

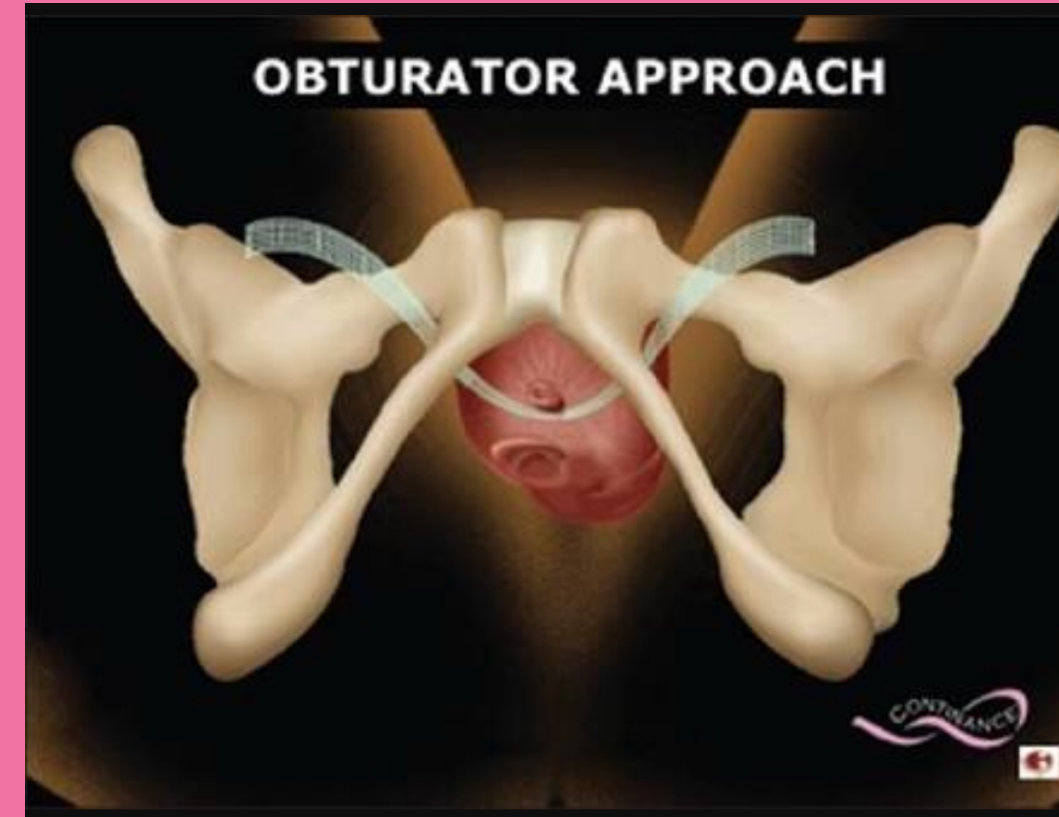


SHORT AND MEDIUM TERM PAIN SCORES FOLLOWING TOT FOR STRESS INCONTINENCE

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INTRODUCTION

Transobdurator slings (TOT) were introduced in 2001 by Delorme in France. The transobturator approach was developed to minimize the potential for bladder and bowel injuries associated with the retro pubic sling, since the sling is passed through the obturator foramen, avoiding the pelvic organs in the retropubic space.



Substantial data on post-operative complications comparing retropubic and Transobturator midurethral slings Cochrane.Ford et al.

- ❖ Groin pain affects 12-16% women post TOT which is usually described in the groin area on abduction or adduction of the thigh
- ❖ Recent literature review suggests increased incidence of pain post TOT although data on long term pain problems for TOT compared to TVT is less forthcoming
- ❖ Outcomes comparing pain following retro pubic and transobturator slings are limited by poor quality pain assessment and high drop-out rates Teo et al.

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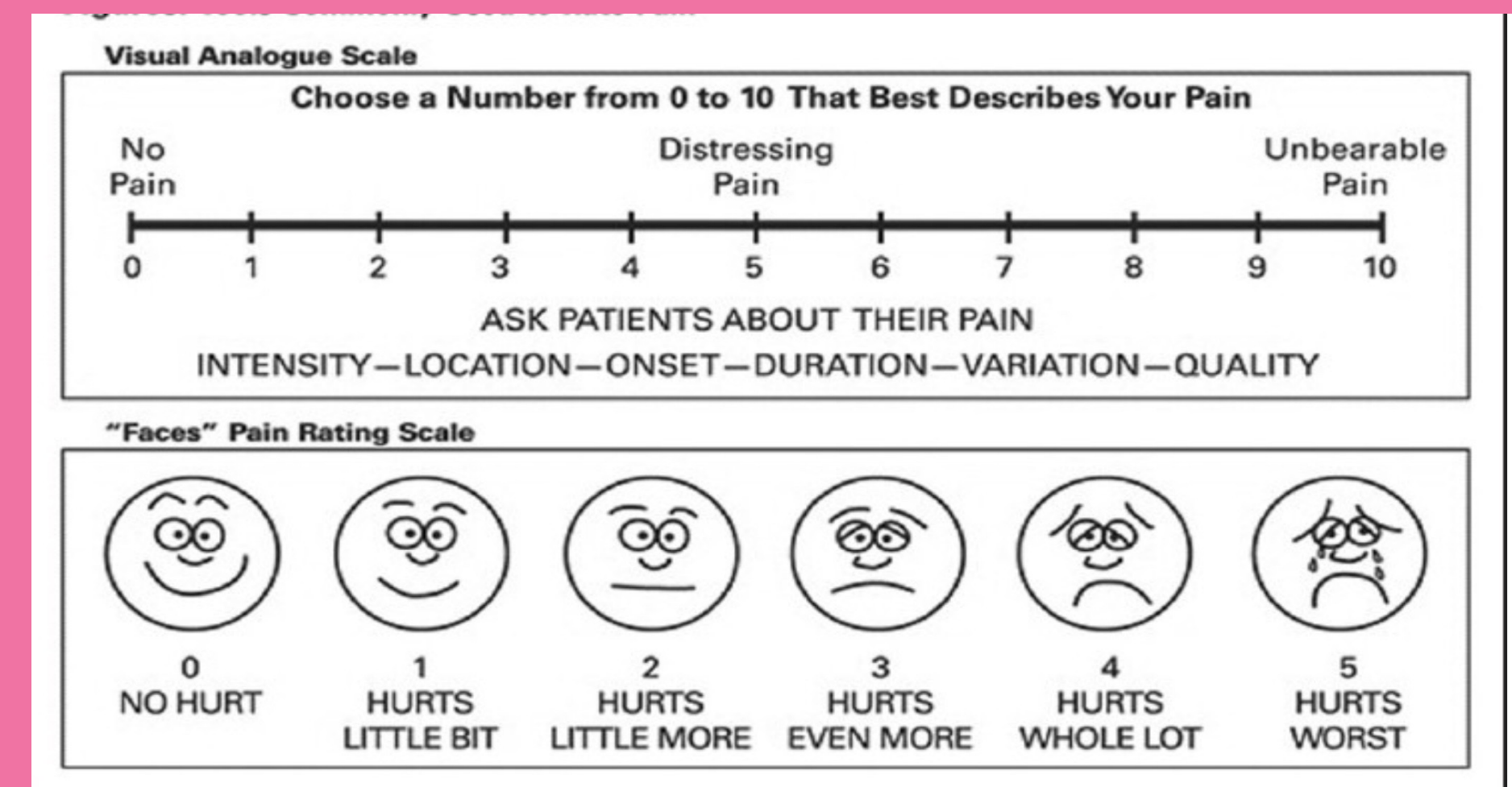
OUR STUDY

We conducted a prospective study to determine if pain scores measuring both actual pain and the functional effects of pain were changed on day 1, day 2 and at 6 weeks after the TOT operation.

- ❖ All procedures were performed by one urogynaecologist in a Sydney private hospital for SUI (demonstrated by UDS studies) over a two-year period.
- ❖ “TVT_O” (Ethicon) procedures purely as a treatment for SUI and no other additional surgical procedures (e.g. prolapse surgery)
- ❖ The post-operative analgesia included regular Paracetamol and Diclofenac and PRN morphine
- ❖ The Vas pain scores and Functional pain scores were taken on day 1, day 2 and day 42

VAS (Visual Pain Score)

- ❖ Simplest is a horizontal line of fixed length with ends defining extreme ends of the parameter to be measured, giving us a score between 1-10.
- ❖ 1-3 = mild pain; minimal impact on ADL's
- ❖ 4-6 = moderate pain; moderate impact on ADL's
- ❖ 7-10 = severe pain; major impact on ADL's



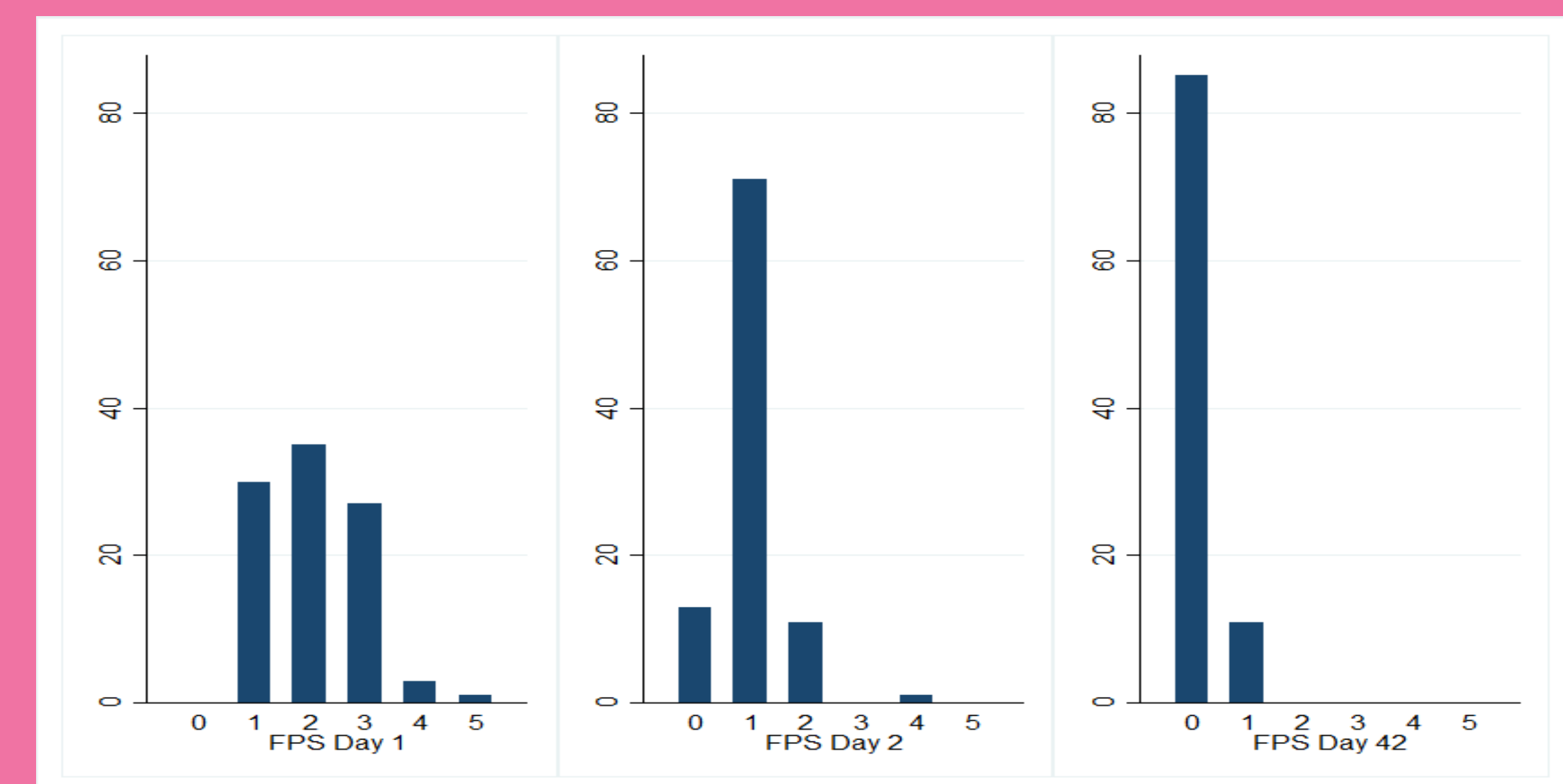
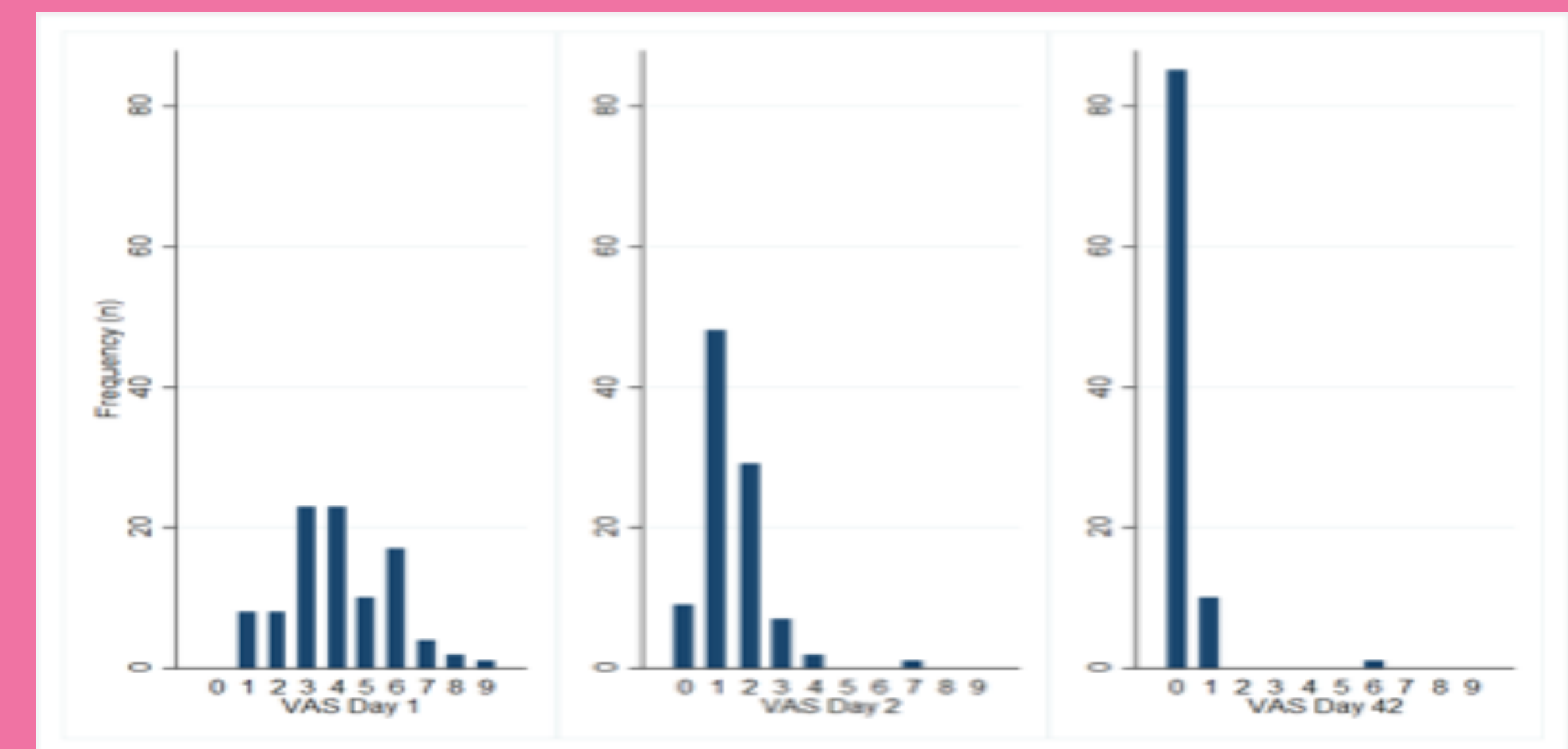
FPS (Functional Pain Score)

- ❖ It incorporates both subjective and objective components to assess pain, based on the pain's perceived tolerability and interference with functioning.
- ❖ Low score equates to less severe pain and less interference with functional abilities and ideally all patients should reach a 0-2 level (preferably 0-1)
- ❖ Rating & Description –
 - 0 No pain
 - 1 Tolerable (and does not prevent any activities)
 - 2 Tolerable (but does prevent some activities)
 - 3 Intolerable (but can use telephone, watch TV, or read)
 - 4 Intolerable (but cannot use telephone, watch TV or read)
 - 5 Intolerable (unable to verbally communicate because of pain)

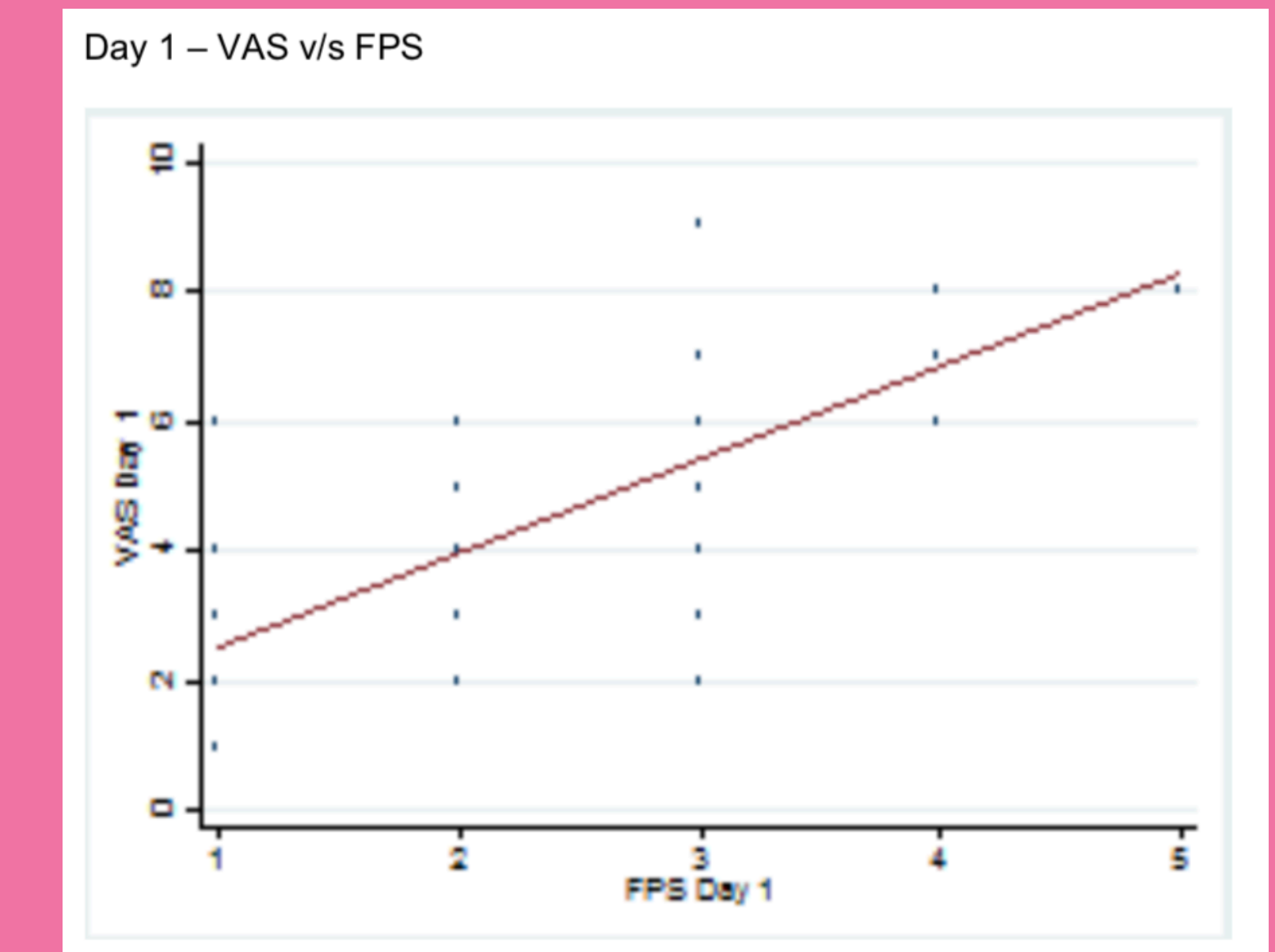
RESULTS

- ❖ 96 women had undergone TOT between January 2014 to December 2015.
- ❖ 18 patients required additional analgesia in the form of morphine on day1 and all these patients had a FPS score of 3 and above and VAS score of 6 and above.

	Day 1 Pain scores	Day 2 Pain scores	Day 42 Pain scores
VAS	No patients had a Vas score of zero Low (0-3) – 39 Moderate (4-6) – 50 High (7-10) – 7	9 patients had a Vas score of zero Low (0-3) – 39 Moderate (4-6) – 50 High (7-10) – 7	85 patients had a VAS score of zero Low (0-3) – 95 Moderate (4-6) – 1 High (7-10) – 0
FPS	No patients had a FPS score of Zero Low (0-2) – 65 High (3-5) 31	13 patients had a FPS score of zero Low (0-2) – 65 High (3-5) 31	84 patients had a FPS score of zero Low (0-2) – 96 High (3-5) – 0



STATISTICAL STUDY



- ❖ Data was compared using a Wilcoxon signed rank due to the non-parametric nature of the data. All p-values for FPS and VAS < 0.001
- ❖ Correlation between vas day 1 and FPS day 1= 0.7344

CONCLUSION

There were no significant issues of persistent groin pain with TOT for management of SUI. The pain VAS scores and Functional pain scores were essentially the same.

Strengths

- ❖ Surgical and anaesthetic techniques were very similar for all cases
- ❖ Surgeon had extensive experience of the operation so the learning curve had been passed
- ❖ The pain was measured by different methods in the same patients (VAS & FPS)

Limitations

- ❖ Short time period for follow up of 6 weeks (it is unlikely a patient who is pain free at 6 weeks after an operation would have ongoing long term pain)
- ❖ Member of the surgical team undertook the audit so patient reporting of pain may have been affected by the patients' relationship with the auditor (scoring was done by the patient on a validated score sheet which may have reduced this possible bias)
- ❖ It is still felt desirable that larger trials with bigger sample size and with a longer duration of follow-up for evaluating long-term pain issues TOT are required