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Title (type in CAPITAL LETTERS)	TENSION FREE VAGINAL TAPE (TVT) FOR THE TREATMENT OF STRESS URINARY INCONTINENCE: THE INITIAL NORTH AMERICAN EXPERIENCE

Aims of Study: Tension-free vaginal tape has been used extensively over the last 5 years in Europe as a minimally invasive technique for surgical correction of urinary incontinence. It has only recently been introduced in the United States. The aims of this study is to report the initial American experience consisting of data collected from 5 medical centers nationwide specializing in the treatment of female urinary incontinence.

Methods: Patients undergoing the tension-free vaginal tape (TVT) sling procedure during a six-month study period were identified. A retrospective review of the office and hospital chart was performed to collect demographic data, intraoperative details, and postoperative information. All patients had preoperative urodynamic testing confirming genuine stress incontinence (GSI). Concurrent pelvic repairs were performed as indicated at the time of surgery. Postoperatively, the Foley catheter was removed and a voiding trial was initiated in all patients less than 24 hours following surgery. To assess clinical outcomes, patients were evaluated with a postoperative cough stress test, physical examination, and pre-/postoperative standardized short form UDI/IIQ quality of life (QOL) questionnaire at routinely scheduled followup visits.

Results: Ninety five women with a mean age of 62 yrs. (Range 35-93 yrs.) underwent TVT during the six-month study period. All patients had GSI: 58 (61%) with urethral hypermobility, 18 (19%) with intrinsic sphincter deficiency, and 19 (20%) with a combination of the two. Preoperatively, 19 patients (20%) had recurrent incontinence following a previous anti-incontinence procedure, and 25 patients (26%) had coexisting overactive bladder symptoms.

All patients underwent the TVT procedure as described by Ulsten et al. (1) Of the 95 cases, 63 were performed under local anesthesia with intravenous sedation, 25 under general anesthesia, and 7 under epidural. 53 women (56%) underwent concurrent vaginal surgery. Average operative time for the TVT portion of the surgery was 28 minutes (Range 18-43 mins.) Intraoperative complications included 7 bladder perforations, and 1 anterior vaginal wall laceration. Postoperatively, the average time to resumption of normal voiding was 14 hrs. (Range 3 hrs.-8 days). All patients with voiding dysfunction beyond 24 hr. postoperatively had undergone complicated concurrent vaginal surgery. Postoperative complications included 3 hematomas and 3 urinary tract infections. Average length of hospital stay was 1.3 days (Range 0-5 days).

Postoperatively, all patients (100%) reported complete resolution of their GSI on average short-term followup of 3.4 mos. (Range 1-6 mos.) Four (4%) patients complained of postoperative urinary urgency/frequency. There were no significant postoperative complications. All patients revealed marked improvement in their QOL questionnaires consistent with resolution of their urinary incontinence.

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Conclusion: Tension-Free Vaginal Tape is a safe and effective minimally invasive technique for the surgical correction of stress urinary incontinence. Initial results are encouraging and consistent with the European data previously published. Long-term clinical trials regarding surgical outcomes are currently in progress.

(1) Ulmsten U, Falconer C, Johnson P, et al. A multicenter study of Tension-Free Vaginal Tape (TVT) for surgical treatment of stress urinary incontinence. *Int Urogynecol J* 1998; 9: 210-3.