

D. Gordon, A. Groutz, R.S.Gold, I. Wolman, D. Pausner, J.B. Lessing

Lis Maternity Hospital, Sackler Faculty of Medicine, Tel Aviv, Israel

### **Tension-Free Vaginal Tape for Stress Urinary Incontinence: Is There a Learning Curve?**

**Aims of study:** Morbidity and costs associated with traditional surgical interventions for stress urinary incontinence (SUI) has recently revived clinical interest in less invasive techniques. The present study was conducted to assess the learning curve characteristics of the first 30 tension-free vaginal tape (TVT) procedures carried out in our Medical Center, and to evaluate the safety and short-term effectiveness of the procedure.

**Methods:** A total of 30 incontinent women with urodynamically proven SUI were enrolled. None had undergone any previous anti-incontinence procedure. All patients were operated on by one surgeon, in accordance with the technique originally described by Ulmsten et al. in 1996. The mean follow-up period was  $11.4 \pm 3.6$  months (range: 5-17).

**Results:** Five (17%) bladder perforations occurred at the very beginning of the study, due to inadvertent insertion of the applicator. All were identified during routine intraoperative cystoscopy. Five other patients (17%) had increased intraoperative bleeding (>200 mL) necessitating vaginal tamponades. Blood transfusions were not required for any of the patients. Eight (27%) patients had immediate postoperative voiding difficulties, necessitating catheterization for 2-10 days, but none needed long-term catheterization. No evidence of local infection or rejection of the prolene tape was found. All patients were subjectively cured of their stress incontinence, however, urodynamic evaluation revealed "asymptomatic genuine stress incontinence" in one patient. Of 21 patients with preoperative concomitant urge syndrome, 16 (80%) had persisting symptoms after surgery. None of the patients developed *de-novo* urge incontinence.

**Conclusion:** The TVT operation is a new, minimally invasive surgical procedure with excellent short- and medium-term cure rates. However, there is a definite learning curve and we feel that the operation should only be performed by experienced urogynecologists.