

Concomitant transobturator tape and anterior colporrhaphy versus transobturator subvesical mesh for cystocele-associated stress urinary incontinence

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Abstract

Introduction and hypothesis Stress urinary incontinence (SUI) and cystocele often occur concomitantly and thus may potentially be treated via a single surgical procedure. This study evaluated the efficacy and safety of concomitant transobturator tape (TOT) with anterior colporrhaphy versus subvesical transobturator mesh (TOM) for cystocele-associated SUI.

Methods This prospective, clinical trial included women with cystocele-associated SUI. Patients were randomly allocated into

either group I (anterior colporrhaphy with concomitant TOT “in-out” fixation) or group II (implantation of a subvesical four-

armed TOM). All patients were followed up at 1, 3, 6, 9, and 12 months postoperatively. Statistical tests were performed to

compare the group outcomes based on objective, subjective, and anatomical variables.

Results There were 81 patients in group I and 83 in group II. Median follow-up duration was 12 months. The demographic data

and baseline clinical characteristics of both groups were comparable. There were no significant differences between groups

regarding the success rates of SUI and cystocele repair. Groups I and II had similar cure rates of SUI (82.9 and 88.4%,

respectively; $p = 0.369$) and incidences of successful cystocele repair (85.4 and 97.7%, respectively; $p = 0.055$). No urethral or

bladder injuries or mesh erosions were reported. Both groups had comparable postoperative complications, except the greater

incidence of micturition difficulty in group I than group II, during the early follow-up (12.2% vs. 0.0%; $p = 0.024$).

Conclusions Transvaginal mesh was not superior to native tissue repair. Anterior colporrhaphy and TOT may be an appropriate

alternative to four-armed TOM application for concomitant correction of SUI and cystocele.