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#### VAGINAL OPERATIONS IN CONNECTION WITH TENSION FREE VAGINAL TAPE (TVT) PROCEDURE

**Aims of Study:** To evaluate the suitability of the TVT procedure and concomitant vaginal operations.

**Methods:** Thirty-three women, mean age 53 years (range 38-79 yrs) operated on for urinary incontinence and vaginal prolapse in Turku University Hospital during 1997-1999 were retrospectively evaluated. Their mean BMI was 26.5 (21-34) and mean parity was 2.5 (0-7). Previous gynecological operations have been performed in 48% (n=16) of the patients. Three patients had undergone an operation for stress urinary incontinence (SUI). Fourteen patients (42%) suffered from urodynamically verified mixed urinary incontinence. Subjective incontinence symptoms and degree of disability was evaluated with diagnostic questionnaires preoperatively and at the follow-up visit two months after operation.

**Results:** Vaginal hysterectomy with or without vaginal repair was the most commonly performed concomitant procedure in 17 patients (52%). Six patients (18%) underwent sacrospinous fixation to correct vaginal vault prolapse and ten patients underwent anterior and/or posterior colporrhaphy (30%). The mean time for operation was 90 min (45-180 min) of which TVT consisted of 27 min (15-60 min). Mean blood loss was 145 ml (20-600 ml). All patients had a transurethral catheter until next morning. On the first postoperative day a mean residual volume was 322 ml (5-900 ml) and on the second day 176 ml (10-700 ml). The duration of hospital stay was approximately six days (2-9 days). Before

discharge from hospital residual volume was under 100 ml in all patients. Cholinergic medication (Ubreid®) to facilitate bladder emptying was administered in 45% of patients during their stay in hospital.

No major complication occurred. No reoperation or readmission was needed. One bladder perforation was observed during the TVT procedure and the sling was replaced more laterally. Further convalescence of this patient was uneventful. Postoperative infection during hospital stay or before follow-up visit was diagnosed and treated with peroral antibiotics in 12 patients (36%): lower urinary tract infection in seven, fever of unknown origin in three, and vaginal cuff infection in two patients.

Patients' subjectively assessed degree of disability because of incontinence was mean 51% (10-90%) preoperatively and 2% (0-30%) two months after operation. Thirty-one of the patients (94%) were free of any symptoms of urinary incontinence and two patients suffered from severe pollacisuria with urgency.

**Conclusions:** Concomitant vaginal operations with TVT procedure seemed to prolong the restoration of spontaneous micturition, which may affect the incidence of lower urinary tract infection. Any other problems related to surgery were not directly attributable to connection of additional vaginal procedures with TVT operation. Women with SUI often have a need for other gynecological operation. When subsequent operations are avoided surgical treatment can be considered as cost-effective both for patient and society.