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A MODIFIED TENSION-FREE VAGINAL TAPE PROCEDURE

**AIMS OF THE STUDY**

To demonstrate a modified approach to the tension-free vaginal tape procedure originally described by Ulmstein (1) in the management of female stress incontinence.

**METHOD**

The procedure is performed under local or regional anaesthesia with the patient awake and in the lithotomy position. A 1cm vertical incision is made beneath the external urethral meatus. Dissection is made alongside the urethra and through the endopelvic fascia (as if for a Raz procedure) to allow easier passage of the needles than originally described. Needles are then passed along the dissected tracts. Subsequent cystoscopy is performed to ensure that the needles have not penetrated the bladder. The passage of the needles is then completed with the polythene covered tape attached to minimise the number of steps and endoscopic procedures. Once the tape is in place 300cc of water are instilled into the bladder. The patient is then asked to cough to assess the degree of incontinence. The tape can then be adjusted to provide continence but without the need for tension. Once continent the plastic sleeves are removed and the prolene tape cut flush with the abdominal skin.

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### Abstract Reproduction Form B-2

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**RESULTS**

The total number of steps in the procedure have been reduced and with it the total length of operating time. Certain aspects of the procedure have been simplified. The endopelvic dissection for example allows for an easier passage of the needles than originally described and is an oft-cited difficulty of the existing procedure.

**CONCLUSION**

Our modified surgical approach for tension-free vaginal tape insertion reduces operating time and simplifies certain aspects of the procedure which have caused difficulties. We believe it will encourage its wider use as a minimally invasive approach in the management of female stress incontinence.

**REFERENCES**

1. Ulmstein et al. International Urogynaecology Journal. 7(2): 81-5