

# Comparing the effectiveness between mid urethral retro pubic Tvt and transobturator tot or Tvt-o in mixed pattern urinary incontinence with stress incontinence predominating

## Introduction and objectives

We compared the effectiveness of mid urethral Retro pubic TVT and Transobturator TVT-O or TOT performed in single centre in female patients with mixed pattern urinary incontinence with stress Incontinence predominating.

## Materials and methods

A detailed study of the operating log and the patients follow-up notes was performed to identify the patients treated with mid urethral tapes for mixed pattern urinary incontinence with stress in continence predominating. From March 2006 till March 2011, 74 females patients were identified with symptoms of mixed pattern urinary incontinence with stress incontinence predominating. Thirty eight out of 74 (51.35%) underwent retro pubic TVT insertion, 28/74(37.83%) underwent Transobturator (TVT-O/TOT tapes), 9.45% (7/74) mini arc and 1 TVT Secure. Fifteen out of 74 (20.27%) patients had no prior urodynamic study. Only 3/59 (5.08%) patients who underwent urodynamic study showed mild bladder over activity and rest had sensory urgency. Of these 3, 2 underwent Transobturator tape and 1 mini arc.

## Results

In the TVT (Retro pubic) group 60.52% (23/38) patients were fully continent while 8/38 (21.05%) had partial improvement even with anti cholinergics. Out of these 23 patients 10 (43.47%) needed anti cholinergics while 5/23 (21.73%) needed Botulinum toxin in addition. While in the Transobturator group 24/28 (85.71%) patients were completely continent without complications and only 7/24 (29.16%) needed anti cholinergics and 1 (4.1%) needed Botulinum toxin. One out of 28(3.57%) had partial improvement. 3.57% (1/28) had late failure after initial complete response for 3years. Two out of 3 patients which showed bladder over activity on urodynamics study and underwent Transobturator tape had complete response without any additional treatment. Six out of 38 (15.78%) patients in TVT group presented post op with dysfunctional voiding compared to none in TOT/TVT-O group. Out of these, 2 needed tape division and 1 needed chronic SIC and 1 pt needed early SIC only. In TVT arm 3/38 (7.89%) had AUR all had chronic diff voiding 2 on SIC and 1 Partial response while none in TOT group. In TOT/TVT-O group 3.57% (1/28) Perennial pain needing tape division and 3.57% (1/28) short-term leg pain was seen but not in TVT group.<sup>1-3</sup>

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## Conclusion

Transobturator tapes are more efficacious and should be considered as first choice in such patients.

## Acknowledgements

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## Conflict of interest

The author declares no conflict of interest.

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