

## Transopturator tape for the treatment of stress urinary incontinence in females

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Stress urinary incontinence is defined as the involuntary leak of urine during efforts or exertion (1). It is reported to be affecting (4-35%) of women with successive increase in prevalence over age.(2). In our society the prevalence is probably higher considering the trend of multiparity, social conflict of declaring the problem, combined with diminished availability of the specialized treatment centers. Treatment options include: life style modification, physiotherapy, pharmacotherapy by Duloxetine, and surgery, however, since all the above modalities seemed to be of a low, or at best , of a time limited success: surgery, with mid-urethral sling procedure ( Transopturator tape) now considered as the gold standard method: this entails the insertion of a synthetic sling under the mid portion of the urethra to retain the normal bladder neck position and subsequently function. Although initially it was described for the treatment of urethral hyper- mobility, the scope of candidates has widened to include other cases as mixed incontinence as well as cases complicated by pelvic organ prolapse (3). We aimed in our study to review the results of TOT implementation over a one year period, with respect to success and its relation to certain patient and disease variables. Patients with stress urinary incontinence whose case files were accessible were randomly selected till the ceiling of 50 was reached (38 with pure stress, 12 with mixed but predominant stress by urodynamic study). Results and interpretation: Patients with stress incontinence in our random sample showed the following criteria after data analysis: a median age of (49) (33 -56); median BMI of 28.3; 65% being postmenopausal, 93% being multiparous, 85 % with vaginal delivery with the rest having either cesarean or both vaginal and cesarean. All those are reported in literature as risk factors for stress incontinence. Only few had coexisting medical conditions as DM or asthma. The success rate of the tape procedure was calculated as 81%, at 2 week postoperatively with no short term complications like pain, dysuria or worsening urge. At one year follow up visit: success rate was 84%, with complaints not exceeding 15%. Those results were typically in accordance with those in literature. We found a lower median age, BMI, whereas higher postmenopausal status and vaginal deliveries in successful cases than in failing ones, all in accordance with similar previous studies (4), (5) respectively. multiparity was not found to be different between successful and failing cases. Among successful TOT cases, medical conditions were not higher, while pelvic organ prolapse correction surgery was found more frequently, the possibly underlying structural defect contributing to both prolapse and urethral hyper mobility would make a reasonable explanation as documented in literature (6). Finally, we do recommend wider scope studies in the future in this topic to help predict and assess factors affecting the success of such treatment procedure.

### Biography

Zahraa Al - Tamimi has completed her Masters degree in community medicine at the age of 27 from Baghdad University, PhD degree in obstetrics and Gynecology at the age of 37 from the Arab board of obstetricians and gynecologists. She had a special interest in uro gynecology. She is a lecturer at the Medical College/ Al Iraqia University in Baghdad giving lectures in her field to the undergraduate and postgraduate students. She also runs the obstetrics and gyne ward in a leading hospital in Baghdad. She attends her patients at her private clinic and operates on them in private hospital. She has published many papers in reputed journals and is supervising specialty exams in her field.

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