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THE TENSIONFREE VAGINAL TAPE PROCEDURE (TVT) IN TREATMENT OF RECURRENT FEMALE STRESS INCONTINENCE

Aim of the study:

To evaluate the success rate of using the minimal invasive Tensionfree Vaginal Tape procedure in treating recurrent stress incontinence in women with prior incontinence surgery.

Patients and Methods:

Thirty one women with urodynamically proven genuine stress incontinence and earlier unsuccessful incontinence surgery were enrolled in a prospective study. Prior incontinence surgery included 12 Burch colposuspensions, 10 Marshall-Marcetti-Kranz, 9 vaginal repairs and 3 sling operations. Preoperative urodynamics, stress test, 24 h pad test, residual urine measurement and visual analogue score were performed. The same analysis were repeated at 6, 12 and 24 month after surgery. The TVT procedure was performed in local anesthesia.

Results:

The mean follow-up time was 12 months (range 6-24). 87.1 % were completely cured: they had a negative stress test, < 8g pad weight increase during 24 h and a < 5 visual analogue score on a scale of 0 to 100, were 0 represents no urinary leakage at all and 100 unbearable leakage problems. 9.7 % were considerably improved and there was only one failure (3.2 %). 84 % of the women could be dismissed from the hospital in the afternoon of the same day of surgery. Four patients were observed over night because of bladder perforation and one because of residual urine > 100 ml. Two cases of postoperative urinary infection was recorded. There were no intra- or postoperative bleeding problems, no wound infections and no rejection of the tape material.

Conclusions:

The cure rate at one year after treating women with prior unsuccessful incontinence surgery by the TVT-procedure is as high as with any other conventional and more invasive surgical method. Postoperative morbidity was negligible.