

ABSTRACT

Introduction: Stress urinary incontinence is a common problem which affects a high percentage of women. Anti-incontinent surgery has played an important role in the treatment of stress urinary incontinence. Burch colposuspension was considered a gold standard in anti-incontinence surgery, with good long-term results. However, over the past decade this procedure has been largely replaced by the application of various types of TVTs (tensionfree vaginal tapes). In our study we have focused on comparing developments in the quality of life and the occurrence of complications in a long-term follow-up after TVT, TVT O and colposuspension. For subjective assessment of urinary incontinence we have chosen a validated specialized Incontinence Quality of Life questionnaire (I-QoL). The aim of our study was to monitor the trends with quality of life after TVT, TVT O and colposuspension procedures and to establish whether the occurrence of complications affects the quality of life (QoL) and compare of the quality of life among anti-incontinence procedures and longterm

subjective and objective outcome.

Methods: The study included 215 women who underwent a TVT, TVT O or Burch procedure between 1.6.2002 – 31.5.2005. Women were completely urogynecologic examined and urodynamic stress incontinence was documented. Mixed type of incontinence with predominant stress type was not an exclusion criterion from the study. The history, BMI and menopausal status were assessed too. Before and 3 month after surgery were performed urodynamic studies. Gynecologic, ultrasound examination and I-QoL questionnaire were administered every check-up. Predictive value of urodynamic parameters MUCP and VLPP were studied as the first part of study. We monitored QoL after each procedure and the effect of complications on the QoL as assessed by the I-QoL questionnaire.

Results: Worse QoL in incontinent women was not confirmed for low value of MUCP and VLPP in the pilot study. The increased values of I-QoL is statistic significant during all monitored period ($p < 0.0001$).

74.5% of women after TVT, 74.5% after TVT O and 65.2% after Burch procedure completed the study. Objective cure rate at the end of the follow-up period for the TVT group was 89.5%, 85.7% for TVT O and 90.7% for colposuspension: differences were not

7 statistically significant. Subjective satisfaction 82.1 for TVT, 79.6 for TVT O and 88.7 for colposuspension. I-QoLs at each post-operative check show rather high values compared to pre-operative ($p < 0.0001$). Urgency is the only complication with statistical significance ($p < 0.001$). Occurrence of complications does not depend on the type of operation (chi square 2.04, $p = 0.36$). After the operation, OAB disappeared for 52.9% of women with MI, yet QoL is worse in this group.

Conclusion: The VLPP and MUCP are not good predictors of QoL of the incontinent women. There is no statistically significant difference in the final effect between TVT, TVT O and colposuspension. Anti-incontinence operations significantly improve quality of life for women. Women with mixed incontinence compared to stress incontinent group, the quality of life is worse here in a longer time interval after the operation. In subjective assessment colposuspension was rated best.