

LOW COST TENSION-FREE SLINGPLASTY OPERATION FOR GENUINE STRESS INCONTINENCE

Hypothesis / aims of study

The aim of the study was to assess the results of a low cost tension-free slingplasty operation for genuine stress incontinence, and to compare them to those of the original TVT / TVT-O operation.

Study design, materials and methods

The study was retrospective, and involved the use of a questionnaire to two groups of operated patients. During the years 2000-2007 we performed 126 slingplasty operations to relieve genuine stress incontinence (GSI). Ninety one operations were carried out similarly to the classical TVT operation: we passed a needle carrying a knitted polypropylene mesh through the Retzius space on each side of the urinary bladder, after shifting the urethra to the contra lateral side, and exiting the skin at the pubic bone level on both sides. These operations included the use of cystoscopy in each case. The other 35 operations were performed by the trans-obturator route: we passed a curved needle through the obturator fossa using the outside-in approach, and introduced the polypropylene mesh in similar tension-free manner. In these operations a cystoscopy was not employed. The tape that was used in both types of slingplasty operations was cut from a 30X30 cm prolene mesh. The needles were prepared by the technical unit of the hospital, and contained a hole for inserting the tape. Results of the operations were assessed by a validated female pelvic floor questionnaire. The results were compared to 32 cases that were carried out by the same surgeon using the classical TVT technique, and 23 cases of TVT-O / TOT operations performed by the trans-obturator approach.

Results

Results were obtained from 98 patients that had the slingplasty operation (prevesical and trans-obturator approach), and 46 patients that underwent either the classical TVT technique, or the TVT-O / TOT operations. Success rates were very similar, 87% for the slingplasty operation, and 88% for the TVT / TVT-O operation. Complications were also quite similar and low for both types of operations.

Interpretation of results

Operations that involve suburethral placement of a polypropylene mesh in a tension free manner seem to produce good results, even when the needles are not part of an original commercial set.

Concluding message

Low cost tension-free slingplasty operations can become the leading technique for relieving GSI in developing countries.

References

FUNDING: None

CLINICAL TRIAL REGISTRATION: This clinical trial has not yet been registered in a public clinical trials registry.

HUMAN SUBJECTS: This study did not need ethical approval because It was a retrospective questionnaire type study but followed the Declaration of Helsinki Informed consent was obtained from the patients.