

Authors: Stutterecker D, Umek W, Heidler H, Hanzal E
Institution: Department of Gynecology and Obstetrics, University Hospital of Vienna
Title: THE ORIGINAL TENSION-FREE VAGINAL TAPE PROCEDURE – THE “COOKBOOK” AND ITS VARIATIONS

Aims of study:

The Tension-free Vaginal Tape (TVT) procedure has quickly become very popular in Europe despite the absence of randomised controlled trials. In Austria, a country of 8 mill. people, approximately 6,000 TVT operations have been performed between 1998 and 2000. Many of these are registered in the Austrian TVT-Registry [1]. While the technique of the procedure is well standardized [2] and experts warn that there must be no deviations from the original “cookbook” of the technique, discussions suggest that there may indeed be considerable technical variation between different surgeons. The aim of the present study was therefore to assess differences in TVT technique in various Austrian hospitals.

Methods:

We mailed a detailed questionnaire to 98 Departments of Gynaecology and Urology in public Austrian hospitals known to perform the TVT-procedure. The following items which we identified as critical in discussions with various TVT-experts had to be answered: kind of anaesthesia, fluid dissection (when using other than local anaesthesia), extension of the paraurethral dissection, use of the straight inserter, placement of tape (mid-urethra or bladder-neck), TVT in patients with recurrent stress-incontinence or mixed urinary incontinence and TVT in combination with other operations (e.g. hysterectomy and prolapse-surgery).

Results:

Questionnaires from 51 Departments (34 Gynaecology, 13 Urology, 4 not declared) were returned yielding a response-rate of 52%. Rates of different techniques are given in Table 1.

Table 1: Modifications of TVT-technique

		Standard	Modifications
Local anaesthetic	yes 22% 37%	sometimes	never
Fluid dissection	yes 69% 31%	no	
Paraurethral dissection	few millimeters 67% 12%	more	to retropubic space
Straight inserter	yes 75% 25%	no	
Tape placement	mid-urethral 92% 8%	bladder-neck	
Mixed incontinence	no 8% 92%	yes	

Recurrent incontinence	no	yes
	6%	94%
With prolapse surgery	no	yes
	24%	76%

Conclusions:

Although the response rate was low it appears that there are wide variations in the surgical technique of the TVT-procedure in Austria. The consequences of these modifications of the TVT-operation in regard to outcome and development of complications are unknown. Therefore, it seems necessary to carefully document modifications of the technique in order to detect any changes in rates of harmful outcome or success compared to the original method.

Literature:

1. Tamussino K, Hanzal E., Riss P. The Austrian TVT Registry. Int Urogynecol J 2000, 11 (Suppl 1): 9
2. Ulmsten U, Henriksson L, Johnson P, Varhos G. An ambulatory surgical procedure under local anesthesia for treatment of female urinary incontinence. Int Urogynecol J Pelvic Floor Dysfunct 1996;7(2): 81-5