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Title: COMBINED GENITOURINARY PROLAPSE REPAIR AND PROPHYLACTIC TENSION FREE VAGINAL TAPE (TVT) IN WOMEN WITH SEVERE PROLAPSE AND OCCULT STRESS URINARY INCONTINENCE - PRELIMINARY RESULTS

Aims of Study:

Continent patients with positive stress test, demonstrated on repositioning of severe genitourinary prolapse, are considered to be at high risk of developing postoperative overt SUI. We therefore conducted a prospective study to evaluate whether prophylactic tension free vaginal tape (TVT) procedure, performed during prolapse repair, may prevent the development of postoperative SUI in these women.

Methods:

Thirty women (mean age 64.5 ± 9.04 years) were prospectively enrolled. These patients presented with severe genitourinary prolapse as the chief complaint. None complained of SUI. All underwent a full clinical and urodynamic evaluation. Occult SUI was defined as positive stress test with repositioning of the prolapse during preoperative urodynamics. In addition to genitourinary prolapse repair, these patients underwent concomitant TVT to prevent postoperative SUI. Patients were followed for at least one year. Repeated urodynamic studies were performed at 3-6 months postoperatively. Main outcome measures were postoperative SUI, persistent or de nova detrusor instability (DI) and recurrence of prolapse.

Results:

The mean duration of follow up was 14.25 ± 3.08 months (range 12-24 months). None of the patients developed postoperative overt SUI. However 3 (10%) asymptomatic patients had positive stress test during the postoperative urodynamic evaluation. Nine (30%) patients had DI before surgery, which persisted in six (66%) postoperatively. Postoperative de nova DI was diagnosed in 4 (13.33%) other patients. None of the patients had a recurrent urogenital prolapse. None of the patients had clinical evidence of bladder outlet obstruction.

Conclusions:

Preliminary results of TVT as prophylactic procedure in clinically continent women with severe prolapse and occult SUI are encouraging. Long-term follow up is required to confirm the durability of these results.