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Title: THE USE OF TENSION-FREE VAGINAL TAPE IN TREATING WOMEN WITH STRESS URINARY INCONTINENCE - 6 MONTHS TO 2 YEARS FOLLOW-UP

Aims of Study:

To evaluate the safety and the efficacy of Tension-free vaginal tape (TVT) in treating women with stress urinary incontinence (SUI).

Methods:

A retrospective study on the first 189 cases of TVT surgery performed (from 24.11.98 to 30.9.00). All women had SUI ± uterine prolapse ± cystourethrocele. Full clinical and urodynamic investigations were carried out. They were followed-up at 1 month, 6 months, 1 year and yearly after surgery. Urodynamic investigations were repeated at 6 months follow-up.

Results:

One case was withdrawn from the study as the tape was cut intraoperatively to repair bladder perforation during anterior repair.

The remaining 188 patients were divided into 4 subgroups based on the types of surgery performed. Group 1: TVT surgery alone, Group 2: TVT and anterior repair, Group 3: TVT, vaginal hysterectomy ± anterior repair, Group 4: TVT, vaginal hysterectomy, bilateral oophorectomy ± anterior repair.

The patients ranged from 35 – 82 years old. Majority were menopausal. The duration of incontinence ranged from 6 months to 28 years. Some patients had previous continence surgeries.

The mean time taken for TVT ± anterior repair was 34 minutes and TVT with vaginal hysterectomy was 80 minutes. The hospitalisation period for TVT ± anterior repair was 2.2 days and those with vaginal hysterectomy was 3 – 6 days. Majority had regional anaesthesia. Few women had more than 200 mls of blood loss. Most of them voided within 2 days.

There were only few minor complications reported. Two elderly women had abdominal distension for a few days. 2 women had bladder perforation during the bladder dissection. 9 women had bladder perforation by the tape. 1 woman had wound infection. Few women had wound pain. 2 women were unable to void completely and required clean intermittent self catheterisation and had the tape cut after 6 months. Some of them defaulted follow-up. The subjective cure rate at 6 months was 94% and the objective cure rate at 6 months was 90%. 12% had overactive bladder diagnosed by urodynamics at 6 months but they were all symptoms free.

Conclusion:

TVT Continence Surgery is safe and effective. It is associated with few minor complications. It requires shorter operative time, shorter hospital stay and causes less bleeding. Voiding difficulties post surgery is still common. 14% of them requires catheter for more than 3 days.

Objective cure rate at 6 months is 90% and subjective cure rate at 6 months to 2 years is 94%.

However, the long term follow-up is essential as we still do not know the possibility of tape rejection and the long term success rate.

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