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Title (type in CAPITAL LETTERS)	MINIMAL OR MICROINVASIVE SURGERY IN THE TREATMENT OF FEMALE STRESS URINARY INCONTINENCE

**Introduction.** The characteristic of the most recently introduced surgical treatment of female stress urinary incontinence, tension-free vaginal tape (TVT), is its microinvasiveness. The most common etiopathogenic cause of female stress urinary incontinence is hypermobility of the bladder neck due to weakened pelvic floor muscles. The TVT surgery consists of implanting the prolene tape that replaces the role of pubourethral ligaments and forms a firm support to the mid-urethra.

**Aims of Study.** To compare the outcomes of treatment achieved by extraperitoneal endoscopic Burch colposuspension used until now, and the microinvasive TVT procedure, and to evaluate the advantages of each method.

**Patients and methods.** At the Department of Obstetrics and Gynecology in Ljubljana endoscopic Burch colposuspension was done in 15 and TVT in 60 patients with stress urinary incontinence between 1997 and 1999. In all the patients the diagnostic procedure was the same following the protocol used at our Department. From among the patients with proved stress urinary incontinence, those with a more severe degree of vaginal and/or uterine prolapse were excluded. The surgical treatment was decided on in the patients with hypermobile bladder neck, found on perineal ultrasound examination.

**Results.** On discharge all the patients were continent. Four months after the operation the efficient outcome of treatment was found in 91% of patients who had underwent endoscopic Burch colposuspension and in 97% of patients after TVT. The evaluation was done using pad tests and multi-channel urodynamic tests. The comparison between the two groups involved the mode of anaesthesia, mean duration of operation, intra- and post-operative complications and duration of hospital stay.

**Conclusions.** Both surgical procedures provide high cure rates in patients with stress urinary incontinence both on discharge and four months after, the cure rate following TVT being higher. Considering the mode of anaesthesia, mean duration of operation, and postoperative complications and duration of hospital stay, the TVT procedure has proved to be advantageous over the endoscopic Burch colposuspension. The latter, however, causes significantly less intraoperative complications. The TVT is undoubtedly a microinvasive procedure, especially if considering rationalization of surgical work. The TVT is a simple and safe procedure. The analysis of results five years after treatment will show whether the procedure is to become a routine mode of treatment of female stress urinary incontinence.