

263

**Authors:** Philip Tooze-Hobson, Mike Emens, Glyn Constantine, Esther Moss, Dudley Robinson  
**Institution:** Birmingham University, Good Hope Hospital, King's College Hospital  
**Title:** THE EFFECT OF PREVIOUS SURGERY ON TVT OUTCOMES.

**Aim of Study:**

To determine whether previous continence surgery has an adverse effect on the outcome of a Tension-free Vaginal Tape procedure.

**Methods:**

A retrospective multi-centre observational study. Conducted in three centres, a tertiary referral centre, a teaching hospital and a district general hospital. All available notes for patients who underwent a TVT operation over a two year period were examined. Information was collected on a standard format and databased for analysis. Operations categorised as continence surgery were, anterior repair, Burch colposuspension, Gax collagen injection and MMK. Total abdominal and vaginal hysterectomies were included for a second analysis of all previous surgery. Success was defined as cure if there was no subjective urinary leakage.

Results:

Data was available on 320 women. 24 of which had previously undergone continence surgery. 149 had previously undergone pelvic surgery. The success rate in this cohort was the same in women who had undergone previous continence surgery as those had were having this as a primary procedure. Hysterectomy and previous continence surgery also did not affect the voiding difficulty rate post operatively.

		Number of Operations							Total
		0	1	2	3	4	5	7	
Subjective Cure	Yes	142	99	32	9	7	1	1	291
	No	12	10	7					29
Total		154	109	39	9	7	1	1	320

**Success Rates Related to Previous Pelvic Surgery.**

		Number of Operations					Total
		0	1	2	3	4	
Voiding Problems Post-op	No	103	79	22	7	7	218
	Yes	12	8	2	2	1	25
Total		115	87	24	9	8	243

**Voiding Difficulties Related to Previous Pelvic Surgery.**

**Conclusion:**

These results are part of the largest cohort investigated for outcome of TVT in a clinical setting. These data add further evidence supporting the low morbidity of TVT as a primary and secondary procedure for urinary incontinence in the short term.

There was no source of external funding for this study.