



422. Efficacy and safety of transobturator vaginal tape (TVT-O)

in the treatment of Coital Incontinence

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Introduction

The effect of suburethral sling on sexual functioning has been studied, but results on coital incontinence (CI) are still poor. **Aim of this study was to prospectively evaluate the impact of surgical procedure of transobturator vaginal tape (TVT-O) implant on CI concomitant with stress urinary incontinence (SUI).**

Materials and Methods

TVT-O was performed on sexually active women diagnosed with urodynamic (UD) SUI, who also experienced CI with penetration and/or orgasm. At baseline patients underwent to detailed history, vaginal inspection, UD, and VAS scale to assess the impact of CI on Quality of Life (QoL; 0= worse; 10= best). Patient-reported success rate on CI was assessed by the **International Coital Incontinence-Questionnaire (IFCI-Q)**. To date, this is the only validated tool to assess CI. The changes of IFCI-Q scores before and after the surgery were compared. Patients underwent to 3 and 6 months follow-up with the ultrasound evaluation of post-void residual volume (PVR), the IFCI-Q and VAS scale. Objective success was defined by a negative stress test in cline and orthostatism with a 200 and 300 ml of bladder filling. Patients with pelvic organ prolapse ≥ 2 , OAB symptoms, intrinsic sphincter deficiency, and neurogenic bladder were excluded. Paired t test was used to compare the pre- and post-operative questionnaire scores. The statistical analyses were performed with SPSS version 12.0 (SPSS, Chicago, IL, USA). $P < 0.05$ was considered to be statistically significant.

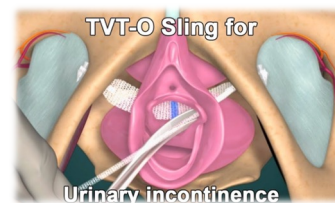
Results

From January 2022 to January 2023, **37 women** with UD SUI complaining of CI at baseline were enrolled. Mean (\pm SD) age was 52.8 ± 10.2 years. **Patients underwent TVT-O procedure.** At 6- month follow-up, **success rate was 91.3%**. All pre-operative sexually active women reported resumption of sexual activity after sling surgery. **Comparison of pre- and post-operative IFCI scores revealed a significant improvement of the total IFCI score ($p < 0.00$).** At baseline, 30/37 (81.1%) women complained of CI at penetration and 7/37 (18.9%) referred both types of CI (IFCI [mean \pm SD]: 8.1 ± 0.8 , moderate CI).

According to the IFCI scores, at 3 and 6- month follow-up has been demonstrated a decrease in frequency of CI, an improvement in quality of intercourse, and in the psychological status of patients ($p < 0.00$). The majority of the women (34/37, 91.89%) at 3 and 6- month follow-up reached the resolution of SUI and CI (IFCI score: 0), while the remaining (3/37, 8.1%) patients complaining of mild SUI and the persistence of CI at penetration, at 3 and 6- month follow-up (IFCI: 5.8 ± 0.3 , mild CI; $p < 0.00$). **VAS score improved from 5.1 ± 0.7 to 7.6 ± 1.7 ($p < 0.01$).** No statistical increase of PVR was observed at 3 and 6-month follow-up.

Discussion

CI is an under-reported symptom causing embarrassment. Most questionnaires used in urology and urogynecology practices also do not comprehensively assess CI. For this reason, it is essential to use a validated questionnaire specific for CI, such as the IFCI-Q. To date this is the first study evaluating the efficacy of surgical procedure of TVT-O on CI, directly with a specific and standardized tool on CI. Our clinical results of success rate after TVT-O procedure are in line with literature. Treatment of CI provides women with better sexual arousal, increases women's self-confidence with reference to their partner.



Conclusions

This study demonstrate that TVT-O procedure is an effective and secure treatment not only for SUI but also for CI. TVT-O procedure provides significant improvement in the sexual lives of women. **This is the first time that CI has been evaluated before and after the surgery by a validated questionnaire specific to CI.**

Reference

- The International Female Coital Incontinence Questionnaire (IFCI-Q): Development, Validation and Reliability Study. Gubbiotti M, et al. J Sex Med. 2021.