

237

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Title: TENSION FREE VAGINAL TAPE AFTER PREVIOUS FAILED INCONTINENCE SURGERY

Aims of the study:

The first surgical procedure offers the best chance of curing incontinence. Colposuspension as a secondary procedure has been shown to have a subjective cure rate of 80% and an objective cure rate of 78% (1). Our aim was to evaluate the efficacy and complications of the Tension-free Vaginal Tape (TVT) as a secondary procedure.

Methods:

A prospective observational study. All women having a TVT inserted as a secondary procedure were included. Subjective cure rates were determined by the patients' symptoms pre-operatively and at six months post-operatively. Objective cure rates were determined by performing urodynamics pre-operatively and at six months post-operatively. A King's Health Questionnaire (KHQ) was completed at both these visits. The data were compiled using a standard proforma and were analysed using the SPSS version 10 for windows.

Results:

23 women were included. They had undergone a total of 44 previous continence procedures (18 colposuspensions, 16 anterior repairs, 8 peri-urethral injections and 2 Stamey procedures). All had a TVT inserted. Five had a suprapubic catheter inserted at the time of surgery, two had a posterior repair and one had a vaginal hysterectomy and anterior repair. One tape broke during insertion, which resulted in a bladder injury on trying to retrieve the tape. 21 women returned for urodynamics at six months.

Symptoms	Pre-operative	Post-operative
Stress incontinence	23 (100%)	1 (4%)
Urgency	13 (57%)	9 (39%)
Urge incontinence	11 (48%)	8 (35%)
Voiding difficulties	2 (9%)	7 (30%)

Urodynamic results	Pre-operative	Post-operative
Genuine stress incontinence	23 (100%)	4 (17%)
Detrusor instability	0 (0%)	2 (9%)

Of the 18 women without a suprapubic catheter, 13 (72%) were able to void spontaneously. Five required some intervention post-operatively. Two women are still self-catheterising. One patient has undergone a colposuspension. Despite this there were significant improvements ($P < 0.05$) in all aspects of the KHQ

except for general health perception, sleep and energy and severity measures.

Conclusions:

The TVT in this setting offers a good chance of success with a significant improvement in quality of life. Complications, particularly voiding difficulties need to be discussed pre-operatively.

References:

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