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**Title:** REPAIR OF LATERAL CYSTOCELE USING TVT GUIDE NEEDLE COMBINED WITH TVT FOR STRESS URINARY INCONTINENCE

**Aims of study:**

Recently, TVT (tension-free vaginal tape) operations are widely used as a treatment for stress urinary incontinence (SUI). Despite several advantages of the TVT reported, one has to do more complex and time-consuming surgery in case of the combined cystocele. Herein, we report more simplified repair of lateral cystocele (grade II) using TVT guide needle combined with TVT procedure for SUI.

**Methods:**

The operation was performed in 16 patients with SUI and moderate degree cystocele (grade II-III) with lateral defect. 13 patients was operated under local anaesthesia with intravenous fentanyl and midazolam, and the others under general anaesthesia. Two separate 0.5 cm incisions were made over suprapubic area and then, a 1.5 cm midline incision at the level of mid-urethra was made over anterior vaginal wall for TVT procedure. Another bilateral 4cm parallel incision was made over the both lateral vaginal wall from the level of the vaginal cuff to the level of the bladder neck for cystocele repair. Through the lateral incisions, lateral dissection was carried out along the plane of vesicopelvic fascia. Then helical sutures with No. 1 Prolene was placed on each side of the vaginal wall, pubocervical fascia from the level of bladder neck to the cervix. We made a pinhole at the end of the TVT guide needle so that suture can be threaded through it. Each Prolene sutures were then transferred to the ipsilateral suprapubic incisions through the retropubic space, respectively. Each side of Prolene sutures were tied together under subcutaneous space. After this, TVT procedure for SUI was completed

**Result:**

Mean operation time was 53 minutes (42~72) and mean hospitalisation days were 1.8 days (1-3). Cystocele was vanished in 14 (87.5%), and diminished to grade I in 2 patients. At postoperative 6 months, success rate for TVT were 93.75 % , There were no significant intra-operative or post-operative complications including bladder perforation, retropubic hematoma, etc.

**Conclusions:**

It could be suggested that modified lateral cystocele repair using TVT guide needle is effective in the treatment of SUI combined with moderate cystocele in terms of simplicity, low morbidity and high cure rate.