

CLINICAL AND QUALITY – OF – LIFE (QOL) OUTCOMES IN WOMEN TREATED BY TENSION FREE VAGINAL TAPE (TVT)-A SURGICAL TREATMENT OF URODYNAMIC STRESS INCONTINENCE

Hypothesis / aims of study

The objectives of this retrospective study were to assess subjective success rates, complications and impact on patient's quality of life (QoL)

Study design, materials and methods

A retrospective cohort analysis was made of 30 consecutive women undergoing TVT procedure alone or as concomitant to other pelvic surgical procedures, from June 2004 to October 2007. All the Patients were evaluated by history, clinical examination with POP-Q (pelvic organ prolapse-quantification) scoring for uterovaginal prolapse and urodynamic testing. Improvement of health – related QoL (quality of life) was assessed by incontinence impact questionnaire-short form (IIQ-7) and urogenital distress inventory –short form (UDI-6). The success of surgery was evaluated by asking whether the incontinence was cured, improved or had no change after the operation. Data computed and analyzed by using SPSS version 13.

Results

Concomitant surgery was performed in 14 cases (70%). Median age was 47 years and duration of follow up was 14 months (range 4-37 months). 8 women (26.6%) had mixed UI with DO. Previous pelvic surgery like MMK (Marshall-Marchetti-Krantz along with TAH (total abdominal hysterectomy) was found seen in 5 (16.6%) cases. Complications are listed as per-operative, short term and long-term. Among the short term complications Bladder perforation was seen in 2 cases (6.7%) and overt urinary retention in 2 cases (6.7%). Long-term complication voiding dysfunction occurred in only 1 (3.3%) case.

Interpretation of results

Symptoms were labeled as completely cured in 27 (90%) patients, significantly improved in 2 (6.6%) and one with mixed incontinence regarded as having worsening of urge symptoms and dysuria. A median follow up of 14 months shows that our surgical results of TVT alone or with concomitant surgery are similar with internationally published results.

Concluding message

TVT can be safely performed with concomitant procedures. Long-term prospective studies are required from South East Asian Zone.

TABLE 3 Procedures Complications

	n	%
I. Per-operative		
Hemorrhage	0	0%
Bladder perforation	2.0	6.7%
II. Short term complications		
Urinary retention UTI	2	6.7%
Voiding dysfunction (dysuria with retention)	1	3.3%
	0	0 %
III. Long term complications		
Voiding dysfunction	1	3.3%
De-novo urgency	0	0%
Urethral and vaginal erosions	0	0%

<i>Specify source of funding or grant</i>	nil
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	This was retrospective cohort study and hospital policy states that for retrospective Ethical approval is not required
<i>Was the Declaration of Helsinki followed?</i>	No
<i>This study did not follow the Declaration of Helsinki in the sense that</i>	This is routine surgical procedure and does not involve human life risks moreover author is credentialed for this procedure
<i>Was informed consent obtained from the patients?</i>	Yes