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Title: ISRAELI EXPERIENCE WITH THE TENSION-FREE VAGINAL TAPE (TVT) PROCEDURE : ONE YEAR FOLLOW-UP

Aims of Study:

Numerous transvaginal procedures for treatment of urinary stress incontinence were developed and practised in recent years. Disappointing rates of long-term success, morbidity, costs and hospitalisation periods prompted development of conceptually different, less invasive, ambulatory techniques - the TVT. We aimed to assess perioperative and one year post-operative safety, morbidity, and success rates of the TVT procedure performed in 6 different medical centres.

Methods:

Since March 1998 through October 2000, we screened 266 post -TVT stress-incontinent women. Evaluation focused on perioperative complications and on postoperative objective findings (stress test, post-operative voiding difficulty, etc.) as on subjective patient reports (e.g. satisfaction rate). Data were collected from medical files and during follow-up clinic visits, as well as by telephone survey.

Results:

181 patients were included for evaluation, aged between 34-81 yrs. (mean 58 yrs.), averaging 3.6 births/woman. Excluded were recently operated patients (less than 1 year of follow-up) and those lost to follow-up. Mean follow-up was 19 months, ranging from 12 to 31 months. Average hospital stay was 30 hours (including patients having concomitant surgery such as colporrhaphy, transvaginal hysterectomy etc.). 32% had local and 68% had spinal anesthesia. On follow-up, 86% were dry, 6% improved significantly (still having minimal leaking episodes) and 8% failed. Overall complication rate was 7%. The main perioperative complications were bladder penetration in 3% (dealt with by withdrawal and reinsertion of the TVT needle), post-operative voiding difficulties in 4% (resolved by recatheterization, 4 cases for as long as 4 weeks) and de-novo urgency in 5%. 2% reported post-operative dyspareunia. 82% are completely satisfied with the results, 10% are partially satisfied, 8% are dissatisfied. 90% would recommend the procedure to a friend. We found that obesity, asthma, previous surgery for stress incontinence and concomitant surgical procedures did not have any significant influence on success rate nor on complications .

Conclusions:

TVT is a promising technique with advantages of local anesthesia, relatively short procedure and low complication rate. Experience from previously developed transvaginal procedures calls for caution in interpreting these 1 year results as a reflection of long-term success rates. Nevertheless, this procedure does show advantages and merits special attention and follow-up.

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