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Institution City Country	Dep. Obstetrics & Gynecology of the St. Elisabeth Hospital, Tilburg, and the West Fries Gasthuis, Hoorn, Netherlands
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Title (type in CAPITAL LETTERS)	FIRST RESULTS OF THE TENSION FREE VAGINAL TAPE PROCEDURE FOR STRESS URINARY INCONTINENCE IN THE NETHERLANDS

Aims of Study.

This study evaluates the results of the first Tension free Vaginal Tape (TVT) procedures for the treatment of female stress urinary incontinence in The Netherlands.

Methods.

Included were 33 women with a history of stress urinary incontinence (SUI) and undergoing the TVT surgical procedure.

An extensive urogynecological history was carried out. All women experienced incontinence daily and 22 used sanitary pads every day. In 5 women the history also revealed signs of urgency and/or urge incontinence.

Furthermore, data were collected about the obstetric history, general history and medication. The mean age at the time of surgery was 52 years. There were no nulliparous women and 15 women were postmenopausal. 7 women had a previous hysterectomy, 1 woman a vaginal prolaps plasty and another woman a colposuspension.

All women showed incontinence at coughing during the standard urogynecological (physical) examination. A urodynamic investigation according to ICS standards was performed pre-operatively in 26 women, of whom 23 showed genuine stress incontinence and 3 women had detrusor instabilities besides stress incontinence. All women had a normal expulsion function (residual urine of less than 100 ml, mean maximum flow rate of 27 ml/sec).

Women were operated in two different hospitals and according to the method described by Ulmsten et al.(1). The surgical procedure was carried out under local anesthesia with conscious sedation and prophylactic antibiotics.

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Evaluation was done postoperatively after 1, 4 and 7 months by informing about urinary symptoms and urogynecological examination.

Results.

Complete resolution of the incontinence after 1 month was observed in 31 women (93%), one woman improved and one woman remained incontinent. After 4 months 22 were available for assessment: 18 were continent (82%), 3 improved and the same woman remained unchanged incontinent. After 7 months 14 women were assessable of whom 12 were continent (86%), 1 improved and the same woman remained unchanged incontinent.

Postoperatively a normal micturition pattern occurred in 30 women after 1 to 4 voids. Three women required bladder drainage for 24 hours.

Voiding difficulty was seen after 1 month in 5 women and after 7 months in 2 women. Abnormal residual urine (>100 ml) was observed in 2 women after 1 month and in 1 woman after 7 months.

The mean duration of surgery was 34 minutes (range 20 - 70 minutes). A bleeding of more than 100 ml (but less than 300 ml) occurred in 2 women. No other complications occurred.

Conclusions.

Despite the relatively short follow-up period, these initial results look very promising and are in accordance to the results of Ulmsten et al. (1). Tension free Vaginal Tape is an efficient, ambulatory, surgical method for the treatment of stress urinary incontinence with comparable results to the Burch colposuspension. Results of more women and with a longer follow-up period will be presented at the conference.

References.

- (1) An ambulatory surgical procedure under local anesthesia for treatment of female urinary incontinence. *Int Urogynecology J* 1996;7:81-86.