235

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Title: Treatment of stress incontinence in females with neuropathic bladders

## Purpose:

We evaluated the efficacy and safety of tension free vaginal tape procedures for treatment of stress incontinence in females with neuropathic bladders.

## **Materials And Methods:**

From July 1998 to Oct. 2000, 12 women between the ages of 41-69 years were treated for stress incontinence with tension free vaginal tape. Three of these patients had spinal cord injuries after road traffic accidents. The remaining nine (09) had bladder dysfunction after developing various back problems. Six of these had back surgery for the same. Pre-operative evaluation included history, physical examination and video uro-dynamics. All patients had type two incontinence and one had associated detrusor. instability, but no urge incontinence. Four (04) patients had previously failed surgery for stress incontinence. All were operated under spinal anaesthesia.

# Results:

All patients were followed up regularly with a minimum of five (05) and a maximum of thirty two (32) months, (mean 15 months). Blood loss was less than 100mls on the average. No immediate complication i.e. bladder perforation or pelvic haematoma, nor any mid- to long-term complication i.e. post operative pain and infection was noted. Only three patients were voiding spontaneously before the surgery and continued to do so post-operatively. The remaining nine (09) were emptying their bladders with clean self-intermittent catheterisation. They continued to perform self-catheterisation after the surgery. However one patient had difficulty in self-catheterisation in the immediate post-operative period. At follow up ten patients (83.3%) were dry; of the remaining two, one complained of mild leakage but did not need to use pads. The procedure failed in one (8%) patient. One patient developed detrusor instability on post-operative video urodynamics but there was no evidence of stress incontinence.

#### Conclusion:

Tension-free vaginal tape seems to be an effective, safe and minimally invasive procedure for treating stress incontinence in neuropathic patients also. In our series, the history of previous surgery for incontinence did not have any correlation with postoperative complications. We plan to follow up our patients to monitor the efficacy of this procedure on a long-term basis.

### References:

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