

Surgical options for female incontinence found to be effective but with different complications

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Two popular procedures for female stress incontinence were found to be equivalent in efficacy but differed in side effects, according to data published in the *New England Journal of Medicine* and presented at the American College of Obstetricians and Gynecologists' 58th Annual Clinical Meeting. These surgical techniques, called mid urethral slings, are increasingly common for the treatment of stress incontinence or urine loss from physical activity such as coughing, sneezing or laughing.

"Few studies have compared the safety and efficacy of these two surgical techniques until now, and this is the first trial to show the procedures are equivalent in efficacy," said Kimberly Kenton, MD, study co-author and associate professor in the Departments of Obstetrics & Gynecology and Urology at Loyola University Chicago Stritch School of Medicine (SSOM). "These findings give us insight into the complications associated with each procedure, which will allow us to better tailor care to individual patient needs."

Urinary incontinence affects approximately 50 percent of women. Fifteen to 80 percent of these women can have stress incontinence and four to 10 percent undergo [surgery](#). One surgical technique evaluated in this study was the retropubic procedure, where a sling is placed between the pubic region and the bladder to prevent urine loss. Complications associated with the retropubic procedure included urination problems requiring surgery. The other technique used was a transobturator

procedure, where a sling is placed near the labia and urethra. Patients who underwent the transobturator procedure experienced a frequency in neurologic symptoms such as weakness in the upper leg. Fortunately, complications associated with both procedures resolved in a couple of weeks.

Women eligible for this study were 21 years of age or older and were planning stress-incontinence surgery. They had to have experienced stress incontinence symptoms for at least three months with a positive urinary stress test at a bladder volume of 300 mL or less.

Objective cure rates of stress incontinence after the retropubic and transobturator procedures were equivalent at 12 months at 80.8 and 77.7 percent, respectively. Subjective cure rates, such as self-reported stress-incontinence symptoms, were similar, but did not meet criteria for equivalence at 62.2 and 55.8 percent. The rates of urinary dysfunction requiring surgery were 2.7 and 0 percent ($p=0.004$) and neurologic symptoms were 4 versus 9.4 percent ($p=0.013$).

"Incontinence is a common health issue, which significantly impacts a woman's quality of life," said Dr. Kenton, who also sees patients in the Division of Female Pelvic Medicine and Reconstructive Surgery at Loyola University Health System (LUHS). "These findings will help us to bring advances to the millions of women who require surgery for this embarrassing condition."

Provided by Loyola University Health System

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