

THE EFFECT OF VALSALVA LEAK POINT PRESSURES IN DECIDING SURGICAL PROCEDURES : TENSION-FREE VAGINAL TAPE OR TRANS-OBTURATOR TAPE

Hypothesis / aims of study

The Valsalva leak point pressure (VLPP) have been suggested as objective tools for diagnosing female stress urinary incontinence (SUI) accompanied or not accompanied by intrinsic sphincter deficiency (ISD). Our aims were to determine the effect of the VLPP in deciding surgical procedures for treating SUI between tension-free vaginal tape (TVT) and trans-obturator tape (TOT).

Study design, materials and methods

From 2004 to 2006, a total of 33 incontinent women, who underwent TVT and 35 incontinent women, who underwent TOT were enrolled retrospectively in this study. The patients underwent preoperatively urodynamic study including VLPP. In addition, we obtained the questionnaires for urinary incontinence-specific quality of life (IQoL) from the patients preoperatively and postoperatively in order to evaluate whether the procedure was acceptable or not. Pad test was done preoperatively for all patients, while postoperative pad test was done only in patients who complained urine leakage 2 months follow-up after the initial procedure. If postoperative urine leakage was decreased more than half of preoperative urine leakage, that was regarded as "success", while decrease less than half of preoperative urine leakage was regarded as "failure".

Results

When total cases were classified into two groups according to VLPP of 0 to 60, and greater than 60 cmH₂O, the two different anti-incontinence surgery didn't showed significant difference in change of IQoL ($p=0.081$, $p=0.336$ for each group). In TVT group, 3 patients (9.1% of 33) noted "failure" in the pad test, while 4 patient (11.4% of 35) did in TOT group, and there was no significant difference in success rate between two groups ($p=0.136$).

Interpretation of results

In lower VLPP group, IQoL of TVT and TOT was not significantly different. However, we can find that p-value in lower VLPP group (0.081) is remarkably small compared with that of higher VLPP group (0.336). That suggests difference between IQoL of TVT and TOT is clearer. Moreover, in our result, the mean value of difference in TVT was 25.9 ± 5.6 while, that in TOT was 16.7 ± 8.3 .

Concluding message

The satisfaction of anti-incontinence surgery was similar in this group of patients who underwent TVT or TOT when the stratification was done according VLPP. However, TVT seemed to make better "subjective" improvement than TOT.

References

- J Urol (1996) 155; 281-5
- J Urol (2006) 176; 186-8
- Int Urogynecol J (2007) 18; 267-71

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HUMAN SUBJECTS: This study did not need ethical approval because this study is retrospective study reviewed from previous charts of patients. but followed the Declaration of Helsinki Informed consent was obtained from the patients.