

The surgical treatment of urinary incontinence TOT / TVT: what difference in terms of post-operative quality of life

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INTRODUCTION:

- Urinary incontinence is a relatively common condition that affects between 23% and 45% of women in the world [1].
- Stress urinary incontinence (SUI) in women is defined as the involuntary loss of urine during physical exertion, coughing, sneezing or sudden change in position.
- The objective of this prospective study was to compare the post-operative quality of life after TVT and TOT procedures in women with SUI.

AIM OF STUDY:

- The objective of this study is to show the **difference in terms of quality of life after surgical treatment of urinary incontinence TOT / TVT.**

MATERIAL & METHODS:

Retrospective study consecutive women with SUI underwent continence surgery, including the TVT procedure and the TOT procedure.

A questionnaire was proposed to evaluate **post-operative quality of life**

RÉSULTAT:

The study population included 366 women. The groups were similar in terms of demographics, preoperative data, and cure rates. De novo urgency 1-rates were similar in both groups. In our study, like others, both techniques appear to be equally effective in the surgical treatment of SUI. Postoperatively, urinary infection and chronic pain were significantly more frequent in women undergoing the TOT procedure.

De novo urgency occurred in 13.4% of patients without statistically significant differences between the TVT and TOT.

DISCUSSION:

The use of a TVT device has for a few years been the operation most often performed to treat female urinary incontinence.

Although postoperative acute urinary infections occurred more risk in women in the TVT group than in the TOT group, recurrent urinary tract infection at follow-up was similar.

In the literature chronic postoperative pain is more frequent in the TOT than TVT group. In a meta-analysis of randomised controlled trials that compared the effectiveness of TOT and TVT for the treatment of SUI, de novo frequency and urgency symptoms were equivalent.

the TOT procedure was associated with a lower rate of post operative complication.

CONCLUSION

Treatment of SUI using the TOT procedure was associated with a lower rate of de novo urgency. However, Postoperatively, urinary infection and chronic pain were significantly more frequent with TOT procedure (P = 0.01).

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