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Title (type in CAPITAL LETTERS)	TENSION-FREE VAGINAL TAPE- A SUITABLE TECHNIQUE FOR ALL STRESS INCONTINENCE?

Surgery for stress incontinence in elderly women with atrophied urethral walls and weak pelvic floor generally consists of a sling repair procedure, while open colposuspension is usually preferred for younger women with hypermobile bladder neck. Ulmsten & Petros have presented a sling method, which aims to compensate for the defective support by the pubourethral ligament, and which may be suitable for both types of incontinence.

Aims of study. The purpose of the present study was to compare the results of the tension free sling in patients preoperatively defined to have genuine stress incontinence or sphincter insufficiency and to examine possible postoperative obstruction.

Material and methods. Thirty-nine patients (mean age 60, range 41-83 years) were operated with the Ulmsten-Petros prolene loop, 33 of them in local anaesthesia, four in general anaesthesia and two in spinal anaesthesia. Fifteen of the women had previously undergone hysterectomy and ten had other surgical treatment for urinary incontinence. The leak was explored by voiding diary, pad weighing and questionnaire of Bristol type before and 8-24 months after the operation.

Results. Operating time averaged 37 min, hospitalization time 2.0 days and catheter time 3.1 days. Four patients had urinary retention requiring catheter drainage for 7.8.10 and 14 days. Four complained of urge, which persisted in two.

Complete continence was achieved in 28 patients. Before the operation 38 women had used incontinence pads daily. That figure was reduced to 31. Six women reported improvement with average 24-hour leakage reduced from 65 to 5 g. Four women including the two oldest in the series showed no improvement, and one was only slightly improved. According to the test protocol, symptom and inconvenience scores were significantly reduced in relation to stress load, and the frequency of voiding and urge diminished. Quality of life, judged by the patients on a VAS scale, was reported to have considerably improved. The improvement in scores was significantly lower in those with sphincter insufficiency (n=22) than in those with genuine stress incontinence (=17). Urinary flow rate was also significantly reduced after operation and there was no significant rise of detrusor pressure at maximum flow in any of the two groups.

Conclusion. The tension-free vaginal tape method is simple to perform, requires only brief hospitalization and has few retention problems. Short follow-up revealed as with other methods significantly better results in those with genuine stress incontinence than in those elderly who had low preoperative closure and leakage pressures. The risks of postoperative obstruction seems small with a tensionfree application of the sling.