



Category No. 11

Video Documentation

Ref No. 472

Abstract Reproduction Form B-1

Author(s):

HC Han, LC Lee, C Chong, R Ng, J. Lee

Double Spacing

Institution City Country

KK Women's & Children's Hospital, Singapore

Double Spacing

Title (type in CAPITAL LETTERS)

EARLY EXPERIENCE OF TENSION-FREE VAGINAL TAPE IN THE SURGICAL TREATMENT OF WOMEN WITH STRESS URINARY INCONTINENCE

Aims of Study

To find out the efficacy and safety of Tension-free Vaginal Tape (TVT) in the surgical treatment of women with stress urinary incontinence (SUI).

Methods

A prospective non-randomised study from November 1998 to April 1999. The women were seen at Urogynaecology Clinic complaining of SUI with or without genitourinary prolapse or benign uterine disease. Preoperatively, the women were evaluated with a detailed urogynaecology history, a thorough general and urogynaecological examinations, urinalysis, modified ICS 1-hour pad test, stress incontinence-sheet test, filling and voiding cystometry. The main indications for surgery were (a) stress urinary incontinence with coexisting severe genitourinary prolapse or benign uterine disease which justified surgical treatment or (b) severe genuine stress incontinence alone (for women who failed or refused conservative treatment). The TVT procedure was carried out as those described by Ulmsten et al(1). However, instead of local anaesthesia, all women had either general or regional anaesthesia.

The women were seen 4 weeks postoperatively. Specific urinary symptoms were asked and abdominal and vaginal examinations were performed. The modified ICS 1-hour pad test and the filling and voiding cystometry were repeated at 3 months follow-up. The periods of follow-up ranged from 3 to 6 months.

Results

30 women were enrolled for the study. There was an initial learning curve of 3 cases. Mean operation time and hospital stay were shorter than that of other incontinence surgery, mainly Stamey's procedure or Burch colposuspension. No intraoperative complications were encountered. Mean blood loss was < 200 ml. No pelvic haematoma, defect healing or rejection of tape occurred. Two patients developed paralytic ileus which had subsided few days later after conservative management. One woman readmitted on Day 4 for urinary retention. She voided urine well the day after re-admission. The objective and subjective cure rates will be discussed.



International Continence Society

August 22-26, 1999

25th Annual Meeting

Denver, Colorado USA

Category No.
11

Video
Demonstration

Ref. No. (Page 2)
472

Abstract Reproduction Form B-2

Author(s):

HC Han, LC Lee, C Chong, R Ng, L Lee

Conclusion

From the limited surgical experience and the short follow-up period we had, the TVT procedure seemed to be a safe and effective treatment method for women with SUI. It is especially beneficial to the elderly, to those with severe genitourinary prolapse and to those with failed Burch colposuspension before. It has a short learning curve. However, a longer term follow up is essential to prove its durability and to obtain its long term success rate.

Reference

1. Ulmsten U, Henriksson L, Johnson P et al : An ambulatory surgical procedure under local anaesthesia for treatment of female urinary incontinence. *Int Urogynaecol J* 1996 ; 7 : 81 - 86.