

Single Incision Mini-sling versus Trans-Obturator mid urethral Sling (TOT) in Treatment of Stress Urinary Incontinence: Randomized Controlled Trail

Thesis

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Presented by

Madiha Hafiz Omar

M.B.B.Ch, Al- Azhar University (2009)

Resident of OBS/ Gyne., Ministry of health Ndjamen Chad

Supervised by

Dr. Mohamed Salah Elsokary

Assistant Professor of Obstetrics and Gynecology
Faculty of Medicine - Ain Shams University

Dr. Kareem Mohamed Labib

Lecturer of Obstetrics and Gynecology
Faculty of Medicine - Ain Shams University

*Faculty of Medicine
Ain Shams University*

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List of Abbreviations

Abb.	Mean
ATFP	Arcus tendinea fascia pelvis
AUS	Artificial Urinary Sphincter
BMI	Body mass index
CHF	Congestive heart failure
CLPP	Cough leak-point pressure
COPD	Chronic obstructive pulmonary diseases
CS	Cesarean section
<i>DLPP</i>	Detrusor leak point pressure
DO	Detrusor overactivity
EDS	Ehlers-Danlos syndrome
FDA	Food and drug administration
FPL	Functional profile length
ICIQ-SF	International Consultation on Incontinence Questionnaire-Short Form
ICS	International Continence Society
ISD	Intrinsic sphincter deficiency
LAM	Levator ani muscle
LPP	Leak point pressure
LUTS	Lower urinary tract symptoms
MFR	Maximum flow rate
MS	Multiple sclerosis
MUCP	Maximum urethral closure pressure
NSIMS	Needleless single incision mini sling
NSIT	Needle less single incision technique
OAB	Overactive bladder
PFEs	Pelvic floor exercises
PFMT	Pelvic floor muscle training
POP-Q	Pelvic organ prolapse questionnaire
PVR	Post void residual
Qave	Average flow rate
Qmax	Maximum flow rate

Abb.	Mean
QOL	Quality of life
SIMS	Single – incision mini slings
SIQSF	Stress incontinence questionnaire short form
SMUS	Standard mid-urethral sling
SPARC	Supra pubic arch sling
SPSS	Statistical program for social science
STM	Surgeon tailored mesh
SUI	Stress urinary incontinence
TOT	Transobturator tape
TVOT	Trans vaginal Trans obturator
TVT	Tension free vaginal tape
UH	Urethral hypermobility
UI	Urinary incontinence
UPP	Urethral pressure profile
USUI	Urodynamic stress urinary incontinence
UTI	Urinary tract infection
UUI	Urgency urinary incontinence
VCU	Videocystourethrography
VLPP	VALSALVA leak point pressure
VV	Voided volume
WHO	World health organization

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Introduction

Urinary incontinence (UI) is a very common condition among women with reported annual incidences of 1% to 35% and a lifetime risk of surgery of 11% to 13%. Its impact on quality of life is significant, leading to physical and social limitations, shame, and increased rates of depressive symptoms (**Moroni et al., 2016**).

It is associated with significant physical morbidity, sexual dysfunction, loss of independence and a reduction in psychological wellbeing, with consequent decreased participation in social and domestic activities (**Ford et al., 2015**).

Urinary incontinence (UI) affects 10-40% of women, with the most common type known as stress urinary incontinence (**Kammerer et al., 2014**).

The term stress urinary incontinence (SUI) may be used to describe the symptom or sign of urinary leakage on coughing or exertion but should not be regarded as a diagnosis. A diagnosis of SUI may only be made after urodynamic investigation, and this is defined as the involuntary leakage of urine during increased abdominal