

DOES AGE AFFECT THE OUTCOME OF TENSION FREE VAGINAL TAPE (TVT) PROCEDURES?

Aims of Study

The clinical outcome, perioperative complications and improvement in quality of life, has been prospectively evaluated in two groups of patients, <70 years and 70 or older, to assess whether outcome is influenced by increasing age.

Methods

55 patients with stress incontinence have undergone TVT procedure, 33 aged < 70 (Group 1), and 22 aged 70 or older (Group 2). Group 1 ranged in ages from 34-68 (average 49), and Group 2, 70-84 (average 76). Prior surgery for stress incontinence had been carried out in 8/33 and 9/22 of the patients in each group (Group 1: 24%, Group 2: 41%). All patients underwent videourodynamic evaluation prior to surgery confirming the nature of the incontinence (presence or absence of hypermobility, abdominal leak point pressure) and any associated detrusor overactivity (Table 1). Kings Health Questionnaires were completed prior to surgery, and at 3 monthly intervals post op. Follow up ranges from 6-18 months. Perioperative morbidity, hospital stay, and voiding status at discharge were also recorded.

Table 1

	Genuine stress incontinence (Type II)	Intrinsic Sphincter Deficiency (Type III)	Typell/III (GSI + ISD)	Leak Pressure (H ₂ O)	Point (cms)	Associated Detrusor Overactivity
Group 1	19 (58%)	4 (12%)	10 (30%)	75 (20-140)		1
Group 2	6 (27%)	10 (45%)	6 (27%)	69 (20-130)		4

Results

Perioperative problems, were insignificant in either group (bladder perforation 4, suprapubic hematoma 2). Hospital stay and voiding function at discharge were also not influenced by age. Patients perception of irritative symptoms (frequency, urgency and nocturia) improved dramatically in each group. However there was a statistically significant difference in the degree of improvement between the groups (Group 1: 85%, Group 2: 56%, p=.02). Perception of improvement in stress incontinence was however quite similar, with no statistical difference (94% v. 90%). All quality of life domains improved in similar dramatic fashion, but as with symptoms, the younger group fared better (Group 1: 86%, Group 2: 48%, p=.002). This difference between groups, was most noticeable in the Incontinence Impact Domain (94% v. 14%) and least significant in scores related to Role Limitations (91% v. 78%). Overall 4 patients did not improve or complained of worsening of symptoms, 3 due to de novo detrusor overactivity and one with poor emptying. 3 of these patients were in the older group.

Conclusions

TVT is an excellent procedure for the surgical management of stress incontinence. This study has confirmed its low morbidity, excellent symptom improvement and quality of life advantages. Although our older patients had undergone more incontinence surgeries, and had poorer urethral function, there was no difference in their improvement in stress incontinence compared to the younger patients. Similarly, the procedure could be carried out with the same low morbidity in both groups. There was however a significant difference in the degree of improvement of irritative symptoms and quality of life parameters between the two groups. These factors should be taken into consideration when offering this procedure, as expectations by physician and patient should be adjusted accordingly.