

The Long-Term Outcome of the Turner-Warwick Vaginal Obturator Shelf Urethral Repositioning Colposuspension Procedure for Urodynamically Proven Stress Urinary Incontinence

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Abstract

Objective: To analyze long-term continence, voiding dysfunction and secondary prolapse rates following Turner-Warwick Vaginal Obturator Shelf Urethral Repositioning colposuspension (VOSURP) for urodynamically proven stress urinary incontinence (USUI).

Patients and methods: Telephone and/or outpatient review of the outcomes of 50 consecutive patients undergoing VOSURP between 1997 and 2008 was conducted. Outcomes assessed included urinary continence (pad free/leak free), need to self-catheterise (ISC), secondary posterior pelvic organ prolapse (POP) development and need for further continence and POP-related surgical interventions. All patients with continued/recurrent urinary incontinence had repeat videourodynamics.

Results: At a median follow-up of 108.5 months (17-153), complete urinary continence was reported in 41 (82%) of patients, post procedure new onset ISC in 2 (4%) and new onset posterior POP in 2 (4%). The cause of continued urinary incontinence was persistent USUI in 3 (6%), new onset idiopathic detrusor overactivity (IDO) in 4 (8%) and failure of resolution of pre-existing IDO in 2 (4%).

Conclusions: Long-term complete urinary continence and cure of USUI following VOSURP are excellent at 82 and 94%, respectively. Voiding dysfunction and secondary POP procedure rates are low. The VOSURP is an excellent alternative to classical Burch colposuspension for the treatment of primary and recurrent USUI.

