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Title: POST-OPERATIVE COMPLICATIONS AND SHORT-TERM OUTCOME OF TENSION-FREE VAGINAL TAPE IN THE TREATMENT OF GENUINE STRESS INCONTINENCE

Aims of study:

Patients with genuine stress incontinence (GSI) and no response to pelvic floor exercise were offered surgical intervention. Other than the traditional colposuspension, tension-free vaginal tape (TVT) is a new option of treatment. The post-operative complications and short-term outcomes were studied. Patients' medical records were retrieved and the data was collected.

Methods:

This is a retrospective review and the study period was from November 1999 to November 2000.

Results:

Nine patients were recruited and all had urodynamic study before operation and all confirmed the diagnosis of pure GSI, only one of them had coexist mild detrusor instability. All the operations were performed by the same urogynaecologist. The age ranged from 39 to 64 years old, with median age of 51. Duration of GSI symptom (moderate to severe) ranged from 1 to 15 years, with a median of 5 years.

All the operations were performed under spinal anaesthesia. Duration of operation ranged from 35 to 65 minutes (median 40 minutes). The estimated blood loss ranged from 30 to 300 ml (median 100 ml). None of the cases had intra-operative complications. Post-operatively, four cases had acute retention of urine on the date of operation and required Foley' catheter insertion for one to two days. Two cases had urinary tract infection and were treated by oral antibiotics. Duration of hospital stay ranged from 2 to 4 days (median three days).

With median follow up of ten months, 78% reported great improvement in the symptom of GSI and seven out of the nine patients claimed that TVT was a good surgical option. Two patients had incomplete emptying of bladder and detrusor instability. The symptoms persisted after medical treatment and caused recurrent urinary tract infection. Hence, they had cystoscopy and dilatation of urethra. They recovered well after the dilation of urethra and could pass urine well.

Conclusions:

The incidence of complications was acceptable. The short-term follow up revealed 78% improvement in the symptoms of the GSI and our results are comparable with overseas reports. iVT is a more simple operation when compared with colposuspension. Moreover, the duration of operation is shorter and the blood loss will be less. The advantages of TV1 are shorter hospital stay and can be performed as day case. Careful patient selection and optimal adjustment the tension of JVT during operation will definitely increase the success of this operation. Long term results are pending in this study.

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