

COMPARATIVE DEVELOPMENT OF QUALITY OF LIFE BETWEEN TVT A BURCH COLPOSUSPENSION

Hypothesis / aims of study

The international Continence Society has defined urinary incontinence as a condition in which involuntary loss of urine is a social and hygienic problem and is demonstrable. Urinary incontinence has a substantial impact on Quality of women's life. The TVT and the Burch colposuspension are the most popular operations for the treatment of stress urinary incontinence. The aim of this study is to compare the Quality of life and effect of anti-incontinence operations - TVT and Burch colposuspension.

Study design, materials and methods

Open label, prospective, randomised type of study. 139 women with stress urinary incontinence were included in our study. 60 women underwent the Burch colposuspension, 79 women the TVT. The Quality of life was measured by the questionnaire called Index Quality of Life (IQOL) by Donald L. Patrick. All women filled in the questionnaire before the surgery + three months and one year after the surgery (without doctor's assistance).

In the group of TVT the average age was 59 years, BMI 28,8, and the average parity 1,0. 6% of these women have had Caesarean Section in the past and 51,66% of them underwent laparotomy surgery for other reasons.

In the group of Burch colposuspension the average age was 54 years, BMI 27,3 and the average parity 1,4. None of these women has had Caesarean Section and 36% women underwent laparotomy surgery for other reasons.

Results

The average evaluation of IQOL questionnaire before the TVT operation was 41,1 and 48,75 before the Burch colposuspension. The Quality of life was found considerably higher during both checks up after TVT and colposuspension. The difference of 30 points between the preoperative and postoperative IQOL questionnaire shows high rise in the quality of life. This difference is more noticeable in the TVT group. According to the results of this questionnaire, the stress incontinence particularly improved. In addition, their depressions and anxiety about aggravation of their urine incontinence in the future were decreased. The results of IQOL are similar in both groups, see table 1:

Tab1: Results of IQOL

IQOL	TVT			Burch colposuspension		
	Mean	Min.	Max.	Mean	Min.	Max.
Before op.	41,04	1,14	81,82	48,75	10,23	92,05
3 month after	81,16	27,27	95,45	78,85	37,5	96,59
1 year after	86,36	36,36	95,45	81,54	42,05	95,45

Postoperative complications after both operations were also monitored. Three months control shows that recurrent stress incontinence was appeared more frequently in the TVT group and de novo urge symptoms in the group of Burch colposuspension, vide table 2. One year after the TVT procedure the urge symptoms de novo increased (8%). The complaints of pain during sex intercourse were registered in connection with the TVT erosion, see table 2. In opposite no changes were recorded in the group of Burch colposuspension.

Tab. 2:

Complications	TVT		Burch colposuspension	
	3month after	1 year after	3month after	1 year after
Recurrence of stress incontinence	7,6%	5,5%	0	1,6%
Urge incontinence de novo	1,3%	8%	0	3,3%
Urge symptoms de novo	3,8%	8%	16,6%	16,6%
Voiding difficulties	2,6%	2,6%	0	1,6%
TVT erosion	2,6%	8,3%	-	-

Interpretation of results

TVT and Burch colposuspension highly improve the Quality of life of women with stress incontinence. Quality of life remained the same three months and one year after surgery. Urge symptoms, urge incontinence and recurrent stress incontinence have a negative impact on Quality of life. Urge symptoms were noticed more frequently after Burch colposuspension.

Concluding message

Quality of life is one of the main parameters in management of the treatment strategy. TVT and Burch colposuspension highly improve the Quality of life of women with stress incontinence in long term. We noted 98,4% effect on stress incontinence after Burch colposuspension and 94,5% effect after TVT.

References

This work was supported by the Grant Agency of the Ministry of Health of the Czech Republic grant No. NH 6982-3