TRANS OBTURATOR TAPE (OUTSIDE-IN). DOES IT IMPROVE QUALITY OF LIFE FOR PATIENTS WITH STRESS URINARY INCONTINENCE, CAN WE PREDICT SUCCESS, WHAT ARE THE COMPLICATION RATES AND DO WE NEED PRE-OP URODYNAMICS?

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Objectives
To establish the impact on quality of life, safety, morbidity, success rates and potential benefit of pre-operative urodynamics in patients having a TOT for stress urinary incontinence.

Methods
Retrospective review of cases performed between January 2006 and March 2010 with subsequent follow up of ~2 years (to 2013). 118 Hospital case notes were reviewed and a patient telephone survey was conducted for 148 patients. Data was collected and analysed using Microsoft Excel.

Results
Those with a shorter functional urethral length (FUL) on urodynamics (<21mm) were more likely to fail but Maximal urethral closure pressure was not predictive of success. BMI did impact on success rates with those with a BMI <30 being more likely to be cured or improved. At final follow up, 89% considered themselves to be cured or significantly improved. The groups mean QOL score (range 1-4) significantly improved from a Mean value of 3 / 4 to 1.3 / 4. Only 2% of our patients had ongoing dyspareunia, and 2% had ongoing thigh/groin with <2% of patients having a tape erosion.

Conclusion
We have demonstrated that those with raised BMI and short FUL are less likely to notice an improvement in their symptoms and these patients should be counselled appropriately. Apart from FUL, urodynamics did not offer any other beneficial information. There is a low complication and morbidity rate for TOT (outside in) in comparison to TVT and its use in the management for stress urinary incontinence should be considered.