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Title: IS IT POSSIBLE TO PREDICT VOIDING DIFFICULTIES FOLLOWING THE TVT PROCEDURE?

Aim of Study:

TVT is a low morbidity operation. Advantages include shorter hospital stay and quicker recovery compared to other continence procedures. Whilst the procedure is not primarily obstructive some patients do experience voiding difficulties requiring longer term management. The aim of the study was to quantify the success rate from TVT and examine the incidence of voiding difficulties post TVT as well as to assess pre operative variables which may predict post operative voiding difficulties.

Methods:

A retrospective multi-centre observational study in three centres: a tertiary referral centre, a teaching hospital and a district general hospital. All available notes were examined on patients who underwent a TVT operation over a two year period. Patient symptoms, HRT usage, urodynamic parameters were collated. Details of the operation and complications were analysed to identify associations with development voiding dysfunction. Voiding difficulties were defined as patients who required an additional period of catheterisation, either with a foley or intermittent self catheterisation.

Results:

Notes were available on 320 patients. The subjective success rate for the procedure was 92.2%. 245 had reliable documentation with regards to post operative voiding 25 had complications (10.2%). No urodynamic parameter was predictive of problems. Irritative symptoms preoperatively had an odds ratio of 1.8 for voiding difficulties. Age, menopausal status and HRT use, showed no difference. Additionally none of the operative complications, had an effect on the rate of voiding difficulties.

Discussion:

This is the largest case series presented to date. We confirm that the complication rate pre and post operatively remains gratifyingly low whilst maintaining a high success rate in a clinical setting. It is not surprising that particular preoperative parameter diagnosed voiding difficulty, given the fact this procedure is said not to be obstructive. The mechanism of voiding dysfunction may be related to other factors such as bruising and inflammation associated with the procedure.