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Title	TENSION FREE VAGINAL TAPE (TVT) PROCEDURE: THE SHORT TERM RESULTS IN THREE AMERICAN CENTERS.

Aims of Study: The TVT procedure uses Prolene® mesh tape placed around the midurethra through a small vaginal incision to accomplish repair similar to fascial sling. It is performed under local anesthesia on an outpatient basis. The continence rates in European experience are comparable to the fascial sling procedures¹. In this study we present the preliminary results of the first American experience.

Methods: Since July 1998 52 patients (mean age 62.3 years) underwent TVT procedure as a part of a multicenter study for stress urinary incontinence (SUI). Patients were evaluated prospectively with history, urodynamic studies (UDS), perioperative records and postoperative visits at 3 weeks and 2 months. SUI was evaluated with type and grade (0 to III).

Results: The grade of incontinence prior and after procedure is summarized in Table 1. Twenty-four patients (46%) had symptoms of detrusor instability. This was confirmed in twelve (23%) with UDS. The mean Valsalva leak point pressure was 66.1 (range 5 to 100). Twenty-nine patients (55.8%) had previous pelvic surgery. All but one patient were operated under local anesthesia with intravenous (IV) sedation. The mean surgical time was 38.8 minutes (range 21 – 95). The complications related to surgery in 29% of patients included perforated bladder in 12, bleeding in 2, retained plastic sheet and vaginal wound dehiscence. Four patients developed UTI postoperatively. Ten patients (19.2%) required overnight urethral catheterization and ten patients required hospitalization (mean hospital stay was 0.19 days). In one outpatient urethral catheter remained for 5 days. One postoperative urinary retention developed. All 30 from 35 patients available for 2 months follow-up visit were considered cured, three improved and 2 failed. The urge incontinence persisted in 9 patients at 3 weeks and disappeared in another 2 at two months. Only 2 de-novo urge incontinence was noted.

Table 1: Stress incontinence before and after TVT procedure

	Preoperative	F/U at 3 weeks	F/U at 2 months
SUI grade 0	-	45 (86%)	30 (86%)
SUI grade I	10 (19%)	4 (8 %)	3 (8%)
SUI grade II	32 (44%)	-	1 (3%)
SUI grade III	19 (37%)	3 (6 %)	1 (3%)

Conclusions: The TVT sling is a successful procedure in the short term for stress urinary incontinence and is associated with low complication rate. The procedure can be performed on an outpatient basis under local anesthesia with IV sedation. Most patients do not require urinary diversion postoperatively. Considering these preliminary findings and long term European data of 3 years experience with continence rate averaging 85%, the TVT may prove to be the procedure of choice for stress urinary incontinence for most women.

Reference:

1. Ulmsten U, Henriksson L, Johnson P, Varhos G: An ambulatory surgical procedure under local anesthesia for treatment of female urinary incontinence. *Int Urogynecol J* 7: 81-86, 1996