

SECTION AND PARTIAL REMOVAL OF TENSION-FREE VAGINAL TAPE USED IN THE SURGICAL TREATMENT OF STRESS URINARY INCONTINENCE. CAUSES AND CLINICAL RESULTS.

Hypothesis / aims of study

To evaluate the causes and the clinical results of the vaginal removal of tension free vaginal tape used in the surgical treatment for Stress Urinary Incontinence (SUI).

Study design, materials and methods

A retrospective study was performed with 1542 patients undergoing anti-incontinence surgery from January 2000 to December 2007: 738 cases of retropubic (RP) approach and 804 cases of transobturator (TO) approach.

Our definition of prolonged voiding dysfunction was the requirement of intermittent catheterisation beyond the second week of surgery, with post mictional residue over 100 ml and obstructive symptoms.

The tape erosion was found by physical exploration or by cystoscopy.

The surgery consist in section or partial removal of the tension-free tape by vaginal approach.

Findings were based in objective criteria (Valsalva test and foley catheterisation). Furthermore a questionnaire to asses patient's satisfaction was distributed.

For the statistical analysis we used the chi-square test corrected with F Fisher using the statistic programme SPSS v 12.0.

Results

In 36 patients (2,3%) was necessary the section or partial removal of the sub-urethral tape. In 25 patients (1,6%) the cause was prolonged voiding dysfunction; in 8 patients (0,5%) erosion and in 3 patients (0,2%) chronic sub-urethral pain associated with dyspareunia. 69.5% of the patients with prolonged voiding dysfunction improved after vaginal section or partial removal of the tape, a 13% had recurrence of the SUI.

No statistically differences were observed when considering the time passed between first surgery and section of sub-urethral tension-free vaginal tape ($p > 0.05$)

No statistically differences were found between RP or TO ($p > 0.05$).

87.5% of the patients with erosion of the sub-urethral tape had an improvement after partial removal. The incidence of SUI was 12.5% in this group. No patients presented clinical symptoms of local infection.

Only one patient with chronic sub-urethral pain associated with dyspareunia improved the pain after removal. They didn't present recurrence of SUI.

Interpretation of results

In our study we found a very low incidence of section or partial removal of tension-free vaginal tape (2.3%) after incontinence surgery. Furthermore we found that this kind of operation improve the clinical obstructive symptoms (69.5%) of the patients. The vaginal approach is an easy technical procedure that can be performed with local or regional anaesthesia. There is only a 13% of recurrence of SUI. It's important to notice that the results do not depend on the time passed since the anti-incontinence procedure nor the type of surgery (RP/TO). In the cases of erosion of the tape no infection signs were found. More studies are required in order to confirm our results. This could increase the practise of section or partial removal of tension-free vaginal tape.

Concluding message

The section or partial removal of sub-urethral tension-free vaginal tape used in the surgical treatment for stress incontinence, due to prolonged voiding dysfunction or erosion, showed good results with a recurrence of SUI of 13% of the patients. The results showed no statistically significant differences regarding the type of surgery (RP/TO) or the time between anti-incontinence surgery and section/partial removal of the tape.

References

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Was this study approved by an ethics committee?	No
This study did not require eithics committee approval because	It's a retrospective study on patient records
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes