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Abstract Title:

No difference between retropubic and transobturatoric transvaginal sling operations when correcting for predisposing factors.

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Abstract Text:

Hypothesis / aims of study

During the last two years there have been several reports on slightly, but significantly impaired treatment results after transobturatoric sling procedures when compared to TVT. The aims of this study were to compare the results after classical retropubic TVT with those of the two transobturatoric challengers TVT-O and TOT and identify possible confounding factors.

Study design, materials and methods

In this retrospective register study data on 4024 operations registered in The Swedish National Register On Incontinence Surgery were analysed. The study period was Jan 2006 to Oct 2009. The outcome measure was patient-reported postoperative continence. The same questions on urinary leakage were asked in questionnaires sent preoperatively and after 2 and 12 months. History on previous gynaecological procedures was also recorded. Chi2 test was used for statistical evaluation and significance level was $p < 0.05$.

Results

When analysing treatment outcome without correcting for predisposing factors TVT was significantly superior to the two retropubic methods (TO) after 2 months ($p = 0.002$) as well after 12 months ($p < 0.0001$) follow-up. The continence rate was only reduced by 5,6% at one year follow-up. Therefore the subsequent analyses were performed using 2 months treatment results. No differences were demonstrated between the three methods in the low-risk group without any predisposing factors with postoperative continence rate of 87,8%. Moreover, in the high-risk group with one or more predisposing factors mentioned above no significant difference could be demonstrated between TO and TVT. However, in the TO group preoperative urge incontinence, BMI > 30 and elderly patients were overrepresented. Presence of urge incontinence significantly ($p < 0.0001$) impaired postoperative continence rate to 65,9%, as did age > 75 yy (to 70,4%). BMI > 30 (to 62,5%) and history of pelvic floor surgery (to 63,1%). Whereas previous hysterectomy had no influence. Only 51,6% of the over-weighted patients with a history of pelvic floor surgery and daily urge incontinence were continent after transvaginal sling procedure.

Interpretation of results

Preoperative urge incontinence, BMI, age and previous pelvic floor surgery significantly impaired outcome, but hysterectomy did not. Considering these predisposing factors no differences between TVT, TVT-O and TOT in the main treatment outcome postoperative continence were demonstrated.

Concluding message

Correction for confounding factors such as concomitant urge incontinence, BMI > 30, age > 70 and previous pelvic floor surgery is mandatory when comparing transvaginal sling methods. When doing so, no evidence of inferiority of transobturatoric methods to the classical retropubic TVT was found.