

# Study shows advantages for stress urinary incontinence surgery

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Credit: Mayo Clinic

One of the most commonly performed surgeries to treat stress urinary incontinence in women may have better long-term results than another common surgical technique, according to a study led by Mayo Clinic researchers.

The retrospective study of more than 1,800 cases at Mayo Clinic from 2002 to 2012 found that the need for additional surgery was twice as high after a transobturator sling surgery compared with a retropubic sling procedure. Reoperation rates within eight years after surgery were 11.2% for patients in the transobturator group compared with 5.2% in the retropubic group, according to the study, which will be published in the journal *Obstetrics and Gynecology* in August.

The failure rate for the transobturator procedure was even higher among [women](#) who had the sling combined with vaginal prolapse repair, says Emanuel Trabuco, M.D., a Mayo Clinic urogynecologist.

"These findings would suggest that the retropubic procedure has better long-term results compared

to the transobturator sling," says Dr. Trabuco, lead author of the study.

Stress [urinary incontinence](#), the involuntary loss of urine associated with daily activities, such as exercise, and simple incidents, such as coughing or sneezing, is common among middle-aged women and can greatly affect quality of life. Physical therapy or vaginal inserts are helpful for some women, while others choose to have surgical repair. The two most common surgeries are the retropubic sling, which involves placing a mesh sling under the urethra and behind the pubic bone, and the transobturator sling, which places the sling at a less acute angle by placing the mesh through the thigh area.

The study found that both procedures were safe with few complications. "Given that in the U.S. alone, 200,000 procedures are performed each year to treat stress urinary [incontinence](#), the data in this study should help guide informed discussions with women who are considering surgical treatment, especially if the patient also is having prolapse repairs," says Dr. Trabuco, a surgeon who specializes in vaginal prolapse and urinary and fecal incontinence in women.

The Food and Drug Administration has issued two public health warnings regarding the use of vaginal mesh kits for treating pelvic organ prolapse, which Dr. Trabuco says has created confusion and anxiety regarding the use of mesh for procedures, such as retropubic and transobturator slings. The FDA ban does not apply to midurethral slings for treating urinary incontinence.

The extremely low complication rates that necessitated reoperation—3.2% due to problems with bladder emptying and 1.9% due to mesh exposure in the vagina—should reassure providers and patients of the safety of midurethral slings, according to the study.

Both urinary and [fecal incontinence](#) have been underreported in the medical literature because of embarrassment or stigma, Dr. Trabuco says. "We're hopeful that the findings in this study will encourage women to talk to a provider about the surgical and nonsurgical options to treat their conditions, which can greatly affect a woman's [daily activities](#)."

Provided by Mayo Clinic

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