

## INTRODUCTION

Female urinary incontinence is a distressing condition causing significant morbidity and affecting the social, psychological, occupational, domestic, physical and sexual lives of 15% to 70% of women of all ages (*Cardozo, 1999*).

Genuine stress incontinence is the commonest cause of urinary incontinence in women and represents over half of those referred for a gynaecological opinion (*Cardozo, 1999*).

The international continence society (ICS) define genuine stress incontinence (GSI) as involuntary loss of urine during maneuvers that increase intra-abdominal pressure (for example coughing) when the intra-vesical pressure exceeds the maximum urethral pressure in the absence of detrusor activity (*Abrams et al., 1990*).

Stress urinary incontinence occurs when muscles and tissues in the pelvic-floor are stretched and weakened, often related to normal life events including childbirth, chronic straining, obesity and menopause (*Leach et al., 1997*).

During the last few decades, more than 100 different operative procedures have been proposed for treating genuine stress incontinence with reported success rates varying from 30% to 100% (Hilton, 1990). The large number of reports reflect the inadequacy of one procedure to deal satisfactorily with all cases (*Jarvis, 1994*).

*Delorme, (2001)*, reported encouraging preliminary results of a new surgical procedure called trans-obturator tape for treatment of stress urinary incontinence in women with cure rate of 93.7%.

This new minimal invasive procedure is an effective and promising technique for surgical procedure called trans-obturator tape for treatment of stress urinary incontinence in women with cure rate of 93.7%.

This new minimal invasive procedure is an effective and promising technique for surgical treatment of female stress urinary incontinence.

The tape lies under the mid-urethra to establish the anatomical support (*deLeval, 2003*).

The trans-obturator tape is a simple, direct and quick procedure with a very low risk of obturator nerve and vessel perforation due to the distance between these structures and the tape (*Delorme et al., 2003*).

## **AIM OF THE WORK**

The aim of this study is to evaluate the safety and efficacy of trans-obturator tape for the surgical treatment of female stress urinary incontinence.