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Title (type in
CAPITAL
LETTERS)EFFICACY OF TVT PROCEDURE IN MANAGEMENT OF
FEMALE STRESS URINARY INCONTINENCE DUE TO
INTRINSIC SPHINCTERIC DEFICIENCY

Aims of the study : The purpose to this study was to evaluate the efficacy of Tension free Vaginal Tape (TVT) procedure in women with stress urinary incontinence (SUI) due to intrinsic sphincter deficiency (ISD).

Methods : Between March 1997 and May 1998, 36 women (mean age : 59 yrs, range 33 - 79), with clinical diagnosis of SUI and urodynamically verified ISD (mean MUCP -maximal urethral closure pressure- 20 cm H₂O , range 5 - 30) underwent TVT procedure (Ulmsten operation [1]). Fifteen (41,6%) patients had recurrent stress incontinence after previous surgery. Seventeen of 36 (47,2%) experienced mixed incontinence The procedure was performed under local anesthesia in 3 cases, epidural anesthesia in 26 cases and general anesthesia in 7 cases. Twelve of 36 had concomittant vaginal or laparoscopic surgery. Post operative evaluation included subjective patient questionnaire, quality of life questionnaire, pad testing, testing of voiding function and examination of sub-urethral incision.

Results : The mean operating time for the 24 patients who underwent only TVT procedure was 30 minutes. We reported only one operative complication : a bladder perforation treated by simple bladder drainage during 5 days.

At a mean follow-up time of 14,2 months (range : 9-22), pad testing and subjective questionnaire confirmed continence (patients completely dry) in 27 patients (75%), 2 patients were markedly improved, 2 patients had persistant SUI and 4 patients were cured for SUI but had persistant urge incontinence. One patient had de novo detrusor instability. No patient had urinary retention. Nevertheless, about 30% of the patients had significant reduction in maximum flow rate with an increased total voiding time but none required prolonged catheterization or removal of sling.

Conclusions : TVT procedure seems safe, easy to perform, reproducible and very effective even in patients with surgical risk factors such as sphincter deficiency or prior incontinence surgery. According to Petros, urge incontinence is also improved in about 75% [2].

References :

1 - Ulmsten U, Petros P | Intravaginal slingplasty : an ambulatory surgical procedure for treatment of female urinary incontinence. Scand J Urol Nephrol, 1995, 29 : 75 - 82

2 - Petros P : New ambulatory surgical methods using an anatomical classification of urinary dysfunction improve stress, urge and abnormal emptying. Int Urogynecol J, 1997, 8 : 270 - 78