

REVIEW OF PATIENTS UNDERGOING TVT AND TOT IN A DISTRICT GENERAL HOSPITAL IN THE UK.

Hypothesis / aims of study

Female urinary incontinence is a common problem depending on the population studied. Vast majority of incontinence is usually amenable to conservative measures. Surgery is usually considered after exhaustion of conservative measures with adequate patient information.

To look at 1) indications for surgery 2) whether surgery was based on symptoms 3) documentation 4) time taken for TVT as opposed to TOT 5) complications and outcome of surgery for both procedures

Study design, materials and methods

Retrospective case-note analysis for one year. Total patients selected were 50 in each group.

Results

Median age 53.0 (SD 10.30), median BMI 29.0 (SD 4.7).

Symptoms

Symptoms	Percentage
Pure Stress incontinence	11
Stress with urgency, frequency, prolapse, Affecting QOL(quality of life)	16
Urgency, urge incontinence, nocturia, Affecting QOL	25
Complained of all symptoms	33

80% of women had Urodynamics testing; however, 20% had surgery based on symptoms alone.

Urodynamics results

Urodynamic diagnosis	Percentage
Urodynamic Stress incontinence (USI)	60
USI with either voiding difficulty, Detrusor Overactivity (DO) or Intrinsic Sphincter Deficiency	17
Detrusor Overactivity (DO)	9
DO with Voiding difficulty	4
Sensory urgency	7
Reduced bladder compliance	3

Documentation -- clear documentation about counselling of outcome of surgery with complex urodynamic pictures, but no documentation regarding leaflets in 91%.

Conservative management --86% of women received conservative management prior to surgery, out of which 42% received only physiotherapy and 44% received fluid advice, oestrogen or duloxetine in addition to physiotherapy.

Surprisingly, 13% of patients had undergone surgery for DO with or without VD and without any USI at all and failed conservative management.

Outcome

	TVT	TOT
Dry	80.2%	83.7%
Wet but improved	13.3%	10%
Wet not improved	6.5%	6.3%

Operating times

	TOT	TVT
Operating time (Mean)	16 ± 4 (min)	28 ± 6 (min)

Complications

Complications	TOT	TVT
No complications at all	32/50	18/50
Redo procedures	1	2
Tape erosion	1	1
Urinary retention	3	8
Needed ISC	0	3
Voiding difficulty	5	6
Needing double voiding		
De-novo urgency	8	12

Surgeon A most likely to do TOT for women with increased BMI, more likely to offer surgery based on symptoms, had less complications and didn't perform operations at all without stress symptoms.

Interpretation of results

In patients with stress incontinence, the implantation of the transobturator tape is faster than the tension-free vaginal tape with less complications like urinary retention, number of women needing intermittent self catheterisation, voiding difficulty and denovo urgency. Outcome of surgery is nearly similar in both groups. Stricter guidelines need to be in place for clinicians when choosing patients for surgery in the unit and patients explained about the risks and benefits when they are given the option of various surgical procedures.

Concluding message

Surgery is not the answer for all incontinence. Proper counselling of patients is essential in this regard and this study can identify some of their concerns.

<i>Specify source of funding or grant</i>	nil
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	because it is a retrospective review.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No