

#316 Randomized trial to compare solifenacin and transobturator tape placement after apical fixation in the treatment of urgency urinary incontinence

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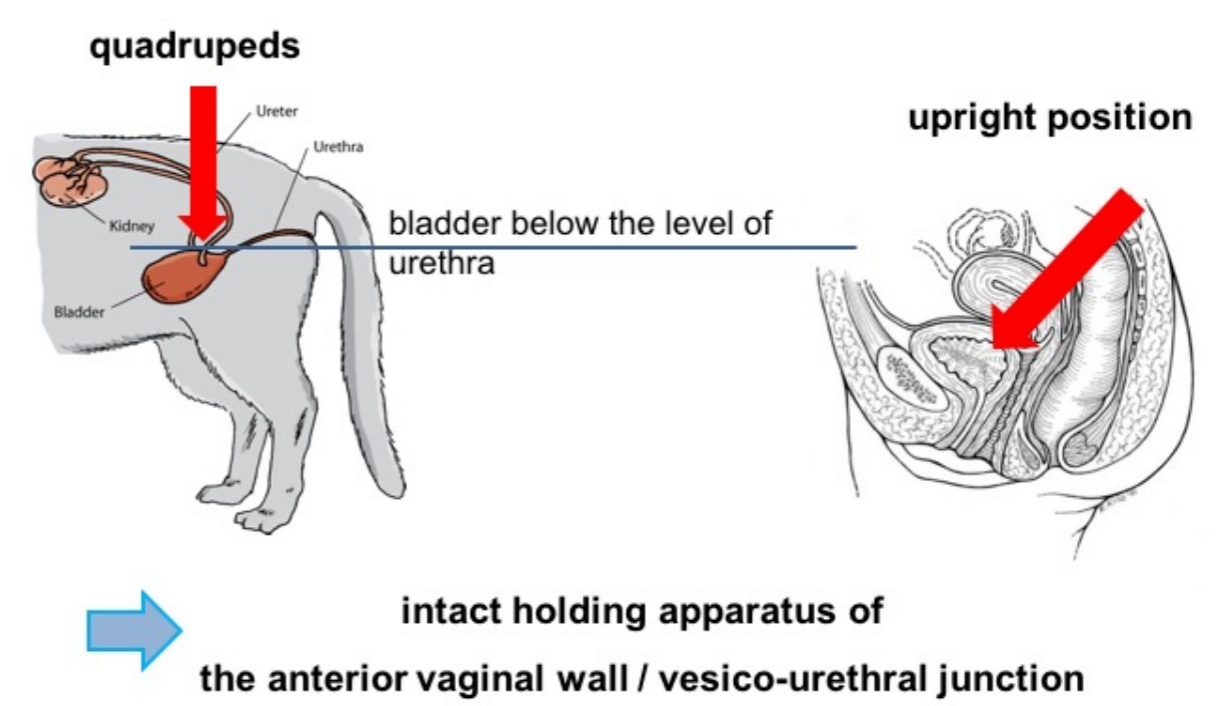
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Aim of the study

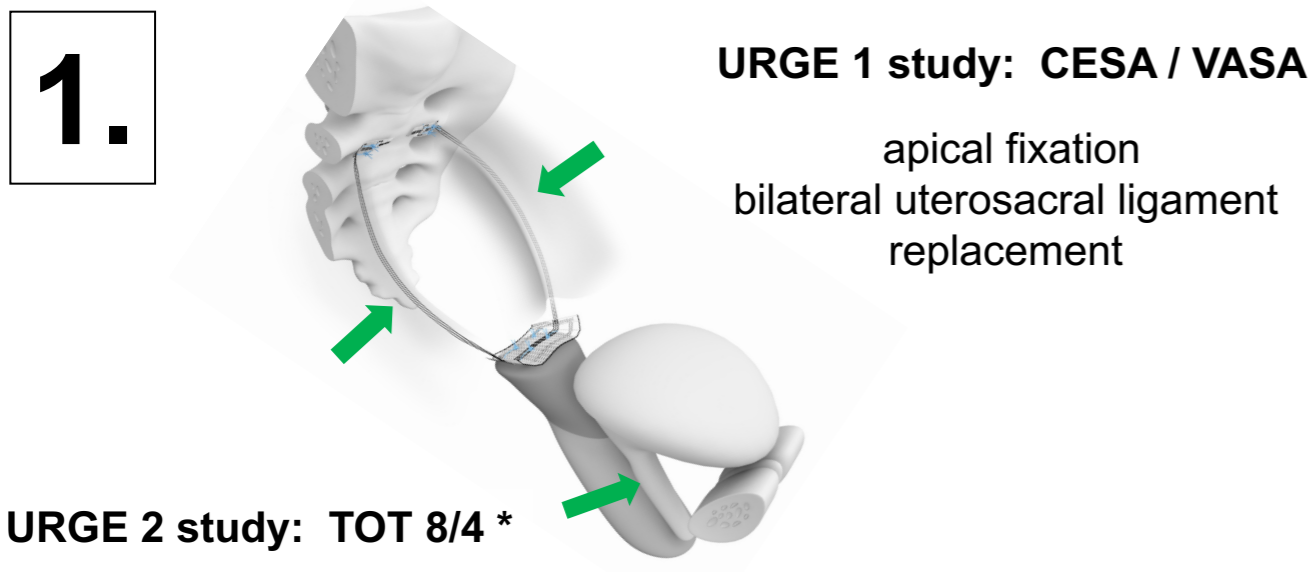
The etiology of urinary incontinence is unknown. Beside stress urinary incontinence (SUI), current treatment options are based on a neurological disorder or the detrusor. Ulmsten and DeLancey hypothesized an anatomical defect of the anterior vaginal wall: laxity of the 3 levels (the paraurethral tissue, the apical end and vesicourethral junction).

We evaluated the effect of a transobturator tape placement (in patients with bilateral replacement of the uterosacral ligaments) on urgency urinary incontinence and mixed urinary incontinence.

The problem: the upright bodyposition



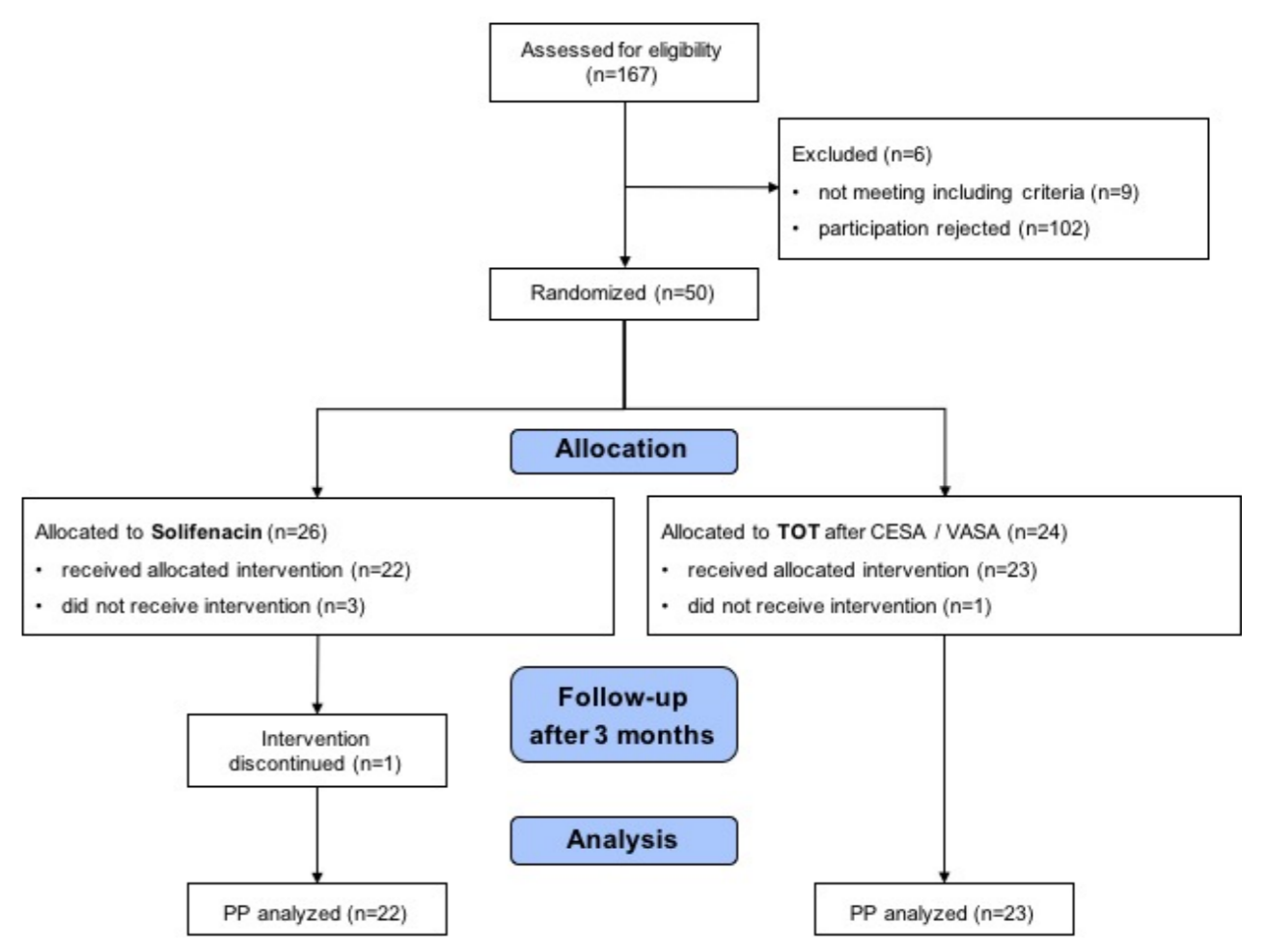
Study design, material and methods



Inclusion criteria URGE 2 study:

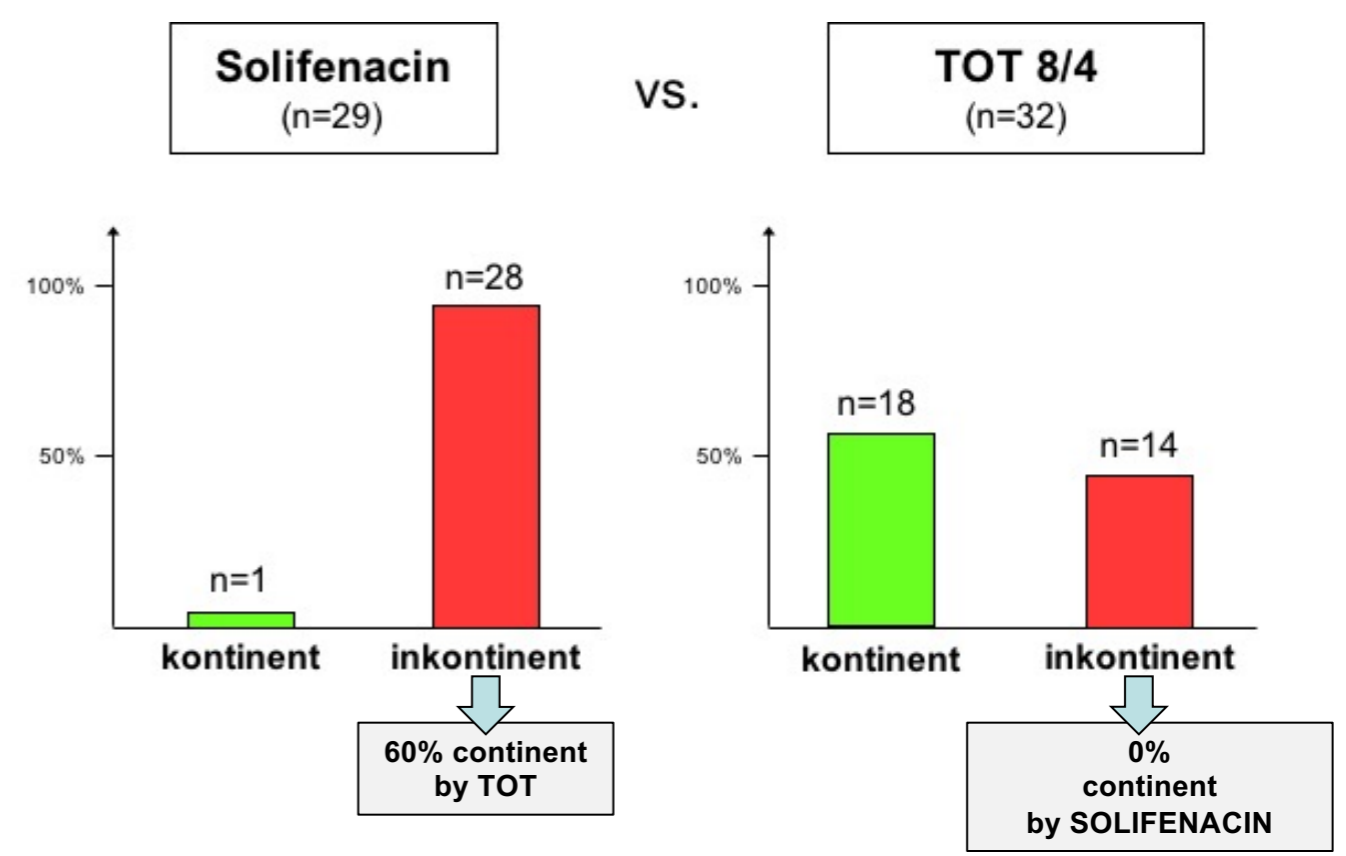
- prior **apical fixation by CESA / VASA** (cervicosacropexy / vaginosacropexy, bilateral uterosacral ligament replacement)
- and persistent **UUI-symptoms**

(ClinicalTrials.gov: NCT01737918)



Results

61 patients with UUI or MUI after CESA or VASA surgery were randomized and were evaluable for analysis. In the solifenacin treatment arm one of the 29 patients treated with solifenacin were cured. In 18 out of 32 patients (56%) continence was restored after transobturator tape placement.



Interpretation of results

The standard pharmacological treatment (solifenacin) for UUI symptoms restored continence in only one of these patients (under medication). The replacement of the pubourethral ligaments with a transobturator tape (TOT) restored continence in 56% of patients with UUI or MUI.

Concluding message

The bilateral replacement of the uterosacral ligaments by CESA and VASA surgical procedures in addition with the replacement of the pubourethral ligaments by a transobturator tape provided one therapy to restore continence in over 75% of patients with UUI and MUI. Surgery for UUI symptoms outperformed medication.

* Ludwig S, Stumm M, Mallmann P, Jager W. TOT 8/4: A Way to Standardize the Surgical Procedure of a Transobturator Tape. BioMed Research International. 2016;2016:1-4.