

The Trans-Obturator Tape For the Treatment of Female Stress Urinary Incontinence.

-Multicentre Study of 140 cases - The Learning Curve – Morbidity –

JS.Krauth, H.Rasoamiaramanana, H.Barletta, PY.Barrier, M.Grisard-Anaf, j.Lienhart, j.Mermet, R.Vautherin, jl.Frobert.

INTRODUCTION:

We present the results of our early experience with a urethral tape using a Trans-Obturator Approach (TOT). Objective: To evaluate the feasibility, Morbidity and Effectiveness at mid term.

PATIENTS & METHODS:

The series concerns the first 140 cases, Operations performed between 1st September and 15th January in a multi-centre study from 6 surgical centres. We use a tape of 100% Monofilament of Polypropylene Woven Macropore (1-STOP) Positioned by Trans-Obturator approach, external to internal. The minimum follow-up Period is 6 months.

POPULATION STUDY

Patients	Mean Age	TOT only	Urodynamic Balance	Pure UI : 59(42%)		Mixed UI : 76(56.4%)	
				2 nd Degree	3 rd Degree	2 nd Degree	3 rd Degree
140	56,2	129 (92%)	92 (65.7%)	41 (29.3%)	18 (12.9%)	38 (27.1%)	38 (27.1%)

POPULATION STUDY

Anaesthetic		Operation Time		Hospitalisation		Indwelling Catheterisation*		
General	Local	<15m	<30m	<24h	<48h	None	<12h	<24h
60.7%	39.3%	61.4%	80%	57.1%	87%	31.4%	48.6%	64.3%

*6 Cases longer than 24h: Surgery for Prolapse [5 Cases], Retention [1 Case].

PER-OPERATIVE COMPLICATIONS

Bladder Perforation	Haemorrhage >200ml	Haematoma	Impossible Technique	Others
0*	2** (1.4%)	1*** (0.7%)	0	0

*1 TOT became a hysterectomy with damaged Bladder.

**Treated by simple compression (TOT only)

***Treated By simple evacuation (Repeat TOT immediately)

POST-OPERATIVE COMPLICATIONS

Retention	Pain	Default in wound Healing	Haematoma	Dysuria	Urinary Infection	Others
4(2.9%) ♦	6(4.3%) ❖	2(1.4%)	0	3(2.1%)	2(2.4%)	0

♦ 3 Absence of Catheter and 1 prolapse.

❖ Transitory : Treated with minor Analgesics NSAID <15 Days.

• Both cases had repeat TOT's within 2 months.

• 2 Cases of Dysuria + 1 repeat TOT to reposition the tape.

SUCCESS SHORT AND MID-TERM

FOLLOW UP	1-3 Months	>6 Months	>12 Months
Patients	140	131	67
Satisfied	131(93.6%)	112(85.5%)	56(83.5%)
Completely	66%	70.8%	61.2%
Residual Symptoms	26%	14.6%	22.4%
Symptoms de Novo	1.4%	0	0
Not Satisfied	9(6.4%)	19(14.5%)	11(16.5%)
Without Improvement	2.8%	--9.9%	----11.9%
Insufficient Improvement	3.5%	3%	4.5%
Symptoms de Novo	1.4%	1.5%	0

--1 Patient Reoperated ----2 Patients Reoperated

NB: Lost to follow-up: 0 @ 3 months / 9 @ 6 Months

RESULTS:

FACILITY ●Quick operation and short hospitalisation ●Short Catheterisation or None

MORBIDITY ●No bladder damage ●TOT approach "inside to out" Has led to no complications

SUCCESS ●Rate of satisfaction short-term 93.6% (1to 3 Months)● Rate of satisfaction after 6 Months 85.5%

CONCLUSION:

All the participating centres have quickly validated this technique because of its simplicity and noticeable lack of morbidity and bladder perforation. The 85.5% rate of satisfaction described at the 6-month review is maintained after 1 year. We have arranged a series of approximately 400 cases soon to be evaluated at 6 months and compared with the established techniques; moreover, we will be evaluating the Trans-Obturator (TOT) approach "Inside to Outside".

¹University College Hospital Bourge en Bresse ².Valence ³University College Hospital VilleFrance s/s ⁴ Clinique St.Anne-Lyon ⁵ Clinique Ternel Vienne ⁶.Clinique Dr Cleret-Chambery