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Long term urinary continence after transobturator tape

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Introduction

In addition to providing a safe and effective technique for correcting the IU, patients are interested in knowing the long-term results. With the emergence of minimally invasive alternatives for the transobturator tape (TOT), the long-term prognosis about the success of the technique seems a key point for deciding the procedure.

Materials and methods

Retrospective study in 750 women who underwent TOT for SUI surgery from April 2003 to December 2013, in short stay surgery.

Suburethral tapes were placed, leaving the tape uncut at the groin level, follow up at 48/72 hours required deferred adjustment. 8 different types of tape were used, Contasure Kim® used in the 75.33% of the cases. We distinguish two groups: Group A (n = 650): continent patients after surgery. Group B (n = 100): incontinent patients after surgery. Variables: age, secondary diagnoses, physical examination, complementary tests (urinalysis, urine culture, ultrasound, cystoscopy, urodynamic studies, VCUG / IVU), results in the ICIQ-SF and SF-36 questionnaires in controls at month, 3, 12 months and annually thereafter, average follow up.

Results

86,66% are continent. 13,33% with persistent UI or *de novo* urgency UI. Mean age 63,59 years (37-85), similar in both groups. Mean follow up 80,52 months (\approx 6.71 years), SD 18.34 , 90% CI 72.59 - 88.87, 95% CI 70.98-90.48, 99% CI 67.71-93.19.

During the follow up period, was recorded a mild UI recurrence in 25 patients (3.85%) in Group A, with significant difference according to the tape type [Contasure Kim® recorded lower incidence ($p=0.0031$)]. no relation with age ($p=0.6182$). Mean follow up time until UI recurrence: 49.90 months, SD 15.07, 90% CI 39.12-5.66, range 12-86 months, mean 40 months. No patient underwent redo.

Conclusions

Transobturator tape achieves urinary continence results higher than 86%, with a long term recurrence of 3.04%. Recurrence is related to tape type more than to age. Mean recurrence of 40.02 months, in this series with a follow up maximum of 10.5 years, one year minimum, with 90% CI between 72 and 88 months.