

1191

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CLINICAL AUDIT OF TVT SECUR IN THE MANAGEMENT OF PATIENTS WITH URODYNAMIC PROVEN STRESS INCONTINENCE- IS IT REALLY SECURE?

Hypothesis / aims of study

Tension Free Vaginal tape has been established as the treatment of choice in patients with stress urinary incontinence and endorsed by the National Institute of Clinical Excellence (NICE) in the United Kingdom. More recently the single incision suburethral short tape has been developed to reduce complications that were traditionally associated with the TVT procedure without compromise to the clinical outcome. NICE IPG 262 is the document issued to clinicians in the United Kingdom surrounding the use of such new technology and the need to audit these new procedures in clinical practice. In our hospital we have always used TVT to treat stress incontinence but we felt that introduction of this new procedure potentially could benefit our patients as it can be performed as a day case with either local anaesthesia or a short general anaesthesia with much more reduced complications and reduction of cost to our hospital.

The aim of our audit was to assess whether TVT secur (gynaecare) was as effective as TVT (gynaecare) in the management of our patients with stress urinary incontinence in our hospital

Study design, materials and methods

Introduction of this new treatment option was first registered with our clinical governance department in accordance with NICE. All patients waiting for TVT gynaecare were offered TVT secur and informed consent taken. All patients had urodynamic studies performed and bladder diaries and QOL questionnaire filled pre and post surgery. The audit was carried out between 2007 and 2009. Surgery was performed by two surgeons

Results

37 patients had TVT secur performed during this audit period. 54% of patients had stress urinary incontinence with 46% having a mixed picture of both stress and urge incontinence. 21% of patients also had concomitant pelvic floor repair for treatment of pelvic organ prolapse. There was only one operative complication of bladder injury and one button hole of vagina. All patients having TVT secur only voided spontaneously and were allowed home the same day. No patients having had concomitant pelvic floor surgery had voiding problems.

At six weeks follow up, 68% with stress incontinence were reported as dry whilst patients with mixed incontinence were 70% dry

Interpretation of results

Our audit has shown that TVT secur can be performed as day case surgery with very low complications and no voiding dysfunction.

However when compared with TVT performed in our unit subjective success (89%) was significantly better than TVT secur, although complication with TVT (5%) were higher than TVT secur. In patients with mixed incontinence, TVT was found to improve stress incontinence in 75% which is comparable to TVT secur

Concluding message

TVT secur in our audit has been shown to be safe with very low complication rates and voiding problems. It can be safely performed as day case. However long term results in our unit has shown that patients with stress incontinence only are better managed with TVT rather than TVT secur. We now offer patients with stress incontinence the TVT whilst patients with mixed incontinence can have either TVT or TVT secur

<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>	This was not required as established procedure with registration with clinical governance unit
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes