



Abstract

READJUSTMENT RESULTS ON POSTOPERATIVE AFTER TRANSOBTURATOR TAPE ACCORDING TO TAPE'S TYPE

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OBJECTIVES

The goal of this study is to evaluate which type of slings favors the postoperative readjustment, if necessary, after surgical correction of stress urinary incontinence (SUI) with transobturator tape (TOT).

METHODS

117 patients with SUI were treated with TOT from April 2003 to December 2007 using four types of tapes: 35 Monarc© (AMS); 31 Safyre© (Palex); 27 Gynecare© (Ethicon) and 24 Kim System© (Neomedic).

The same protocol was applied in all patients: Surgery preparation, surgery procedure and postoperative care.

The vaginal tampon was removed the following day and the patients were discharged without cutting the part of the tape that shows up at the abdominal side. The patients were evaluated during the next 24-48 hours before discharge. Patients with Valsalva leak were readjusted under topical anesthesia (2.5 cc of scandicaine at 2% in the two points where the tape show up).

Follow-up: at 48 hours after the adjustment and one month.

Descriptive statistics were used.

RESULTS

Mean age of 61,16 (41-81). Table I shows the number of patients operated with each type of tape, the patients who needed readjustment, the patients who succeed, and the patients who finally were continent.

Table 1: Readjustment after TOT.

| Type of tape. | Need for readjustment | Readjustment achieved | Continence after readjustment |
|-----------------|-----------------------|-----------------------|-------------------------------|
| Monarc©N=35 | N=10 | N=8 | 7 |
| Safyre©N=31 | N=15 | N=10 | 8 |
| Gynecare©N=27 | N=7 | N=6 | 5 |
| Kim System©N=24 | N=14 | N=12 | 11 |

Monarc© tapes became deformed during the readjustment. Tapes elongated longitudinally and contracted laterally. Safyre© tapes needed a higher quantity of anesthesia and in three cases the silicone column came unilaterally off the sling, so patients remained incontinent. Gynecare© and Kim System© slings were easily adjusted and did not become deformed.

CONCLUSIONS

TOT is the first procedure chosen for the treatment of SUI. The possibility to readjust the following days after the intervention increases success. Macroporus knotless slings seem to be the most balanced, the ones with higher resistance without deforming allowing a correct and efficient postoperative adjustment.