

Pushkar D., Dyakov V., Godunov B., Gumin L.

Urological Department of MGMSU, Russia

Introduction and Objectives. Implantation of prolen tapes for the correction of stress incontinence is the most perspective surgical method today. Our research includes the observation over patients operated according the TOT and TVT-O method in 2002-2005 for the purpose of evaluation of operative methods and long term results of surgical treatment.

Material and Methods. The research included 73 patients in the age of 47-71 years, the average age 59 years, with the stress incontinence of type 2, without complicated obstetrical-gynecological anamnesis. The 26 patients of group 1 underwent TOT procedure and 47 patients of group 2 – TVT-O. It should be noted that the patients were not specially selected for each type of the operation. All operations were carried out under the spinal anesthesia. No intraoperative complications

TOT AND TVT-O OPERATIONS, COMPARISON AND LONG TERM RESULTS

were observed, the average operation duration in TOT group was 16 min, in TVT-O group 12 min. Within the first 24 hours the urination was revealed by all patients, no residual urine was found. Patients stayed in the hospital during 3 days.

Results. Follow-up period was 14-32 months. It was noted that all 73 patients were happy with the results of the surgical treatment. During the follow-up of the TOT patients 3 cases of protrusion of prolen tape occurred which required its elimination. The transobturatoral access for the prolen tape is easy to do and shows good treatment results. TVT-O operation takes less time because requires less dissection of the tissues, risk of urethra trauma is minimal due to retrograde method of perforation. Possible tape protrusion after the TOT procedure probably deals with atrophic vaginitis.

Pushkar D., Dyakov V., Godunov B., Gumin L.

Urological Department of MGMSU, Russia

Introduction and objectives. Paraurethral cysts which can be referred to nonmalignant cystic lesions of vagina are often found in urogynecologic practice. At the same time such rare pathology as diverticulum of urethra with the same symptoms can be diagnosed. The main symptoms of cysts are inflammation, pain, dyspareunia and obstructive voiding. It often requires surgical treatment. The world experience confirms that extirpation of paraurethral cysts is much more preferable than marsupialization because is more radical.

Material and methods. We investigated 67 female patients in the age of 21-55 years after paraurethral cyst extirpation, performed in 2001-2004. All operations were conducted under general anesthesia; operative time was 35-80 min. The duration of operation depended on the dimensions of the cyst to be ablated as well as on the degree of inflammation changes of circumjacent tissues. It should be noted that during the operation the urethra was

EXPERIENCE OF SURGICAL TREATMENT OF PARAURETHRAL CYSTS

dissected in 19 patients. Within the postoperative period the urethral catheter was indwelled for 1-12 days.

Results. In the postoperative period the patients were treated by standard antimicrobial therapy. All patients left the hospital after 3-14 days since the operation with normal urination and absence of residual urine. The follow-up period was 12-24 months. Pain symptoms relieved after 2-3 weeks from the operation, by the same time the patients resumed sexual activity. There were no signs of obstructive micturition in patients with such symptom, diagnosed preoperatively. **Conclusions.** Paraurethral cysts with the symptoms of inflammation, pain, dyspareunia, obstructive voiding require surgical treatment. In surgical treatment of paraurethral cysts the extirpation is more preferable method due to the radicalism. The defect of the urethra is not a serious intraoperative complication and requires long term drainage of the bladder in the postoperative period.

Pushkar D., Shaveleva O.

Urological Department of MGMSU, Russia

Hypothesis, aims of study. Mixed incontinence can be defined, as involuntary leakage of urine associated with both urgency and exertion, and effort, sneezing, and/or coughing. It can also be defined urodynamically, as combination of urodynamic stress incontinence and detrusor overactivity. The aim of this study was to describe the prevalence of mixed incontinence among

PREVALENCE OF MIXED URINARY INCONTINENCE

the patients of urologic clinic. In addition we analysed short-term outcome data in patients with mixed incontinence who underwent anti-incontinence surgery.

Study design, material and methods. We evaluated 363 women with symptoms of urinary incontinence between March 2004 and May 2005, mean age 52,3 (age range: 39-67 years). In this retrospective study, we