

TVT-OBTURATOR FOR URINARY STRESS INCONTINENCE: HIGHER CURE RATE WITH CONCOMITANT COLPORRAPHY

Hypothesis / aims of study

The aim of this study was to compare the subjective cure rate and complications, of tension free vaginal tape obturator (TVT-O) operations, with concomitant anterior colporrhaphy and without it.

Study design, materials and methods

50 women with urinary stress incontinence or mixed incontinence who underwent TVT-O were followed for 6-26 (median 15) months after surgery. Twenty five of the patients also underwent anterior colporrhaphy due to cystocele. All patients completed an over-the-phone questionnaire assessing urinary dysfunction. Subjective cure rates and complications of the two groups (TVT-O only and TVT-O plus colporrhaphy) were compared.

Results

The subjective cure rate for stress incontinence was 76% for TVT-O alone, and 96% for TVT-O with concomitant colporrhaphy ($p=0.04$). The cure rate for Urge related symptoms was 39% for TVT-O alone and 33% for TVT-O plus colporrhaphy (NS). Three women in each group (12%) had intra or post-operative complications. urinary retention was more frequent in the TVT-O plus colporrhaphy group. No bladder perforation occurred in either group.

Interpretation of results

Conflicting data exists regarding the effect of concomitant reconstructive surgery on the results of sling operations. Our findings demonstrate better outcome with TVT-O plus colporrhaphy while no significant difference, or opposite results were shown by others. These contradicting reports can be explained by different selection of groups, different techniques and study protocols, or different outcome measures. Considering urinary physiology, colporrhaphies may have either positive or negative effect on USI. The elevation and stabilization of the bladder neck may decrease leakage. Nevertheless, reduction of a prolapsed anterior vaginal wall often results in expression of previously occult USI, or deterioration of symptomatic one.

Some improvement of urge related symptoms is expected after sling procedures. The figures in our study resemble those of other works. However, we could not demonstrate further improvement with concomitant colporrhaphy, as would be expected by Petros's integral theory.

Concluding message

TVT-O is an effective and safe method for the treatment of USI. Anterior colporrhaphy has an additional curative effect on USI but not on urge incontinence.

Specify source of funding or grant	none
Is this a clinical trial?	Yes
Is this study registered in a public clinical trials registry?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	institutional Ethics Committee of Soroka University Medical center
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes