

LONG TERM OUTCOMES OF TENSION-FREE VAGINAL TAPE IN THE TREATMENT OF STRESS INCONTINENCE IN FEMALES WITH NEUROPATHIC BLADDERS

Hypothesis / aims of study

To evaluate the long-term outcomes of tension-free vaginal tape (TVT) for the treatment of urinary stress incontinence in females with neuropathic bladders secondary to spinal cord pathology

Study design, materials and methods

A retrospective analysis identified 11 female patients with spinal cord pathology, treated with TVT for stress urinary incontinence, between November 1997 and December 2000. All the procedures were performed by a single specialist surgeon. All patients had pre-operative evaluation including video-cystometrogram (VCMG). Long-term outcome assessment of continence included evidence of urine leakage on VCMG and/or reporting of leakage necessitating pad-usage. Complete cure was defined as no leakage on VCMG and no use of pads. Partial cure was defined as evidence of urine leak on VCMG with >50% reduction in the number of pads used.

Results

Of the 11 patients, 4 were lost to follow-up. Spinal cord pathology in these women included: (i) traumatic spinal cord injuries (n=3); (ii) post lumbar spinal surgery (n=3); (iii) spinal stenosis (n=1). The mean age was 58yrs (range 48 to 76yrs). The mean duration of follow-up was 7.9yrs (range 7.5 to 9.3yrs). Four patients (57%) were completely dry with no usage of pads reported and verified with no demonstrable urine leak on VCMG. Two patients (29%) achieved partial cure. Only 1 patient (14%) reported worsening symptoms and an increase in pad usage at 9.3 years. She had been partially cured at 5 year follow-up.

Interpretation of results

More than half the patients achieved complete cure with maintenance of continence following TVT insertion in this group of patients. This was observed at a minimum of 7.5 years (mean 7.9 years) following the procedure.

Concluding message

In females with spinal cord pathology who have stress urinary incontinence necessitating a definitive intervention, insertion of TVT should be considered a desirable treatment modality with durable outcomes.

<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>	retrospective analysis of approved treatment
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes