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Title: SHORT-TERM RESULTS OF TENSION-FREE VAGINAL TAPE(TVT) PROCEDURE FOR WOMEN WITH STRESS URINARY INCONTINENCE

Aims of Study:

To evaluate the clinical efficacy, safety and satisfaction of patients of a tension free vaginal tape (TVT) operation for the women with stress urinary incontinence to be used as an ambulatory and minimally invasive operation

Methods:

A nonrandomized, prospective study was undertaken in 73 patients with urodynamically proven stress urinary incontinence who have had a TVT procedure performed from June 1999 to May 2000. Preoperatively, patients were evaluated with history taking, physical examination, one hour pad test, full urodynamic testing using double-lumen catheter involved valsalva leak point pressure. Monitoring of anesthesia control(MAC) and local anesthesia were used in 65 patients, while general anesthesia were used in 8. Mean period of follow up was 6.5 ± 0.26 months (range, 3-13). Operation time, hospital stay, catheter indwelling time, peri- or post complications were prospectively recorded. At postoperative 3 months, questionnaire including voiding symptom and subjective satisfaction for the procedure were filled up by the patients.

Results:

Mean age was 53.3 ± 1.20 years (range, 25-79). The urodynamic diagnosis of the 73 women was 19 with genuine stress urinary incontinence, while 32 with intrinsic sphincter deficiency and 22 with equivocal group. 34 women also had combined cystocele. Mean operation time was 33.5 ± 1.40 minutes (range, 12-70) and mean hospital stay 3.2 ± 0.08 days (range, 2-7). Mean indwelling catheterization was 6.4 ± 0.25 hours after surgery. Normal micturition was achieved 3.8 ± 0.27 hours after removal of catheter. Mean amounts of postvoid residuals at discharge was 56.6 ± 7.32 ml (range, 0-250). No defective healing and tape rejection was occurred. No patients had intra or postoperative bladder perforation or bleeding necessitating blood transfusion. Urine leakage observed on the pad test was significantly reduced from a mean of 63 ± 2.15 g (range, 18-245) before to a mean of 5.5 ± 0.75 g (range, 0-45) 3 months after surgery. Of the 73 patients, 73.9% were completely cured and another 20.5% were significantly improved. Complete cure rate was inversely proportional to the Stamey symptom grade and also significantly lower in the patients with ISD (VLPP < 60 cmH₂O). 90.4% of the patients were satisfied with the TVT procedure. Also, 91.8% of the patients would like to recommend TVT procedure to others.

Conclusions:

Despite the short term follow-up period, with the shorter hospital stay and operation time with fewer complications, TVT procedure seems to be a minimally invasive, safe and effective procedure for the correction of stress urinary incontinence.

Key words: Stress urinary incontinence, Tension-free vaginal tape