

TVT SLING INCISION – INDICATIONS, OUTCOME, AND RECURRENT INCONTINENCE

Hypothesis / aims of study

Cutting of the sling is the most common revision after insertion of a TVT or TVT-O. This study retrospectively investigated suburethral tape incisions and the indications for this procedure, outcome in terms of cure of tape-related symptoms, and frequency of recurrent stress urinary incontinence.

Study design, materials and methods

Between 2003 and 2009, 174 women underwent surgical cutting of a suburethral tape. In 85 of them, the initial sling procedure was performed at our hospital, corresponding to a 7% revision rate (in a total of 1221 TVT procedures).

Results

In 107 patients (61%), the TVT was severed because of disturbed bladder voiding (130 ml residual urine on average), among them 70 women with recurrent urinary tract infection. A significant proportion of these women had a sonographic tape distance from the urethra of ≤ 3 mm ($p=0.008$). Urge incontinence was reported by 112 women, frequently associated with a tape position too close to the urethra or bladder neck. Thirty patients reported de novo dyspareunia; 24 of them showed tape erosion. Thirty women reported constant pain, including pain at rest. Bladder voiding was improved immediately after repeat surgery in 97% of patients. The cure rates for urge and dyspareunia were 65% and 93%, respectively. Chronic pain persisted in 19% of cases. Recurrent stress urinary incontinence was observed in 63 patients (52%) who were continent before TVT severing.

Interpretation of results

The most common indications for cutting a suburethral tape included disturbed bladder voiding with residual urine and recurrent urinary tract infection, followed by irritable bladder, pain, and dyspareunia. Tape incision leads to rapid normalization of bladder voiding in most cases but is less successful in improving irritable bladder, pain, or dyspareunia. Patients should be informed about the high rate of recurrent stress urinary incontinence of 52%. These patients can be helped with a vaginal pessary and a secondary TVT procedure at a later time.

Concluding message

The fact that dystopic tape positions led to cutting in most cases underlines the importance of optimal positioning during TVT insertion. Surgeons should self-critically assess their performance by supplementing the preoperative ultrasound examination by sonographic surveillance before discharge (tape loosening) and after three months, which also contributes to the timely identification of complications.

<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 ethics committee approval because</i>	only routine data were used.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No