

## PATIENT'S GOALS AND SATISFACTION AFTER DIFFERENT MINIMAL-INVASIVE INCONTINENCE SURGERY

### Hypothesis / aims of study

Different ways of incontinence procedures achieve excellent success with high continence rates. The surgeon should be in charge for the right procedure, depending on own experiences, literature, EBM and main stream. The purpose of this study was to determinate the goals and satisfaction outcome of patients undergoing different kinds of minimal-invasive incontinence procedures with retropubic sling, Mini-sling and intraurethral injection.

### Study design, materials and methods

50 patients with retropubic sling TVT<sup>®</sup> (Gynecare), 50 patients with Mini-sling MiniArc<sup>®</sup> (AMS) and 50 patients with bulking agents Zuidex<sup>®</sup> (Q-Med) were interviewed after follow up of 6.1 months (4-14) after surgery. All were followed up by standardized interview with different question categories, e.g. goals for operation, experiences during procedure, pain, overall satisfaction from 0 (worst) to 100 (best), question of same operation again and so on.

In addition we used the short form of UDI 6 and IIQ7 to assess the symptom severity and checking the given answers.

### Results

Most given goals for all patients were to minimize urine loss, achieve continence in sport activities and daily life, but not always the goal complete dryness. All retropubic slings, mini slings and bulking agents were done under local anaesthesia.

In the TVT-group we assessed an overall satisfaction of 92 in a scale of 0-100 with 1 case of failure after 12 weeks and without any complications. 89% of all would choose the same operation again. In the MiniArc-group was found the same overall satisfaction of 92 in a scale of 0-100 with also 1 case of failure after 6 weeks and without any complications. Beside 1 woman all would choose the same operation again.

There was a high number of recurrent incontinence (n=38) in the group of intraurethral injection. Goals were named as minimizing of pads and incontinence episodes. Overall satisfaction were 70, in 5 patients we noted a bladder empty disorder over 48 hrs. 85% of patients would choose the injection again and noted the procedure successfully.

### Interpretation of results

Analysing the results of 3 different incontinence procedures with retropubic sling, mini sling and intraurethral injection we found high success rates with excellent overall satisfaction. Patients named different goals for surgery, differing casually from doctor's opinion. Retropubic sling and mini sling generate excellent postoperative continence rates without serious complication. Bulking agents show not the same high success rate, but this group is influenced by a high number of recurrent cases. Nevertheless there is a high acceptance of this method with good overall satisfaction and wish of the same operation again.

Patients are happy to save a general anaesthesia and emphasize a close medical care by the surgeon.

### Concluding message

In the hand of an experienced surgeon in the field of urogynaecology different ways of procedures can achieve good results for the patients. We have to listen carefully of different patient goals for surgery. In most cases the surgeon with responsibility for the woman chooses the right procedure. The new generation of mini slings also show comparable results to retropubic slings, but there is an urgent need for prospective studies.

Patients with bulking agents also show good acceptable satisfaction, agreeing with the typical goal to minimize urinary loss.

<b>Specify source of funding or grant</b>	<b>no funding or grant</b>
<b>Is this a clinical trial?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>No</b>
<b>This study did not require ethics committee approval because</b>	<b>only standarized interview of patients with incontinence procedures</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>Yes</b>
<b>Was informed consent obtained from the patients?</b>	<b>Yes</b>