

## THE SURGICAL OUTCOMES OF THE SIMULTANEOUS TANSOBTURATOR TAPE (TOT) AND TROCAR-GUIDED TENSION FREE VAGINAL MESH REPAIR (PROLIFT™ AND POP-UP™) PROCEDURES IN PATIENTS WITH STRESS URINARY INCONTINENCE (SUI) CONCOMITANT WITH ANTERIOR VAGINAL WALL PROLAPSE.

### Hypothesis / aims of study

Stress urinary incontinence (SUI) is frequently associated with pelvic organ prolapse. This study is to assess the feasibility, effectiveness and safety of the simultaneous TOT and Prolift™ (or PUP-UP™, generic mesh of Prolift™) procedures in patients with SUI concomitant with anterior vaginal wall prolapse.

### Study design, materials and methods

Between March 2009 and October 2013, 59 patients with comorbid SUI (VLPP < 120cmH<sub>2</sub>O on urodynamic study) and anterior vaginal wall prolapse (stage III or IV on POP-Q system) were treated with simultaneous TOT and trocar-guided tension free vaginal mesh repair (37 Prolift™ and 22 POP-UP™) procedure. All the patients underwent pelvic examination included coughing test and evaluation of pelvic organ prolapse according to POP-Q system 12weeks after the operation. And surgical outcome assessment were also evaluated by the patients reported global satisfaction scale (GSS) and King's health questionnaires(KHQ).

### Results

The mean age was  $58.4 \pm 6.9$  (range 38-71) and mean operative time was 64.4 minute (range 45-96). Our results indicate the 94.9% surgical success rate (cure; n=49, 83.1% and improvement; n=7, 11.8%) of SUI assessed by GSS post operatively 12weeks and the global improvement assessed by KHQ was also significant. None of the patients was demonstrated the persistent anterior vaginal wall prolapse more than stage I and the mean change of Aa point of the POPQ system was +2.2 to -1.6 postoperatively. The major complication related the surgery occurred in one patient. The post operative pelvic hematoma and subsequently mesh erosion were noted in that patients, thus the mesh revision operation was performed postoperatively 4weeks. Other minor complications such as urinary obstruction (n=6, 10.2%), pelvic pain (n=12, 20.3%) and minimal bleeding (n=3, 5.1%) were spontaneously resolved with conservative management.

### Interpretation of results

The overall success rate and the complication degree were similar with the previous article that were concerned about the independent operation; sling operation (TOT or TVT) and Prolift™ alone.

The technically huddle of simultaneous operation was that the pelvic cavity and surgical space of the obturator foramen of the Korean women is relatively narrower than that of western women

Post operative major complication, pelvic hematoma and subsequently mesh removal was occurred in early period this series (4th experience of single surgeon)

### Concluding message

Our results suggest that simultaneous TOT and Prolift (and POP-UP) procedure offers a feasible, effective and safe treatment for patients with SUI concomitant with anterior vaginal wall prolapse. However, a long-term follow up is necessary in order to support the good result maintenance.

### Disclosures

**Funding:** none **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** IRB of Hallym University **Helsinki:** Yes **Informed Consent:** Yes