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Title: EVALUATION OF TVT (TENSION FREE VAGINAL TAPE) WITH DIFFERENT OUTCOMES INSTRUMENTS

Aims of Study:

To determine the TVT outcome using several non invasive measures.

Methods:

We studied 25 women, age 35 to 76 (mean 58.3) years-old, in our private practice from May, 1999 to August, 2000. These women underwent TVT alone or combined with other procedures, by the same surgeon. All patients had a pre-operative history and physical examination, urodynamics studies according to ICS standartization, 24 hours diary, 24 hours pad test and Quality of Life questionnaire. Surgery outcome were classified by analysing diary and pad test separately. We then used a simplified score described by Groutz et al (1) considering all the non invasive instruments including patient questionnaire.

Results:

A total of 21 patients completed the outcome instruments, and 4 were excluded because didn't complete the study protocol. The mean follow-up was 13.1 months. 16/21 (76%) patients had negative pad test (less than 8 g). 18 (85.7%) patients considered themselves cured, two (9.5%) as improved and one (4.8%) considered the operation to have failed. Overall, persistent urge incontinence was report in 2 (9.5%) patient and 1 (4.8%) had persistent stress incontinence. According to this specific score, we founded 13 (62%) patients cured, 6 (28.6%) good reponse and 2 (9.5%) fair response. If we considered only the absent of stress incontinence as cure, we will have 95% (20/21) cured. If we considered solely the negative pad test as cure criteria, we will have 76% of cure.

Conclusions:

A definition and standartisation of cure criteries is necessary for fair comparision outcome among differents centres. The simplified score used by us seems to be more holistic considering the patients point-of-view of outcome and more strict as didn't differentiate stress and urge incontinence. The treatment outcome should consider not only cure of stress incontinence but also restabishment of normal voiding patterns.

Supported by Hospital Mater Dei

Reference:

1 – Asnat Groutz, Jerry G. Blaivas, Jarrod E. Rosenthal. A simplified urinary incontinence score for the evaluation of treatment outcomes. **Neurourol. Urodynam.** 19:127-135, 2000.