

# Outcome of tension free vaginal tape-obturator for surgical management of stress urinary incontinence in Hospital Kuala Lumpur: A tertiary hospital experience

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## ABSTRACT

**Introduction:** Stress urinary Incontinence (SUI) is one of the common troublesome symptoms affecting many women worldwide. Mid urethral sling (MUS) is the gold standard treatment for treating women with SUI. While long-term studies have shown MUS to have complications, it has also been shown to be an effective treatment option. There were several methods and types of MUS procedure. One of the procedures were Tension Free Vagina Tape-Obturator (TVT-O) which was widely used for continence surgery in this tertiary center. **Objective:** To assess the success rate of TVT-O in the treatment of SUI and assess the safety outcome of the procedure. **Materials and Methods:** We conducted a retrospective review of secondary data from the Urogynaecology registry at MHKL, covering cases from 1st September 2006 to 31st August 2019. A total of 458 patients who underwent TVT-O surgical treatment were recruited. All of these patients experienced either SUI symptoms or Urodynamic Stress Incontinence prior to surgery. The indicative outcome of a successful surgery was the presence of SUI post-surgery. The complications observed were mesh erosion, bladder perforation and pain at the TVT-O insertion point. **Results:** There were 80 patients who had follow-up less than 1-year post-surgery. The remaining numbers were seen at 1-year post-surgery. There were 202 patients who were managed to follow-up up to 5 years, and 90 patients were followed up to 10 years post-surgery. Only 3 patients (0.7%) experienced SUI symptoms at 6 months post-surgery, 5 patients (1.09%) at 1 year post op, 18 patients (3.9%) at 5 years, and 3 patients (0.75%) by 10 years post-surgery. The complications observed post-surgery were mesh erosion in 28 patients (6.5%), voiding difficulty in 4 patients (0.9%), and thigh pain in 14 patients (3 %). There were no incidences of bladder perforation recorded since the introduction of TVT-O surgery in this tertiary hospital. **Conclusion:** The usage of mid-urethral sling (TVT-O) for treatment of SUI or USI has shown good success rate of 93.7% by 10 years post-surgery. There were a low number of MUS-related complications and morbidity were observed. All of the mesh-related complications were treated accordingly. Hence, MUS (TVT-O) is a good treatment option for managing SUI or USI.