



Fig. 1. Median time to discontinuation of mirabegron and antimuscarinics (cumulative survival, %).

1 month underlines the importance of early follow-up and counselling.

**Conclusions:** MIR gave a longer time-to-discontinuation and significantly better persistence than AMs.

## References

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### Long-term satisfaction rate of two different trans-obturator techniques for surgical treatment of women with urinary incontinence: a randomized study follow-up

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**Introduction and aim of the study:** We performed a follow-up of our 2007 randomized study in which we compared short-term results of the inside-out (TVT-O) and the outside-in (Monarc) trans-obturator techniques for treatment of women with SUI/MUI in order to evaluate the long-term results of both methods.

**Materials and methods:** Women ( $N=120$ ) who participated in primary study were included. History, gynecological examination, POP-Q, ultrasound, Q-tip test, pad test, and uroflowmetry were performed. Urinary culture was obtained in symptomatic patients. SPSS Statistics Programme 21.0 was used for the analysis. Descriptive statistics were calculated on basic patients' characteristics. We used non-parametric tests for numerical data comparisons between/within groups and Pearson's Chi-square to compare categorical data between groups. Statistical significance was set at  $p < 0.05$ .

**Results:** 92/114 women (6 passed away) responded (80.7%), 52 underwent Monarc and 40 TVT-O. Average time from the operation was  $10.2 \pm 0.6$  years. There was no difference in basic patients' characteristics, Q-tip test, pad test, and uroflowmetry results between both groups. Average satisfaction rate (scale 0–100%) in the original study was  $90.6 \pm 14.8\%$  and  $81.3 \pm 29.3\%$  at the check-up ( $p=0.03$ ). For Monarc, satisfaction rates were  $90.1 \pm 16.1\%$  and  $83.3 \pm 27.8\%$  ( $p=0.185$ ), and for TVT-O  $91.4 \pm 13.2\%$  and  $78.2 \pm 31.2\%$  ( $p=0.007$ ), respectively. There was no difference in the follow-up satisfaction rates between groups ( $p=0.301$ ). No vaginal tape erosions were found and 88.4% of patients had negative stress pad test. 22.8% of patients had positive urinary cultures and these patients had lower

satisfaction rates than others ( $64.9 \pm 36.2\%$  versus  $86.2 \pm 25.3\%$ ,  $p < 0.001$ ).

**Interpretation of results:** According to our results, both procedures seem to be equally successful. Satisfaction rate was  $\geq 80\%$  in 79.3% of patients. Only one patient required another anti-incontinence procedure. Some cases of lower success rate could be the consequence of underlying bladder infection and/or co-existing OAB symptoms.

**Conclusions:** There is high 10-year satisfaction rate with both procedures.

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### Tolerability, efficacy and durability of response of intravesical injection of botulinum toxin type a into detrusor muscle I

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**Introduction and aim of the study:** In this ongoing prospective, non randomized, ongoing study we evaluated the Tolerability, efficacy and durability of response of intravesical injection of botulinum toxin type A into detrusor muscle in patients with refractory idiopathic detrusor overactivity using flexible cystoscopy under local anesthesia.

**Materials and methods:** A total of 43 patients with a mean age of 35 women and 8 men with a mean age of 62 years (range 25–84) with refractory idiopathic detrusor overactivity (IDO) were all treated with injections of 100–200 units of botulinum toxin A® (Allergan Inc., Irvine, CA, USA) into the bladder with the guidance of a flexible cystoscopy. All the patients completed a micturition diary and had both urinalysis and urodynamics (pressure–flow studies) before treatment. The severity of symptom was quantified using the ICS OAB questionnaire. This was completed pre-procedure and at six weeks afterwards. Pain score was evaluated with the 0–10 Numeric Pain rating Scale immediately after the procedure. Post micturition urine volume was measured six weeks after the procedure.

**Results:** After six weeks 84% of the patients reported a reduction in symptom score by 4 points or more (range –4 to –16); 11.4% reported no change in symptom score and 4.6% patients reported a worsening of symptom score by 2 points (+2). Mean reduction in OAB score was –4.3. There was significant reduction in urgency ( $p < 0.00001$ ). The Mean pain score was 3.5 (range 0–8).

**Interpretation of results:** Botulinum toxin-A using flexible cystoscopy was well tolerated and demonstrated significant and clinically relevant improvements in all (IDO) symptoms.

**Conclusions:** Intradetrusor botulinum toxin-A injection using and flexible endoscopy is a well tolerated and effective procedure to manage patients with refractory (IDO) in an office setting.

## References

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