

## RETROPUBIC TENSION-FREE VAGINAL TAPE (TVT) IN THE TREATMENT OF STRESS URINARY INCONTINENCE IN WOMEN: TREATMENT AND 4-YEAR FOLLOW-UP OUTCOMES.

### Hypothesis / aims of study

An analysis of the TVT procedure is undertaken, assessing both the complications arisen and the middle-term outcomes by analyzing a number of variables which may have an impact on the outcomes.

### Study design, materials and methods

222 TVT cases were reviewed in our Service between 2000 and 2004. Evaluations were carried out at three and six months after surgery, and once a year after that. The accumulated evolution curves are based on the probability calculations of the survival analysis. Statistical comparisons were evaluated via the Chi-square test.

### Results

The Tables show all the complications arisen intra-operative during immediate post-operative, and in the long-term.

Bladder injuries, with a 2.5% incidence, was the most frequent operating complication. In the immediate post-operative stage, voiding difficulty (slow stream, intermittency, straining) and urinary tract infection were the most common complications (13.5% and 13.2%, respectively). Late complications included recurrent urinary infection (7.4%) and "de novo" urgency (3.1%).

### Interpretation of results

The accumulated evolution of the outcomes of the technique throughout four years of follow-up is graphically shown, specifying the different follow-up intervals and the number of patients who reached each of them. At four years of follow-up, 74% of the patients had recovered, and 22.1% had experienced improvements.

The graphs also expose how previous instances of anti-incontinence surgery and the presence of overactive bladder symptoms were negative prognostic factors when determining the efficacy of the technique. Whereas the Body Mass Index did not achieve statistical significance even though there were obvious differences

### Concluding message

Our results regarding both the number of complications and recoveries are in keeping with the existing literature.

Previous detrusor overactivity diagnosis and previous instances of anti-incontinence surgery significantly worsen the outcomes.

<i>Specify source of funding or grant</i>	None
<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 eithics committee approval because</i>	It was no necessary
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes