is a Dx/HA copolymer in patients with genuine stress incontinence who have derived no benefit from pelvic floor exercises and initially declined surgical treatment. A proportion of patients with ongoing incontinence following periurethral injections may wish to consider further intervention in the form of a Tension-free obturator tape. This study aims to establish whether the presence of periurethral Zuidex alters the operative procedure or affects the success rate of subsequent Tension-free obturator tape surgery.

### Study design, materials and methods

In a study of 200 consecutive female patients suffering from stress urinary incontinence managed with the urethral bulking agent Zuidex we demonstrated a 62% success rate. 22/76 patients who were treated unsuccessfully with Zuidex subsequently opted for further surgical intervention in the form of a Tension-free obturator tape. Age range 37-82 years (median 63 years). The time delay between the periurethral injection and the tension free tape insertion ranged from 5-31 months (median 6.8 months). The procedure was performed via the inside-out method, patients were all discharged catheter free the day after surgery. Patients were assessed in the outpatient department three months after surgery.

### Results

Zuidex was encountered at the time of paraurethral dissection in 50% of cases. In these cases samples were sent for culture and sensitivity, no pathogens were found and no increase fibrosis was noted at the time of surgery as a result. The presence of the bulking agent did not alter surgical technique or increase the complexity of tape insertion. 91% (20/22) of women were discharged from follow up after a satisfactory improvement of their stress urinary incontinence. 2 patients reported an increase in lower tract symptoms (cystoscopy normal), 1 of these patients had an increased post void residual of 162mls and is being managed conservatively.

### Interpretation of results

Periurethral injections have a role in the management of stress urinary incontinence, they provide a minimally invasive and safe alternative to surgery. Proceeding to Tension free tape surgery in those patients experiencing an unsatisfactory result from periurethral Zuidex injections is a viable option without an increased rate of complications or reduction in efficacy.

### Concluding message

The success of Transobturator tape surgery for stress incontinence is not adversely affected by the previous use of periurethral injections of Zuidex.

<b><i>Specify source of funding or grant</i></b>	<b>none</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>NONE</b>