

## **Tension-Free Vaginal Tape Secur (TVT Secur) versus Tension-Free Vaginal Tape-Obturator (TVT-O) from inside to outside in Surgical Management of Genuine Stress Urinary Incontinence**

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**Abstract :** Background: New so-called minimally invasive devices have been developed to limit groin pain after sling placement for treatment of stress urinary incontinence (SUI) to minimize the risk of postoperative pain and organ perforation. A new generation of suburethral slings was described that avoided skin incision to pull out and tension the sling. Evaluation of this device through prospective short-term series has shown controversial results compared with other tension-free techniques. The aim of this study is to compare success rates and complications for tension-free vaginal tape secur (TVT secur) and trans-obturator sub urethral tape inside-out technique (TVT-O) for treatment of stress urinary incontinence (SUI). Materials and Methods: Fifty patients with genuine SUI were divided into two groups: group S (n=25) were operated upon using (TVT secur) and group O (n=25) were operated upon using trans-obturator suburethral tape inside-out technique (TVT-O). Success rate, quality of life and postoperative complications such as groin pain, urgency, urine retention and vaginal tape erosion were reported in both groups at one, three, and six months after surgery. Results: As regards objective cure rate at one, three, six months intervals; there was a significant difference between group S (56%, 64%, and 60%), and group O (80%, 88%, and 88%) respectively (P <0.05). As regards subjective cure rate at one, three, six months intervals; there was a significant difference between group S (44%, 44%, and 48%), and group O (76%, 80%, and 80%) respectively (P <0.05). Quality of life (QoL) parameters improved significantly in cured patients with no difference between both groups. As regards complications, group O had a higher frequency of complications than group S; groin pain (12% vs 12% p= 0.05), urgency (4% (1 case) vs 0%), urine retention (8% (2 cases) vs 0%), vaginal tape erosion (4% (1 case) vs 0%). No cases were complicated with wound infection. Conclusion: Compared to TVT secur, TVT-O showed higher subjective and objective cure rates after six months but higher rate of complications. Both techniques were comparable as regards improvement of quality of life after surgery.

**Keywords :** stress urinary incontinence, trans-vaginal tape-obturator, TVT Secur, TVT-O

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