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## Abstract Reproduction Form B-1

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Title (type in CAPITAL LETTERS)	TRANS VAGINAL TAPE (TVT) vs CLASSICAL SURGICAL TECHNIQUES FOR CORRECTION OF URINARY STRESS INCONTINENCE: EFFECTS ON THE MECHANICAL FUNCTION OF URETHRA AND DETRUSOR

**Aims of study :** To compare the effects of classical operations for the correction of urinary stress incontinence (Burch, Cukier, Bologna) with those of the new ambulatory surgical method TVT on urethral mechanics and detrusor contraction.

**Methods :** Forty five female patients with urinary stress incontinence had urogynaecological examination and urodynamic tests before surgery and repeated examination and tests after (Table 1) :

Technique	N	mean age (years)	mean follow-up (months)	previous surgery
BURCH	11	56.5 [39-72]	36 [12-53]	4
CUKIER	6	50.7 [38-77]	9 [3-36]	6
BOLOGNA	9	70.3 [62-74]	17 [7-26]	1
TVT	19	53.0 [33-73]	1 [1-2]	10

Patients in the Bologna sub-group were elderly and had large cystocele (grade III) associated with uterine prolapse and/or rectocele of varying degrees.

All the free uroflow curves were studied using a computerized micturition model [1] in order to estimate an obstruction coefficient  $g$  (urethral mechanics) and to calculate a parameter of detrusor efficiency (F40).

**Abstract Reproduction Form B-2**

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**Results :** Obstruction increased after Cukier, Burch and TVT operations. Cukier technique was the more obstructive. Burch and TVT techniques increased slightly the obstruction with a tendency to restore a normal value of the obstruction coefficient g. Bologna operation (performed in case of large cystocele) had no incidence on the obstruction. During the follow-up after surgery, no meaningful evolution of G value was observed.

All the operations led to an important decrease of the parameter F40 (Cukier 57.2%, Burch 54.5%, TVT 47.6%, Bologna 33.3% of the patients), but only TVT (23.8%) and Bologna (33.3%) had led to an increase in some subjects. A great delay (> 24 months) was necessary to observe a slight re-increase.

**Conclusion:** Comparison of surgical techniques for the correction of urinary stress incontinence in terms of urethral mechanics and detrusor efficiency shows that TVT (for women without large cystocele), in addition to the easiness to perform, has the merit first to minimize the additive obstruction (as the Burch technique) and second to preserve better the detrusor efficiency at short follow-up.

[1] Ann Réadapt Méd Phys :32 1-10; Prog. Urol: April 1999