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Authors: Ki K. Kim, Hyung Y. Kim, Seung T. Lee, Beom J. Park, Sung T. Cho, Young G. Lee, Heung W. Park
Institution: Hallym university, Medical School, Urology
Title: VASCULAR INJURY FOLLOWING TENSION-FREE VAGINAL TAPE(TVT) IN STRESS INCONTINENCE

TVT has been accepted for a therapeutic modality of stress incontinence. Ulmsten¹ presented it as easy, safe, effective, and time-saving procedure with cure rate of more than 86% and another 11% significantly improved with no serious complication in a prospective study of 50 consecutive women. In addition, the advantages of TVT are as followings; an ambulatory surgical procedure performed under local anesthesia, no significant complications, no long term urinary retention, minimal dissection and trauma, minimal postoperative pain, no rejection of tape, no sign of deterioration of the result over time, and early back to ordinary work. However, there is not always safe without severe complications, because the TVT needle has to pass blindly through the pelvic cavity. Furthermore, it may be very serious once it happened. A case of obturator nerve injury by the TVT needle had been reported in the Korean Continence Society, 1999.

I, herein, would like to present a case of severe bleeding to shock following TVT procedure, which needed urgent transfusion but controlled conservatively.

47 year-old woman performed TVT procedure without any problem in about 30 minutes. Two ends of tape appeared respectively at 2.5 cm away from the midline. At about 8 hours after operation, it was notified that her systolic blood pressure dropped to 80mmHg. Fluid and blood urgently supplied and abdominal CT was checked.

1. UlmstenUIF, et al. A three-year follow up of tension free vaginal tape for surgical treatment of female stress urinary incontinence. Br J Obstet Gynecol 1999; 106:345.