A commentary on “Long-term outcome of retropubic tension free vaginal tape for stress urinary incontinence after a trans obturator tape failure; a retrospective study”

Ghazaleh Rostaminia¹

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This retrospective study aimed to investigate the efficacy and safety of a retropubic mid-urethral sling (RP-TVT) procedure after prior trans-obturator sling (TOT) failure for treating stress urinary incontinence. Fifty-one women who presented with persistent or recurrent stress urinary incontinence after a TOT procedure were recruited. All women received a comprehensive assessment including a pelvic examination, supine stress test, cystoscopy in case of irritative urinary symptoms, introital ultrasonography to assess the position of the first sling in case of voiding dysfunction, and a multichannel urodynamic study prior to the second procedure. Follow-up visits after RP-TVT were performed at 1, 6, and 12 months and yearly thereafter.

The median time between the TOT and RP-TVT procedures was 18 months, and the median follow-up after the RP-TVT procedure was 103.2 months (IQR = 53.8–128.3 months). Postoperative complications occurred in 16

women (39%) including voiding dysfunction, de novo urinary urgency, and sling erosion. Survival estimates showed that the likelihood of stress urinary incontinence to be cured or improved at 3, 5, 7, and 10 years was 78.0%, 75.4%, 71.9%, and 67.4%, respectively. The absence of urethral hypermobility was the only risk factor for RP-TVT failure (OR = 11.3; 95% CI = 1.2–102.9).

In summary, this study confirms that offering a retropubic TVT procedure to the patients with a failed prior trans-obturator procedure can improve the symptoms of stress urinary incontinence in approximately 70% of patients long term, noting that an absence of urethral hypermobility will increase the odds for TVT failure. Failure rates of almost 30%, even after a second mid-urethral sling, highlight our incomplete understanding of urinary continence mechanisms, which warrants further mechanical investigations.

✉ Ghazaleh Rostaminia
ghazalerostaminia@yahoo.com

¹ University of Chicago Pritzker School of Medicine, NorthShore University HealthSystem, Skokie, IL, USA