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MEAN FIVE-YEAR FOLLOW-UP OF THE TENSION-FREE VAGINAL TAPE PROCEDURE FOR TREATMENT OF URINARY INCONTINENCE

Hypothesis / aims of study
To evaluate the long-term cure, satisfaction and late complication rates after the tension-free vaginal tape operation for female stress urinary incontinence.

Study design, materials and methods
Prospective study originally with 68 women who underwent tension-free vaginal tape operation for stress urinary incontinence. A telephone questionnaire was performed to assess: presence or absence of symptoms, overall satisfaction with the surgery, subjective evaluation of the continence status, late complications of the surgical procedure and the need to attend to our or another hospital, limitations on daily activities, emotional status regarding the surgical result, sleep cycle and the use of a 24-hour pad.

Results
The follow-up time was a mean of 60 months, ranging from 48 to 84 months. Of the 68 women initially enrolled 25 were lost to follow-up (37%). The reported cure rate after Hospital discharge was 97.9%. Of the 43 women who answered the questionnaire, 79% did not report any stress urinary incontinence symptom. None of the women enrolled attended to our or another Hospital during the follow-up period. 80% reported a normal urinary function. However, 81% of the women subjectively referred at least one limitation in day-to-day activities. Normal emotional status concerning the surgical result was mentioned by 84% of the participants. Sleep cycle was altered in 23% of the subjects mainly due to nocturia. 74% did not use a 24-hour pad at the time of the interview.

Interpretation of results
This study reports the first tension-free vaginal tape surgeries performed in our institution. Subjectively 79% of the women considered the operation as successful (this number is lower than the 90-91% subjective success rates reported in the literature) (1). The learning curve of the surgical procedure may explain this discrepancy. However, after hospital discharge our cure rate was 97.9% which is in accordance with the data found in the literature (2). Of those women who reported stress urinary incontinence symptoms, the mean time of appearance of those symptoms was 32 months after the surgery (ranging from 1 to 60 months). De novo urge syndrome was the main complaint of those women who referred slight and mild alterations of the urinary function. Whether these symptoms are directly associated with the surgery performed 5 years earlier, is a question of debate.

Concluding message
In most centres worldwide, minimally invasive sling procedures are the primary surgical approach for treating uncomplicated stress urinary incontinence (3). The main reasons for the popularity of these procedures are high efficacy, short operating time (usually 30 minutes or less), and quicker patient recovery than open retropubic procedures. To evaluate the effectiveness of the first tension-free vaginal tape surgeries at a long term is challenging but allows to measure success rates between “now and then”. As a prospective study, the main limitation in our data is the high rate of losses of follow-up. Despite this limitation, we can conclude that the tension-free vaginal tape procedure is long term effective in the treatment of stress urinary incontinence.

References
1. Prospective multicentre randomised trial of tension-free vaginal tape and colposuspension as primary treatment for stress incontinence. Ward K; Hilton P BMJ 2002 Jul 13;325(7355):67.
2. A prospective multicenter randomized trial of tension-free vaginal tape and colposuspension for primary urodynamic stress incontinence: two-year follow-up. Ward KL; Hilton P Am J Obstet Gynecol 2004 Feb;190(2):324-31.
3. A randomized, controlled trial evaluating 2 techniques of postoperative bladder testing after transvaginal surgery. Foster RT Sr; Borawski KM; South MM; Weidner AC; Webster GD; Amundsen CL Am J Obstet Gynecol. 2007 Dec;197(6):627.e1-4

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Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require ethics committee approval because	**Prospective study.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**