TRANSOBTURATOR TAPE SURGERY FOR STRESS URINARY INCONTINENCE: AN ASSESSMENT OF QUALITY OF LIFE BEFORE AND AFTER SURGERY FROM THE PATIENT'S PERSPECTIVE

Hayley Jacobson

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MMed (O & G)

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I, Dr. Hayley Jacobson declare that this research project is my own work. It is being submitted for the degree of Master of Medicine in Obstetrics and Gynaecology at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other university.

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Hayley Jacobson

Signed on the _____day of _____month, 2015

ABSTRACT

Background:

Stress urinary incontinence is a common problem in a woman's life and has a negative affect on her quality of life (QOL). The trans obturator tape (TOT) is a safe procedure used to treat urinary incontinence. The operative change in the quality of life was determined using the Kings Health Questionnaire (KHQ). This study assesses patient reported outcomes of the TOT procedure as the primary measure of success.

Objectives:

The primary objectives of the study were to determine the subjective outcome of the QOL and symptoms for women that underwent the TOT procedure using the King's Health Questionnaire (KHQ) in a tertiary academic centre. The secondary objectives assessed the cure rate of the *impact on QOL* and the *subjective symptoms*, evaluated the outcome of pre-operative urgency and determined if post-operative change in urinary incontinence correlates with personal relationships (sexual function).

Method:

This was a prospective cohort study design whereby patients answered the KHQ pre operatively on admission and post operatively at 6-24 months from January 2010 until June 2013. Seventy-seven patients took part in this study. Ten of these patients were excluded. The results were analysed separately in 3 groups.Stress urinary incontinence SUI (n=50), Mixed urinary incontinence MUI (n=4), SUI with a sensation of urgency (n=13). Logistic regression was used to determine the results.

Results:

Those patients who improved their QOL score by >75% for the SUI and MUI groups were 83% and 50% respectively. The positive improved change in QOL for the SUI and MUI groups were 98% and 100% respectively.

Those patients who improved their subjective symptoms score by >75% for the SUI and MUI groups were 69%, and 92% respectively. The positive change in improvement of the symptoms for SUI and MUI groups were 100% and 75% respectively.

Those patients who improved their stress symptoms score by >75% for SUI and MUI groups were 91% and 82% respectively.

The subjective disappearance of urgency post operatively was 69% for the SUI with sensation of urgency group and 25% for the MUI group.

Conclusions

The trans obturator tape procedure conclusively improves the quality of life for women with stress urinary incontinence.There are very few studies that use subjective outcomes as their primary outcome measure. While most studies use the objective cure rate by using a negative cough test and more stringently a pad weight test. It is important to compare the study outcome results to other comparative studies using subjective outcomes rather than objective outcomes. Women should be counseled preoperatively about realistic expectations after surgery as this effects the operative outcome. In other studies subjective cure has been inconsistently assessed. There is a strong need for a standardized definition for subjective cure rate by the International Continence Society.

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ABBREVIATIONS

UI= Urinary incontinence

SUI= Stress urinary incontinence

UUI= Urge urinary incontinence

MUI=Mixed urinary incontinence

OAB=Overactive bladder

UTI= Urinary tract infection

UDS= Urodynamic studies

POPQ= Pelvic organ prolapse staging

KHQ= Kings Health Questionnaire

TOT= Transobturator tape

TVT=Tension-free vaginal tape

QOL=Quality of life

LAM= Levator Ani muscle

MRI: Magnetic resonance imaging

ISD= Intrinsic sphincter deficiency

UH= Urethral hypermobility

NICE= National institute for Health and clinical excellence

PVR= Post void residual

APPENDICES