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**Title:** A MULTI-CENTER ANALYSIS OF THE EFFICACY OF TENSION FREE VAGINAL TAPE (TVT) PROCEDURE IN KOREA

**Aims of study:**

To evaluate the efficacy of all patients who underwent a TVT operation .

Method: Retrospective questionnaires about efficacy of operation as well as complication were sent to seven university hospital in Korea where TVToperations had been actively performed. The informations from 7 hospitals were analyzed.

**Results:**

The total enrolled TVT operation was 511 cases. The mean age was 53.6 years old (range 28-83), 244/259(94.2%) women were multiparous, 15/259(5.8%) women were nulliparous. The grading of SUI was divided into grade I 118/445 (26.5%), grade II 271/445(60.9%) and grade III 56/445(12.6%). The mean follow-up period was 8.7 months(range 1-23 months). Mean operation time was 33.2 minutes(range 21-90 minutes). Local anesthesia was done in 229/423(54.1%) and spinal anesthesia in 80/423(18.8%) and general anesthesia in 61/423(14.6%) and others in 53/423(12.5%). The mean admission period was 3.0 days(range 1-20) and 431/501(86.0%) of the patients were cured according to the protocol and another 55/501(11.0%) were significantly improved. There were 14/501(2.9%) cases of failures. The subjective satisfaction degree was investigated : 245/460 (53.1%) cases of patients were very satisfied and 185/460(40.0%) cases were some degree satisfied and 27/460 (5.9%) cases were disappointed with their results. Maximal flow rate at 3 months was decreased from 25.9±11.9ml/sec to 20.3±9.1ml/sec after surgery(p<0.05). There were 2/418(0.5%) cases of intraoperative blood losses over 200ml: 1 case of arterial bleeding behind the symphysis required laparotomy and tape removal. There were 29/422 (7.0%) cases of bladder perforation. There were 39/422 (9.3%) cases of complete postoperative urinary retention (range of duration 6 hours – 4 weeks) ; in 2 cases the tape had to be cut off, and others were managed by conservative management.

**Conclusion :**

We find a cure rate of 97% promising. . Maximal flow rate at 3 months was decreased from 25.9±11.9ml/sec to 20.3±9.1ml/sec after surgery. The TVT operation is attractive: it requires short operation time, can be performed as an outpatient clinic procedure and the results are promising. However, the operation may cause obstructions and the possible harmful effects.