

POST TVT-O, IS THIGH PAIN TRULY A PROBLEM? INCIDENTAL OBSERVATIONHypothesis / aims of study

Trans vaginal free tension Tapes transobturator (TVTO) is well known method of stress urinary incontinence management. We evaluate the intermediate results of patients who undergone TVT-O procedure in our urogynaecology unit as a primary or secondary anti-incontinence procedure.

Study design, materials and methods

One hundred and seven women (median age 53.29 years; range 30 to 85years) with Urodynamic confirmed stress urinary incontinence were treated with tension-free vaginal tape (TVTO) in a single institution by an expert urogynaecologist between August 2005 and August 2008. Patients were offered 4 months' follow –up for re-assessment. King's Health Questionnaire was used as an objective way to evaluate patient's symptoms and their response to treatment. Cure of stress urinary incontinence (SUI) was defined no loss of urine upon physical exercise. The procedure was done under general or regional anaesthesia. 14 (13%) of the patients had undergone previous incontinence operation.

Results

There were no immediate major postoperative complications, 2 patients (1.8 %) had persistent post operative urinary retention treated successfully with replacement of the tape. 1 patient (0.93%) experienced transient mild bladder dysfunction resolved completely with 24 hours catheterisation. 50/61(82 %) patients who had TVT-O only discharged home within 24 hours of the operation. At 4 months follow up 87 patients (81.3 %) reported complete cure from the genuine stress incontinence ,20 patients (18.7 %) has shown improvement from severe to moderate or from moderate to mild on the KHQ , none of the patients had worsening of their symptoms. Of the 14 patients with previous incontinence surgery 13 had been cured whilst one had improved. All four patients who had undergone 2 or more previous anti-incontinence procedures had been cured.

Interpretation of results

We think that our low rate of thigh pain could be secondary to our modified technique of using skin adhesive (glue) to the thigh wounds instead of suturing and cutting the tape below the skin so that it retracts into the thigh muscle. 4.7 % in our study compared with 15.9 % - 17% quoted in the literature. Our low incidence (1.8% versus 2.8%(1)) of acute urinary retention was achieved by ensuring tension free application of the tape by holding the central part of the tape by a Babcock forceps (about 1 cm) while pulling off the plastic sheath and cutting the excess tape. Further Prospective Randomised studies are recommended to confirm the above. None of patients who had previous incontinence surgery (14 patients) experienced thigh pain, dyspareunia or UTI. 2/14 has had De Novo detrusor instability (DI)

Concluding message

TVT-O provides a minimally invasive treatment alternative to invasive surgical treatments with good compliance over a long term period with short hospital stay, quick recovery, few complications and proven good patients satisfaction. TVT-O is often successful as a second or third anti incontinence surgery with low complications rate but probably higher incidence of De Novo detrusor overactivity. An interesting observation was the finding of low incidence of thigh pain which is due to slight alteration to our surgical technique without compromising the cure rate (81.3%) of SUI. Thus coupling TVT-O with thigh pain is probably a myth rather than a fact.

References

1. De Leval J. Novel surgical technique for the treatment of female stress urinary incontinence: Transobturator vaginal tape inside-out. J European urology 44 (2003) 724-730
2. Ching-Liang Feng, Hung-Yen Chin and Kuo-Hwa Wang . Transobturator vaginal tape inside out procedure for stress urinary incontinence: results of 102 patients

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Is this a clinical trial?

No

What were the subjects in the study?

NONE
