

Category No.

8

Video
Demonstration

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Title (type in
CAPITAL
LETTERS)TENSION-FREE VAGINAL TAPE IN THE MANAGEMENT
OF GENUINE STRESS INCONTINENCE**AIMS OF THE STUDY**

To assess the outcome of the tension-free vaginal tape procedure in the management of female stress incontinence.

METHODS

Twenty patients underwent a modified tension-free vaginal tape procedure. All patients were assessed by videourodynamics pre-operatively. The procedure was performed under local or regional anaesthesia with the patient awake and in the lithotomy position. A 1cm incision was made inferior to the urethral meatus. Dissection was made alongside the urethra and through the endopelvic fascia (as if for a Raz procedure) to allow easy passage of the needles. Needles were then passed along the dissected tracts. Subsequent cystoscopy was performed to ensure that the needles had not penetrated the bladder. The passage of the needles was then completed with the polythene covered tape attached. Once the tape was in place 300cc of water was instilled into the bladder. The patient was then asked to cough to assess the degree of incontinence 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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RESULTS

All patients were assessed per-operatively and again following insertion of the vaginal tape.

All remained dry during the stress manoeuvre. Long-term follow-up ranging from 3-18 months was subsequently arranged. Residual symptoms were assessed with urodynamics.

CONCLUSION

Tension-free vaginal tape represents a minimally invasive technique in the management of female stress incontinence. It can be performed under local or regional anaesthesia. It appears to have a good success rate especially amongst those who have previously failed surgical intervention.