

CLINICAL EFFECTIVENESS OF RETROPUBIC VERSUS TRANSOBTURATOR TAPE IN WOMEN WITH INTRINSIC SPHINCTER DEFICIENCY.

Hypothesis / aims of study

Intrinsic sphincter deficiency (ISD) is one of the most difficult to cure type of stress urinary incontinence (SUI). In spite of a wide variety and a high efficacy of surgical procedures (suburethral slings, colposuspension surgery, periurethral injections, artificial urethral sphincters) the cure rate of stress urinary incontinence with ISD is still unsatisfying. Suburethral slings and colposuspension surgery are proven in terms of efficacy however, the rates of completely cured or improved patients with ISD are lower than with SUI not complicated by ISD.

The aim of study was to asses the clinical efficacy of two types of suburethral sling procedures (retropubic vs. transobturator) in patients with ISD.

Study design, materials and methods

Patients were recruited in two gynaecological centres in period spanning from 2003 to 2006. 2300 urodynamic studies were performed in women reporting urinary leakage. ISD was discovered in 183 patients. 123 female patients with urodynamically confirmed ISD defined as Valsalva Leak Point Pressure (VLPP) below or equal 60 cmH₂O were included. Patients were divided into two groups according to the type of surgical treatment (retropubic sling – 42 patients, transobturator sling – 81 patients). The patients' average age was 61±11 years (in transobturator group: 62.3 years, Min. 34, Max. 82, in retropubic group: 58.6 years, Min. 35, Max. 82), average VLPP was 46.7±13.9 cm H₂O (in transobturator group: 46.3 cm H₂O, Min. 12, Max. 60, in retropubic group: 47.61 H₂O, Min. 12, Max. 60), average MUCP was 34.9±14 cm H₂O (in transobturator group: 35.09 cm H₂O, Min. 8, Max. 62, in retropubic group: 34.78 H₂O, Min. 8, Max. 72), average BMI was 29.3±9.9 kg/m² (in transobturator group: 29,96 kg/m², Min. 19, Max. 35, in retropubic group: 28.16 kg/m², Min. 21.1, Max. 36). There were no statistical differences between all mesured parameters in both groups: BMI, VLPP, MUCP, age (p=ns).

Results

The study demonstrated that 73 (59.36%) patients were cured, 25 (20.32%) improved and 25 (20.32%) failed. There was no statistical difference in the clinical efficacy between both tested procedures. The complete cure rate following transobturator procedure was 60.49 % and 57.14 % after retropubic sling (p=ns). The improvement after transobturator tape was 15 (18.52 %) and after retrobupic procedure 10 (23.81%) Greater percentage of failures was observed among patients, who had undergone transobturator procedures – 21% in comparison to retropubic procedures – 19%. However, this difference was not statistically significant.

Interpretation of results

Both analysed types of sling procedures proved to be equally efficient in the treatment of patients with ISD. To obtain more conclusive results regarding the efficacy of suburethral sling procedures (retropubic vs. transobturator) in the treatment of women with ISD the number of recruited patients should be higher.

Concluding message

Our investigation revealed that transobturator and retropubic sling procedures were simialry efficatious in the treatment of stress urinary incontinency complicated by ISD

<i>Specify source of funding or grant</i>	KBN number:
<i>Is this a clinical trial?</i>	Yes
<i>Is this study registered in a public clinical trials registry?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Ethical Committee of Medical University of Lublin
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes