

EARLY ENCOURAGING RESULTS FOR THE TENSION-FREE VAGINAL TAPE PROCEDURE

Introduction

The gold standard operation for genuine stress incontinence (GSI) is colposuspension. This may change with the increased interest and use of Tension-free Vaginal Tape (TVT) technique. In view of its good results over several years it was decided to change to the TVT procedure after appropriate training.

Methods

35 women have undergone the operation in the last 16 months and information is available on the first 25. The mean age and parity were 48 years (36 to 67) and 2.4 (1 to 3), respectively. All but one patient had videocystometry before surgery. It is well known that static cystometry frequently does not diagnose many cases of detrusor instability (DI), therefore, immediately pre-operatively the likely presence of GSI, DI or a mixture of both was assessed using a detailed urogynaecological history protocol and previous response to drug treatment, e.g. antimuscarinics.

After cystometry the diagnoses were: GSI – 14; DI – 1; mixture of GSI and DI – 6; and inconclusive – 4. Based on the urinary history etc. the conclusions were: GSI – 1 and a mixed picture in 24 with severe, moderate, and mild overactivity symptoms in 12, 5 and 7 patients respectively.

Two patients had additional surgery: a) anterior colporrhaphy, b) anterior and posterior colporrhaphy, and spinal analgesia was used in all but two women who opted for general anaesthesia.

Results

Follow-up was from two to 16 months and using the same urinary history protocol 22 out of 25 patients (88%) stated their stress incontinence had gone and in the other 3 (12%) it was much better. Further confirmation of the good results were the women's comments, e.g. "it has made a huge difference", "I can walk for miles with no thoughts of loos", and dancing, children's sports days or circuit training are no problem!

Concerning detrusor over-activity symptoms on 23 patients: five were "cured", 10 much better, three better and five no change. In the three women whose stress incontinence after TVT was only much better, their pre-operative over-activity symptoms were severe and post-operatively in one there was no change and in two the over-activity was a "mild bother".

At operation only seven women demonstrated leakage prior to final tape adjustment. There were seven and one uncomplicated bladder and urethral perforations respectively – all on the left side. In the great majority of patients normal voiding was restored on the day after surgery and they were discharged. In the urethral perforation patient and in two where the tape entered the bladder, indwelling catheterisation continued at home under antibiotic cover for 72 hours. After the catheters were removed normal voiding immediately returned. The average length of stay was 2.35 days.

Short-term sequelae were a spinal headache requiring blood patch (1) and resolved nerve root problem (1). Longer term events were residual urine causing no problem (4) and unexplained urinary tract infection (2).

Conclusion

These results are very encouraging with stress incontinence largely disappearing and, surprisingly, detrusor over-activity symptoms being improved – the reason for this is unclear. All the advantages of minimal access surgery have been confirmed and the bed-blocking of colposuspension patients has gone. Thus hospital costs are reduced and patients' satisfaction, so far, has exceeded all expectations. A long-term audit on quality of life in a larger series of women continues.

Results of the series of 40 patients will be ready for presentation at the Annual Meeting.