

two surgical techniques currently used, either the 'hammock' or the 'U-method' technique. With the latter, the sling is tightened as to create a 'pillowing effect' on the urethra until obtaining a negative stress test. Short-term current results of this surgical option seem promising; however, no study ever reported on the voiding function after its implantation. This is a retrospective, clinical study in which the main objective is to evaluate if this method creates an obstructive pattern on pressure-flow study 12 months after the surgery.

**Materials and Methods:** The population consisted of 33 women operated between October 2007 and April 2009. The implantation of the TVT-Secur™ system was done under local anesthesia by a single surgeon, using the 'U-Method' technique. Patients were evaluated before and 12 months after the surgery with regard to different urodynamic findings including uroflowmetry (UFM), postvoiding residual volume (PVR), filling cystometry (CMG), pressure-flow studies and valsalva leak point pressures (VLPP).

**Results:** The 12-month urodynamic evaluation was completed by 31 of the 33 patients (93.9%). The mean ( $\pm$  standard deviation [SD]) age of the population was 63 ( $\pm$  9) years old, 21.2 % (7/33) complained of genuine SUI while 18.2 % (6/33) of them previously underwent an anti-incontinence surgery. At 12 months post-op, median satisfaction rate was 98.5% (range 0-100), the overall subjective improvement rate (defined as an improvement of more than 50% of symptoms) was 93.8% (30/32) while 71.9% (23/32) reported being cured (defined as no leakage at all). The objective cure rate (defined as no leakage at all during the VLPP study) was 60% (18/30) while 36.7% (11/30) of the subjects were objectively improved (defined as leakage which occurred at a higher volume or higher bladder pressure than the preoperative VLPP study). UFM and PVR were not affected by the surgery. The pressure-flow studies weren't obstructed in all evaluated subjects (29/29).

**Conclusion:** Midurethral TVT-Secur™ slings represent an appropriate option for patients suffering from SUI. They are not associated with any significant bladder obstruction nor long-term urinary retention while having very similar cure rate as the other midurethral slings. To our knowledge, this is the first study comparing preoperative and postoperative urodynamic findings in patients with 'U-method' TVT-Secur™ midurethral sling.

#### UP-2.24

##### TOT surgery experience with Unitape-T-Plus mesh

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**Introduction and Objective:** Since the introduction of tension free vaginal tape (TVT) surgery for treating Stress Urinary Incontinence (SUI), this method has become a popular surgical technique that is relatively standard and comparable. Later, the transobturator tape (TOT) surgery was introduced and this has shown comparable results, but reduces some risks, particularly bladder injuries and low urinary tract obstruction. Currently, various tapes/slings, which are similar, are available in the market. We have gained experience in working with several of these implants, and today we are using the Unitape T Plus® mesh (Promedon®, Argentina). Our objective is to present TOT long-term surgical results using the Unitape T Plus® mesh (Promedon®, Argentina).

**Materials and Methods:** Retrospective review of records of patients who underwent surgery in which the TOT inside-out technique has been used with Unitape T Plus at our hospital, recording therapeutic results and complications.

**Results:** From April 2007 to November 2009, we have operated on 51 patients using Unitape T Plus. The mean follow-up was 16 months (with a range of 6 to 35 months). The average age was 55 years (38 to 81). The average body mass index was 26.8, which indicates overweight. Twenty patients (39%) had a history of gynecological or prior incontinence surgeries. In 27 patients (53%), the diagnosis was Stress Urinary Incontinence (SUI), and in 24 patients (47%) it was Mix Urinary Incontinence (MUI). In 47 patients (98%), we carried out a urodynamic study. Of the 51 patients, in 1 (2%) patient SUI remains the same and in 3 (5.9%) patients, it has improved and patients only leak urine under great stress. Of the 24 MUI patients, UUI disappeared in 19 (79.2%) patients. Two patients (3.9%) suffering pure SUI showed de novo urgency and prolonged inguinal pain. No other complications were observed.

**Conclusions:** Our TOT surgery experience using Unitape T Plus has shown excellent results for resolving SUI. The implant includes a set of disposable needles to help its placement, being a recommendable minimally invasive technique for solving SUI with a low complication rate for trained surgeons.

#### UP-2.25

##### Early urinary catheter removal after TOT Procedure: evaluation of immediate postoperative voiding

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**Introduction and Objective:** Transobturator tape (TOT) has been validated as treatment for stress urinary incontinence (SUI) since its introduction in 2001. TOT technique has published objective cure ranged from 84% to 98% and it is associated with fewer obstructive voiding complication than TVT. The interval before removal of the urinary catheter in TOT surgery depends on surgeon preference. Our aim was to evaluate the feasibility of early catheter removal after TOT.

**Methods:** This is a prospective study. Between July 2007 and January 2010, we identified, from our outpatient clinics, female patients with SUI confirmed by urodynamic studies. TOT surgeries were performed under general anesthesia by a single surgeon with standard in-out technique (using Unitape T plus kit or A & B kit). No tension test was done to adjust tape in its suburethral position. A 20Fr Foley catheter was used during the surgery and removed before patient left the operating room.

**Results:** Forty-one consecutive patients were included in the present study. All of them had SUI confirmed by urodynamic studies. Mean age was 57.6 years old (range 38 to 81). Fourteen patients (34%) had history of gynecological or prior incontinence surgeries. We completed 41 TOT surgeries without complications; mean operating time was 20 minutes (range 15–35 min). There were no bladder perforations after the TOT procedure. Mean follow-up was 16.6 months (range 4-32) with an objective SUI cure of 100%, and there were no mesh extrusion. After the catheter was removed all patients were able to void. Mean time to void was 194 minutes (range 90–420). Average voiding volume was 299 ml (range 80 to 500 ml). **Conclusions:** Our study shows that TOT is a safe procedure with outcomes according to published clinical series. According to our outcomes, early urinary catheter removal after TOT procedure does not increase the risk of urinary retention and facilitate hospital discharge. We conclude that systematic early removal of the catheter is safe and comfortable for the patient and was not associated with a higher obstructive complication rate.