

## TREATMENT WITH PERCUTANEOUS VAGINAL TAPE SURGERY OF STRESS URINARY INCONTINENCE: IS IT THAT EFFECTIVE ENOUGH TO CHANGE THE ALGORITHM?

### Hypothesis / aims of study

Percutaneous vaginal tape surgery is a cheap and effective choice among stress urinary incontinence surgeries. It is aimed to evaluate the characteristics and the treatment results of patients who underwent percutaneous vaginal tape surgery in this study.

### Study design, materials and methods

The clinical characteristics of 48 patients who underwent percutaneous vaginal tape surgery between May 2003 and August 2008 were retrospectively investigated. We inserted prolene mesh on to the central urethral region, under spinal anesthesia. Additional surgical interventions such as cystocele repair and rectocele repair had administered simultaneously to PVT, if required. The patients were asked about ability to hold urine and quality of life during clinical check-ups and by telephone.

### Results

Characteristics of patients, whose mean of age is  $51.17 \pm 9.96$ , are shown in Table 1. The average Q tip test for all patients was  $40^\circ$  ( $10^\circ$  - $60^\circ$ ). The average cystometric capacity was  $445 \pm 107.08$  ml and average Q max values before and after the operation were  $31.10 \pm 11.38$  ml/s and  $23.20 \pm 14.27$  ml/s ( $p=0.23$ ). Average valsalva leak point pressure was  $77.28 \pm 31.68$  cmH<sub>2</sub>O. Parameters related to surgical treatment are shown in Table 2. The average duration of operation was  $27.5 \pm 6.68$  minutes. The general patient results after an average of over six months were 79.2% cure, 18.75% improvement and 2.05% unsuccessful. Of the 19 patients who remained for monitoring, after an average 58.4 month follow-up 16 (84.2%) patients fully cure, and 3 (15.8%) reported renewal of complaints after initial improvement.

### Interpretation of results

This results showed that the short term results of patients with full recovery may be better than long term results, and it is considered that at least 24 months duration of follow-up period is needed for making a final conclusion about recovery.

### Concluding message

Currently, application simplicity, short and medium-term successful results, and acceptable low complication rates make percutaneous vaginal tape surgery is a good treatment alternative that can be chosen for stress urinary incontinence cases.

**Table 1:** General characteristics of patients

Age	$51.17 \pm 9.96$
Parity	$5.2 \pm 2.58$
NSVD	$3.08 \pm 1.49$
Valsalva leak point pressure (cmH <sub>2</sub> O)	$77.28 \pm 31.68$
Body mass index (kg/m <sup>2</sup> )	$28.44^0 \pm 4.08$
Q tip test	$36.25 \pm 15.96$
Mixed urinary incontinence	33 (68.8%)
Stress urinary incontinence	15 (31.2%)

**Table 2:** General information related to surgical treatment

		N (%)
Additional surgical treatment	Cystocele repair	1
	Rectocele repair	3
	Cystocele repair + Rectocele repair	1
	Cystocele repair + Rectocele repair + Hysterectomy	1
Complications	Retention	3 (6.25%)
	De nova urge syndrome	6 (12.5%)
	Vaginal erosion	2 (4.2%)
	Dyspareunia	1 (2.1%)
Results	Cure	38 (79.2%)
	Improvement	9 (18.75%)
	Left Follow-up	1 (2.05%)

### Disclosures

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