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<b>Title (type in CAPITAL LETTERS)</b>	<b>TVT – TENSIONFREE VAGINAL TAPE FOR SURGICAL TREATMENT OF UNCOMPLICATED AND COMPLICATED STRESS URINARY INCONTINENCE IN WOMEN</b>

**Objective**

To study the curative effect of TVT in patients with genuine stress incontinence with mixed incontinence, with incontinence due to urethral sphincter deficiency and in women after previous failed surgery.

**Study design**

A prospective open study using a standard protocol for pre- and postoperative evaluation.

**Material and methods****Patients:**

Group A: 55 women with genuine stress incontinence not operated upon before.

Age:  $53 \pm 1.6$ , parity  $2.3 \pm 1.0$

Group B: 80 patients with mixed incontinence. Age  $57 \pm 1.8$ , parity  $2.5 \pm 1.0$

Group C: 35 patients in whom traditional surgery for stress incontinence had failed. Age  $61 \pm 1.9$ , parity  $2.0 \pm 1.0$

Group D: 24 patients with urethral sphincter deficiency, i.e. resting urethral pressure

$< 20$  cm H<sub>2</sub>O. Age  $66 \pm 1.6$ , parity  $1.5 \pm 0.5$

Preoperatively all patients underwent urodynamic investigations, 24 hour pad test and stress provocation test. In addition a quality of life evaluation was also performed. Postoperative evaluations were done after 6-12, 24, 36 and 48 months.

The TVT procedure was performed under local anaesthesia according to the originally described technique. Using a specific needle instrument (MedScand, Sweden) a prolene mesh (Ethicon) was located transvaginally around mid-urethra.

**Results**

In group A 49 patients out of 55 (89%) were cured, i.e. continent, in 6 patients (11%) the operation failed. In group B 69 out of 80 patients, i.e. 86% were completely cured, 4 patients (5%) significantly improved, whereas 7 women were considered as failures. In group C 29 out of 35 patients, i.e. 82% were completely cured. 4 patients (11%) were significantly improved and in 2 patients (6%) the operation failed. In group D 20 out of 24 patients (83%) were cured, whereas in 4 patients (17%) the operation failed.

No tape rejection or defect healing occurred. 80% of all patients were able to micturate more or less directly after the procedure and were released from hospital the same day or in the morning the day after surgery. In 20% short term incomplete postoperative voiding occurred requiring catheter treatment for 2-11 days. There was no long-term urinary retention. Uneventful bladder perforation occurred in 4 patients (2%).

**Conclusion**

TVT seems to be an effective procedure for surgical treatment of uncomplicated and complicated urinary incontinence in women.