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Title (type in CAPITAL LETTERS, leave one blank line before the text) <b>COMPARATIVE RESULTS OF ISOLATED TVT VERSUS PROLAPSE CURE ASSOCIATED TVT : 171 CASES WITH ONE TO THREE YEARS FOLLOW-UP</b>	
<p><b>Aims of the study</b> Tension free vaginal tape (TVT) is a relatively new technique of stress urinary incontinence cure. Some medium term follow-up results are available (1,2,3) To our knowledge, there are no data about results of TVT associated with prolapse cure, because these cases were excluded from scandinavian studies. The aims of the study was to compare per and post operative complications and results of TVT whether isolated (in case of stress or mixed incontinence without significant prolapse) or associated with pelvic organ prolapse cure.</p> <p><b>Methods</b> A continuous series of 187 patients was operated on with TVT under spinal anesthesia during 1997 and 1998. One hundred and seventy one were available for one to three years of follow-up. A strict pre operative protocol including history, clinical examination, urodynamic evaluation, perineal ultrasound, one hour pad test and quality of life questionnaire was performed and repeated each next year of follow-up.</p> <p><b>Results.</b> Pre and post operative complications are very similar (Table I) but prolapse cure induce micturition difficulties . 28 patients (32 %) versus 5 (5,8 %) needed post operative clean self-catheterisations. Results are summarized in Table II · stress urinary incontinence is cured in about 90 % of each group, urge incontinence in case of mixed incontinence was cured in about 60 % of each group (with 2 cases in each group of "de novo" overactive bladder) frequency-urgency syndrom was cured in 65 % of isolated TVT and in 54 % of associated TVT patients. The comparison of voiding disorders is more difficult . the prolapse correction cured 60 % of pre operative micturition difficulties, but associated TVT induced 3 "de novo" voiding disorders among 46 prolapse (6,5 %), while isolated TVT induce 4 "de novo" voiding disorders among 77 without prolapse patients (5,2 %).</p>	

	Isolated T.V.T. n = 85	Associated T.V.T. n = 86	Global results n = 171
<b>Bladder injury</b>	7	6	13 (7,6 %)
<b>Bleeding &gt; 300 ml</b>	3	1	4 (2,3 %)
<b>Hematoma</b>	1	4	5 (3,8 %)
<b>Urinary tract infections</b>	6	6	12 (7,0 %)
<b>Pain</b>	2	2	4 (2,3 %)
<b>Intolerance</b>	0	0	0
<b>Catheteris. Number*</b>	2 (0-10)	6 (0-26)	8 (0-26)
<b>Self catheteris duration</b>			
< 7 d	4	12	16 (9,3 %)
7-14 d	0	8	8 (4,6 %)
> 14 d	1	8	9 (5,2 %)

\* number of catheterisations before 2 residuals < 100 ml, beginning on Day + 1 if isolated and Day + 2 if associated

**Table I -Per and post operative complications of patients operated on during 1997 and 1998 : 171 patients controlled**

	Isolated T.V.T.		Associated T.V.T.		Global results	
<b>Stress incontinence</b>	n = 85	(%)	n = 71	(%)	n = 156	(%)
- cured	75	(88,2)	64	(90,1)	139	(89,1)
- improved	10	(11,8)	5	(7,0)	15	(9,6)
- identical	0		2	(2,8)	2	(1,3)
- worse	0		0		0	
- <i>de novo</i>	0		0		0	
<b>Mixed incontinence</b>	n = 31	%	n = 38	%	n = 69	%
- cured	19	(61,3)	22	(57,9)	41	(59,4)
- improved	2	(6,4)	4	(10,5)	6	(8,7)
- identical	9	(29,0)	11	(28,9)	20	(29,0)
- worse	1	(3,2)	1	(2,6)	2	(2,9)
- <i>de novo</i>	2	(3,7)	2	(6,0)	4	(4,6)
	(n = 54)		(n = 33)		(n = 87)	
<b>Frequency - urgency</b>	n = 43	%	n = 50	%	n = 93	%
- cured	28	(65,1)	27	(54,0)	55	(59,1)
- improved	2	(6,4)	10	(20,0)	12	(12,9)
- identical	13	(30,2)	11	(22,0)	24	(25,8)
- worse	0		2	(4,0)	2	(2,1)
- <i>de novo</i>	0		3	(14,3)	3	(4,8)
	(n = 42)		(n = 21)		(n = 63)	
<b>Voiding disorders</b>	n = 8	%	n = 25	%	n = 33	%
- cured	2	(25,0)	15	(60,0)	17	(51,5)
- improved	1	(12,5)	0		1	(3,0)
- identical	3	(37,5)	10	(40,0)	13	(39,4)
- worse	2	(25,0)	0		2	(6,0)
- <i>de novo</i>	4	(5,2)	3	(6,5)	7	(5,7)
	(n = 77)		(n = 46)		(n = 123)	

**Table II : Results from patients operated on during 1997 and 1998 : 187 patients operated, 171 controlled, 156 with clinical preoperative incontinence (15 "prophylactic" T.V.T.)**

**Conclusion :** TVT is as safe and effective when associated to a prolapse cure than when used alone, but the advantage of a normal micturition very fast recovery is partly lost.

**References :**

- 1 – Brit.J Obstet Gynaecol. 1999, **106**:345-350
- 2 – Gynecol.Obstet.Invest 1999, **48**:267-269
- 3 – Aust.N.Z J Obstet Gynaecol 1999,**39**:354-356