

MANAGEMENT OF STRESS URINARY INCONTINENCE. EXPERIENCE IN A UNIVERSITY INSTITUTION IN BOGOTÁ.

OBJECTIVE

To describe the clinical results in terms of objective and subjective improvement and complications of transobturator cystourethropexy or retropubic cystourethropexy performed for the correction of female stress urinary incontinence (SUI).

METHODOLOGY

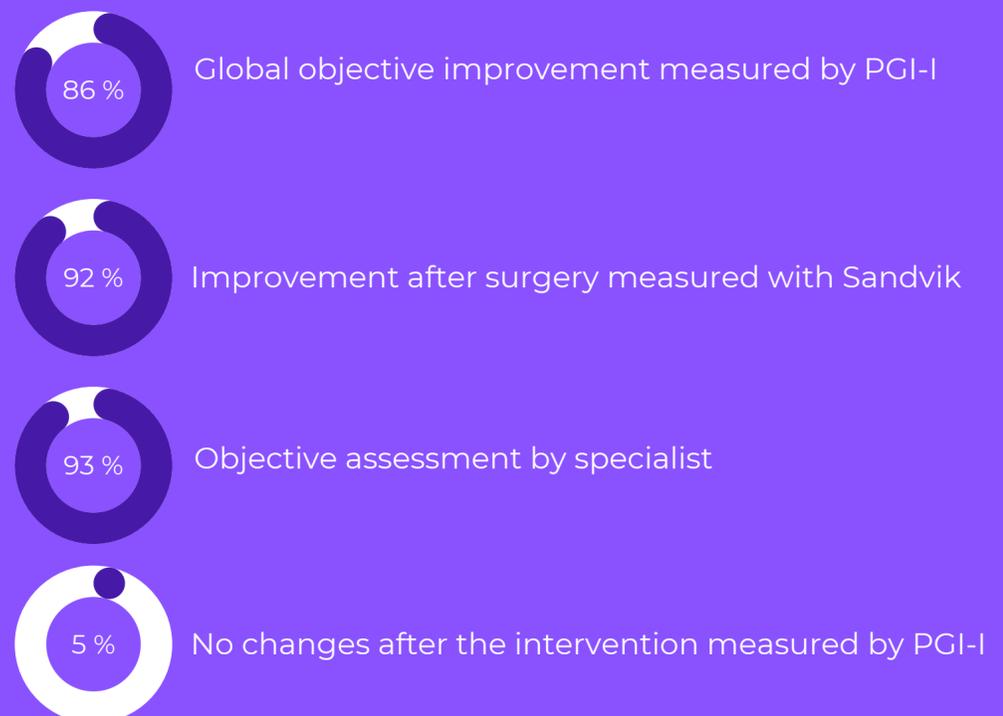
Case series study, in female patients older than 18 years with a diagnosis of SUI by clinical and/or confirmed by urodynamics, taken to stress incontinence correction surgery, with either of the two techniques cystourethropexy with transobturator mediourethral tape [TVT-O] or cystourethropexy with retropubic mediourethral tape [TVT]), in the period of time between 1o. January 1, 2017 and December 31, 2021. A review of medical records was performed, patients were classified as complicated and uncomplicated SUI according to internationally accepted standards, and the Sandvik test and the Patient Global Impression of Improvement Scale (PGI-I) were subsequently applied. A descriptive statistical analysis is presented.

RESULTS BY DEVICE

Assessment	TVT-O	TVT
Patient Global Impression of Improvement Scale (PGI-I)	84.57%	89.55%
Scale of Sandvik Cure rate reported per patient	43.83%	49.25%
Objective evaluation by specialist	92.93%	94.81%

RESULTS

A total of 261 patients who met the inclusion criteria were included. The median age was 53 years, SUI was 60.07%, mixed SUI 38.95% and emergency SUI 4.9%. These patients underwent 70.5% of surgeries for TOT tape placement and 29.5% of surgeries for TVT placement. The relative frequency of complications was 19.16%. The main complication was urinary tract infection. Most complications occurred in the TOT group (70.5%).



DISCUSIÓN

When comparing the results with those reported by other authors (1,2), the satisfaction rates are similar with 86.03% success, while these authors reported success rates between 43% and 92%; Compared to the ESTHER study (3), our successful outcome rate was 89.55%, very similar to the 89.4% reported in the study.

Finally, when comparing our results against a similar study applied to the population of the same city in 2009, satisfaction rates of 92.58% were found compared to the 89.6% previously reported (4).

CONCLUSION

The population treated in the Urogynecology Unit of Colombia is classified as complicated urinary incontinence (90%). The most frequent intervention was TOT type surgery. The subjective and objective cure rates were similar to those obtained by other urogynecological surgery groups.

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