

## EFFICACIES OF VAGINAL PROLAPSED REPAIR WITH TENSION-FREE VAGINAL TAPE PROCEDURE(TVT) IN WOMEN WITH ANTERIOR VAGINAL WALL PROLAPSE AND STRESS URINARY INCONTINENCE OVER 1-YEAR-FOLLOWUP

### Hypothesis / aims of study

Anterior vaginal wall prolapse is a common problem in the aging female. The presence of anterior vaginal wall prolapsed significantly affects the function in continence of lower urinary tract.

To evaluate anatomical and functional outcomes of the Prolift-A procedure with TVT surgery for anterior vaginal wall prolapse with stress urinary incontinence.

### Study design, materials and methods

12 consecutive patients with anterior vaginal wall prolapsed in stage of II-IV and stress urinary incontinence were recruited and underwent the Prolift-A with TVT surgery. The mean age of the study population was 57.3 years (range 42-76 years), mean parity 2.5 (range 1-5), mean body mass index(BMI) 25.7±2.3, mean disease course 5.7 years (range 1-17 years), mean ICIQ-SF score 11.2±1.8(range 8-14) . Follow-up was completed 1, 3, 6, 12 months postoperatively to evaluate the anatomical and functional outcome.

### Results

The mean operation time was 50±25 min, mean hospitalization time was 4±1.5 day, no bladder perforation, no obturator vessels injury, no significant hemorrhage. One patient(1/12,8.3%) had urine retention after procedure, and recover after inserting Foley catheter for two weeks. One had lower urinary tract symptom(LUTS) after procedure and relieve after taking alpha adrenergic receptor blockers for two weeks. Postoperatively, ICIQ-SF score significantly improved( $p < 0.001$ ) at 1 year after surgery. The cure rate was 100%, the anatomical success rate was 100%.

### Interpretation of results

These results indicate that Prolift-A with TVT surgery is recommendable in women with anterior vaginal wall prolapse and stress urinary incontinence. These will reduce the hospitalization time, the times of anesthesia and cut the cost. If the surgeon is familiar with the female pelvic anatomical structure, the success rate of the surgery is high.

### Concluding message

These results indicate that Prolift-A with TVT surgery is recommendable in women with anterior vaginal wall prolapse and stress urinary incontinence. These will reduce the hospitalization time, the times of anesthesia and cut the cost. If the surgeon is familiar with the female pelvic anatomical structure, the success rate of the surgery is high.

### References

1. Outcome of Treatment of Anterior Vaginal Wall Prolapse and Stress Urinary Incontinence with Transobturator Tension-Free Vaginal Mesh (Prolift) and Concomitant Tension-Free Vaginal Tape-Obturator, *Advances in Urology* Volume 2009 (2009), r

### Disclosures

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