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LONG-TERM OUTCOMES OF WOMEN AFTER MID-URETHRAL TAPE - OBTURATOR FOR URINARY INCONTINENCE: A 15-YEAR RETROSPECTIVE STUDY OF 134 WOMEN

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Introduction

There is growing concern regarding late complications of mid-urethral tape as a treatment for stress incontinence (SUI). The UK government and NICE have recommended further data is accrued examining outcomes of women following mesh procedures to elucidate long-term effects.

Objectives

We previously studied the outcomes of women following TVT-O/TOT for the treatment of urinary incontinence between 2004 and 2007, demonstrating subjective cure of 92%, and low incidence of complications between 1 and 10 months post-op (n=139). This study aims to evaluate long-term outcomes of these women now 12-15 years post-procedure.

Methods

We conducted a retrospective study of 139 women following TVT-O (n=116) or TOT (n=13) between 2004 and 2007. Using BSUG auditable standards, we collected data on help-seeking behaviour due to urinary symptoms, e.g. de-novo OAB, recurrent UTI and voiding dysfunction as well as mesh erosion, recurrent incontinence, and chronic pain. Information was obtained from clinical letters and case notes following repeat hospital attendance.

Results

Data was collected at a mean of 13.5 years post-procedure. Indications for TVT-O/TOT were: SUI 56%, UUI 28% and MUI 15%. Rate of recurrent incontinence was 26.1%; comprising SUI 22.8%, UUI 31.4% and MUI 45.7%. 2 women underwent further continence surgery. 29.1% reported OAB symptoms. Of those patients who had surgery for pure SUI, 30% had de-novo OAB. 16.4% of women had recurrent culture-positive UTI. 9 women (14.2%) had obstructive voiding symptoms confirmed on urodynamics. Mesh erosion was identified in 2 women.

Conclusions

Our data demonstrates efficacy of TVT-O/TOT similar to published literature although this appears to decline over time. In women with recurrent incontinence, there is a predominance of UUI/MUI (77%). We found a low incidence of serious complications e.g. mesh erosion. Subgroup analysis where indication was pure SUI demonstrates a 30% risk of OAB, significantly higher than quoted in patient information literature.