

EXPERIENCE AT DISTRICT GENERAL HOSPITAL AFTER TVTO INTRODUCTION

Aims of study

To find the total number of procedures done, the intra and post operative complications rates as well as the cure rates

Study design, materials and methods

We looked at all TVTO done from inception i.e. August 2005- August 2006. Names of all patients who had the procedure were taken from the theatre records. The notes were then retrieved. The surgical procedure used was as described by de Laval et al *. A proforma was designed to collect the data from these notes. Forty –seven names initially came up but five had traditional TVT and so were excluded. All remaining 42 sets of notes were reviewed by a single person. The data was transferred onto the Epi-info data collection software (www.cdc.gov/EpiInfo) obtainable free from the Centre for Disease Control, Atlanta, website.

No ethical approval was needed and no external funding was necessary.

Results

Average age and BMI was 53.8yrs (35-85) and 28.5 (20-43) respectively.

Urodynamic stress incontinence was diagnosed in 73.8% and mixed urinary incontinence in 23.8%. One patient had significant symptoms of stress urinary incontinence but had a stable bladder on urodynamics.

There was a vaginal sulcus injury intra operatively which was repaired and TVTO completed.

Post operative complications included urinary tract infection 2.3% (1), thigh pain 4.6% (2) which resolved within three weeks, de novo detrusor over activity 4.2% (2) and tape erosion 2.3% (1).

Previous pelvic surgery did not increase the intra operative or post operative complication rate.

Additional procedures done at surgery did not increase the complication rates either.

Eighty-three percent of patients discharged second day post operatively.

Cure rates at 4 months was 69% increasing to 95% by 12months.

Interpretation of results

TVTO is successful in all age groups with stress urinary incontinence.

Presenting symptoms and success of procedure bore no relationship with the parity of the patients. Remarkable cure rates 95% (complete dryness) at 12 months. Other pelvic surgery can be done at the same time without affecting the success of the procedure.

Concluding message

TVTO is an effective procedure for stress urinary incontinence which can be done safely in a small district general hospital with minimal complications.

References

* European urology 44 (2003) 724-730.

FUNDING: no funds solicited

HUMAN SUBJECTS: This study did not need ethical approval because it is not a trial but an audit of clinical practice (introduction of new procedure) and did not follow the Declaration of Helsinki - with approval by the ethics committee - in the sense that we just wanted to look at our complication and cure rates and modify our practice locally if necessary. Informed consent was not obtained from the patients.