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**Institution:** Birmingham Women's Hospital, Kings College Hospital.  
**Title:** COUGH PLEASE! THE EFFECT OF DIFFERENT ANAESTHETICS ON TVT OUTCOME.

**Aims of the study:**

The tension-free vaginal tape (TVT) is supposed to act by supporting the mid-urethra and encouraging fibroblast deposition para-urethrally. If the tape is supposed to be tension free then do we need to adjust the tension of the tape by coughing? Does a cough in the supine position with the legs in lithotomy represent the normal state of affairs when a woman is going about her normal daily activities? When the TVT procedure was originally described it was supposed to be performed under local anaesthetic (1). This was in order to facilitate coughing and allow the tension of the tape to be adjusted. The aim of the study was to determine the outcome of different modes of anaesthetic on the success rates of the TVT procedure.

**Methods:**

A retrospective multi-centre observational study set in three centres: a tertiary referral unit, a teaching hospital and a district general hospital. The hospital case notes for all the patients having a TVT inserted were reviewed. Data were extracted using a standard proforma. The type of anaesthetic was obtained from the hospital case notes. Subjective cure was defined as no reported leakage by the patient during routine post-operative follow up. A record was made of the patient's subjective cure and this was compared to the type of anaesthetic. The data were analysed using SPSS version 10 for windows. Statistical analysis was performed using the Chi-squared test.

**Results:**

There were 321 sets of notes available for analysis. 216 had local anaesthetic and sedation, 95 had general or regional anaesthetic and there was no record of the type of anaesthetic used in 10 cases. 16 women had a simultaneous procedure to correct prolapse; nine of these were carried out under local anaesthetic. The operating time was significantly longer in the local anaesthetic group, and although the hospital stay was significantly shorter, only 4% of this group had an additional procedure compared to 7% of the regional / general group.

Type of anaesthetic	Local	Regional / General
Number	216	95
Cure rate	197 (91%)	86 (91%)
Median length of stay (days)	1 (1-4)*	3 (1-6)*
Median operating time (minutes)	42 (30-64)*	35 (20-60)*

\* Statistically sig p<0.001

<b>Complications</b>	Local	Regional / General
Unable to void post-op	54 (25%)	13 (14%)
Long term voiding difficulties	9 (4%)	2 (2%)
Bladder perforation	11 (5%)	3 (3%)

### **Conclusions:**

The efficacy of the TVT procedure does not appear to be affected by the type of anaesthetic. The subjective cure rate is identical and the complication rate remains very low with all types of anaesthetic. The choice of anaesthetic should be tailored to the patient and not to the procedure.

### References:

1. Intravaginal slingplasty (IVS) an ambulatory surgical procedure for treatment of female urinary incontinence. Scandinavian Journal of Urology & Nephrology. 29(1): 75-82, 1995 Mar.

No external funding was received for this study.