

#440 Long-term Outcomes of Mid-urethral Sling Surgery with Transobturator Tape in the Treatment of Urodynamic Female Stress Urinary Incontinence: Case Series Involving the Same Surgeon, Surgical Technique, and Material

Ersin Köseoğlu¹, Kayhan Tarım¹, Ömer Acar^{1,2}, Tufan Tarcan^{1,3}



¹ Koç University School of Medicine, Department of Urology, Istanbul, Türkiye

² University of Illinois at Chicago, College of Medicine, Department of Urology, Chicago, IL, US

³ Marmara University School of Medicine, Department of Urology, Istanbul, Türkiye



Hypothesis / aims of study

To present the long-term results of Transobturator Tape (TOT) with identical technique and material by a single surgeon in the treatment of stress type urinary incontinence (SUI) in women.

Study design, materials and methods

- Retrospective design
- Demographical and clinical data from all women who underwent TOT as primary or secondary treatment for SUI;
 - Same surgeon
 - Same technique
 - Same material (Boston Scientific Obtryx II Trans obturator Mid-urethral sling system®)
- 2006 – 2023, at least 12 months of follow-up
- All patients had preoperative ICS CST and UDS.
- Current urological condition queried via telephone interview.
- *Definition of treatment success:* Not using pads **AND** not marking “stress urinary incontinence” in the 6th question of the ICIQ-SF questionnaire.
- *Definition of patient satisfaction:* Reporting current urinary incontinence status as “improved” **AND** answering “Yes” to the question “Would you recommend this procedure to a friend with similar complaints?”
- The treatment success and patient satisfaction rates were compared between patients with follow-up periods above and below 10 years.
- Additional intervention histories were documented if patients reported any complications related to TOT following the operation.
- Newly emerged symptoms such as difficult urination, and de novo urgency, which did not necessitate surgical interventions, were also recorded.

Results and interpretation

- n= 42
- Median age= 53 years (34-69)
- Median follow-up= 125 months (12-204)
- Primary TOT (n= 39)
- 3 patients had previous SUI surgery
- All had positive ICS CST and urodynamic SUI
- Treatment success → 83.3% (35/42)
- Patient satisfaction → 92.8% (39/42)
- 92.9% (39/42) → no complications requiring additional intervention related to TOT
- 16.6% (7/42) de novo urgency, 2.3% (1/42) persistent difficulty in micturition
- 7.1% (3/42) → re-operation post-TOT due to complications.
 - 2 Tape-cut (1 Difficulty in micturition, 1 unilateral groin pain)
 - 1 Secondary TOT due to persistent SUI
- *All complaints resolved after re-operations.
- *None of the patients had additional complaints during follow-up.

	Follow-up periods			All patients
	12-120 months	121- 204 months	P value	
Number of patients n (%)	24/42 (57.1)	18/42 (42.8)		42
Treatment success, n (%)	19/24 (79.1)	16/18 (88.8)	0.4	35 (83.3)
Patient satisfaction n (%)	22/24 (91.6)	17/18 (94.4)	0.7	39 (92.8)

Conclusions

TOT is an effective and durable treatment option for female SUI, with high rates of success and patient satisfaction over the long term, when performed with careful patient selection and surgical expertise. Further validation of our results requires comparative studies involving larger and more diverse patient cohorts.