

ASSESSMENT OF TVT SECUR EFFICACY AT 6 MONTHS FOLLOW UP IN THE MANAGEMENT OF STRESS URINARY INCONTINENCE IN WOMEN.Hypothesis / aims of study

Aim of the study was to assess if there is any difference between TVT secur "like Hammock" and TVT secur "like U" concerning the efficacy and complications associated with the use of these techniques in the management of urodynamic stress incontinence.

Study design, materials and methods

Seventy three patients with urodynamic stress incontinence (USI) have participated in the study. Thirty nine patients were treated with TVT secur "like Hammock" and 34 patients with TVT secur "like U". Diagnosis of Urodynamic stress incontinence (USI) was based on cystometric findings. All patients were operated with epidural anesthesia and were operated by the same experienced surgeon. Adjustment of the tape was done intraoperatively with the bladder filled with 350-400 mls of normal saline or up to maximum cystometric capacity and the patient performed the cough stress test. The tape was tightened up to the point where the patient had a leaking of few drops of urine with coughing. Exclusion criteria were preoperative maximum urethral closure pressure (MUCP) less than 20 cm H₂O, urodynamic findings of detrusor overactivity, previous operation of the anterior vaginal wall or prolapse greater than stage I according to ICSC. A $p < 0.05$ was considered statistically significant.

Results

The objective cure rate at 6 months follow up for patients with TVT secure like "Hammock" was 59 % and for patients with TVT secur like "U" was 67.6 %. The subjective cure, improvement and failure rate for TVT secur like "Hammock" were 56%, 20.6% and 23% respectively and for TVT secur like "U" were 65 %, 17.5% and 17.5% respectively. De novo detrusor overactivity and de novo urgency were seen in 5.1% and 10.2% respectively. of patients with TVT secure like "Hammock" and in 8.8% and 11.7% respectively of patients with TVT secur like "U". There were no cases with significant intra-operative bleeding or hematoma formation and the incidence of postoperative lower urinary tract infection was 3.7% for patients with TVT secure like "Hammock" and in 4% of patients with TVT secur like "U". No case of tape rejection was seen.

Interpretation of results

There is no statistically significant difference in relation to the efficacy and complications between TVT secur "like Hammock" and TVT secur "like U", when they are used as first operation in the management of female patients with urodynamic stress incontinence. Taking in to account the efficacy results of the two techniques 568 patients would be required in each group in order to detect if there is any small difference. The efficacy of these techniques appeared to less compared to other studies [1], but these could be attributed to possible differences in the adjustment of the tape. Would be interesting the assessment of the efficacy of both techniques with "closer" adjustment of the tape to the urethra. No significant complications were encountered but severe bleeding from internal obturator muscle following tension free vaginal tape Secur hammock procedure has been reported [2].

Concluding message

TVT secur is a relatively new technique in the management of urodynamic stress urinary incontinence in women and prospective randomized studies providing long term results are necessary for firm conclusions to be made concerning its efficacy, its indications and possible complications.

References.

- [1]
[2]

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| 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 | Ethics Committee of Aretaieio University Hospital |
| Was the Declaration of Helsinki followed? | Yes |
| Was informed consent obtained from the patients? | Yes |