

ANALYSIS OF EFFICACY AND FUNCTIONAL RESULTS WITH USE OF TOT, TOA, TVT, MINI ARC AND ADJUST FOR SUI. OUR EXPERIENCE OF 7 YEARS.Hypothesis / aims of study

The constant development of transobturadoras bands for the treatment of SUI has brought a revolution in this field, with a progressive development of models that attempt to simplify the technique, reduce morbidity and improve functional outcomes. We present a review of our experience over 7 years with different bands models, analyzing overall outcome, complications and differences between them.

Study design, materials and methods

We present a retrospective analysis of our series, in the period between 2004 and 2011. Of a total of 508 patients undergoing SUI in our Pelvic Floor Unit, we used the TOA technique in 70 cases, 294 cases TOT, TVT 8 cases, MINIARC in 66 cases and in 70 cases Adj. By classifying the series by presence or absence of pelvic floor prolapse, SUI were operated on 257 patients and by combined surgery (SUI and prolapse surgery) 251 patients.

Results

The total continence in our series (total dry) has been of 403 cases (79.3%), significant clinical improvement (SUI great efforts, occasional escapes) 77 cases (15.15%) and failure (incontinence to medium-small efforts) 28 cases (5.5%). A breakdown by different surgical techniques were not statistically significant differences in obtaining continence, both between different unique techniques (TOA, TOT, TVT, MINIARC, Adj) and in combination with prolapse ($p = 0.8$). Intraoperative complications were observed: Vaginal bleeding 6 cases (1.1%). Postoperative complications were: urinary retention requiring catheterization three cases (0.59%), pain in leg nine cases (1.7%), fever one case (0.19%), hematoma occurrence of small to moderate size 3 cases (0.59 %), erosion in 0 cases, 0 mesh extrusion and instability de novo cases in 25 cases (4.9%)

Interpretation of results

The different banding patterns suburethral achieve a high percentage of success in the treatment of SUI, although TOT and Adj presents better results in continence and lower intra-and postoperative complications over others.

Concluding message

The joint with continence surgery has not undermined the effectiveness of the technique

Disclosures

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