

QOL ASSESSMENTS 2 YEARS AFTER TVT SURGERY

Aims of Study

TVT operation is easy to be performed under local anesthesia with minimal surgical invasiveness. A recent article from the Scandinavian countries reported a complete cure rate of 85% 5 years after surgery [1], although a prospective randomized comparative study is lacking. Little is known about alterations of QOL following TVT operation. We aim to assess improvement of QOL by using a verified Uebersax's questionnaire [2].

Materials and Methods

During the past 4 years TVT operation has been prospectively performed in 15 centers in Japan. Presently 66 women have completed a 2-year follow-up evaluation consisted of subjective and objective assessments of the surgery. Another 6 patients were found failed 3 or 12 months after surgery and did not show up 2 years later. Averaged age and duration of symptoms were 57.5 years and 7.2 years, respectively.

The subjective assessment included (1) surgical outcomes, i.e., complete continence or slight incontinence upon strong physical exercises are regarded as subjective cure, (2) QOL assessments by means of Uebersax's short forms of 13 questionnaires, (3) satisfaction with surgical outcomes in 5 grades, i.e., much satisfied, satisfied, slightly satisfied, dissatisfied, and undefined, (4) dyspareunia, and (5) de novo urge incontinence. The objective success was consistent with negative responses to a stress test with an ample capacity of the bladder.

Uebersax's questionnaires we used are composed of Incontinence Impact Questionnaires (IIQ-7: the best and worst scores are 0 and 21, respectively) and Urological Distress Inventory (UDI-6: the best and worst scores are 0 and 18, respectively), which asked women presence of distress for symptoms associated with incontinence. IIQ-7 aims to assess incontinence impact on women's daily life of such as cooking, walking, going to movies, traveling, depression, or frustrated feeling, and UDI-6 aims to measure degrees of distress of symptoms related to frequent urination, leakage related to urgency, leakage related to abdominal strain, a few leakage, difficult emptying or pain in the genital area.

Results

The subjective cure and objective success rate 2 years after surgery was 88% (63/72 patients) and 82% (59/72 patients), respectively. Table illustrates improvements of QOL following the surgery in 66 women. Both IIQ-7 and UDI-6 significantly improved ($p < 0.01$) as a whole, although physical exercises were most affected by urinary leakage in IIQ-7 and patients were most bothered by leakage related to abdominal strain in UDI-6 prior to surgery. Overall satisfaction rates i.e., those of much satisfied or satisfied, were 88% (58/66 patients) where 40 of them were much satisfied with the surgical outcomes.

Dyspareunia was present in 5 women (7%) and absent in 15, but 26 answered undefined and another 23 gave no answer. This observation seems to suggest that majority of women do not regard sexual intercourse essential or attractive any more, reflecting more or less the common attitude of Japanese women toward sexuality. De novo of urge incontinence was reported by 7 women (11%).

Conclusions

The subjective cure rate 2 years after surgery, 88%, was as good as that reported by Nilsson et al [1], although this value was higher as expected compared to the objective assessment of 82%. Based on Uebersax's short form questionnaires both IIQ-7 and UDI-6 improved significantly following the surgery. 88% of women were much satisfied or satisfied with surgical outcomes. Dyspareunia was present in only 5 women and de novo overactivity was complained of by only 7. It is concluded that TVT operation is of value to improve patients' QOL by attaining a high subjective cure rate.

Table. QOL scores in 66 patients improved significantly after surgery according to Uebersax's questionnaires.

	Pre-TVT	Post-TVT	p-values
IIQ-7	10.0	0.8	<0.01
UDI-6	7.2	1.2	<0.01

References

1. Nilsson CG, et al. *Int Urogynecol J.*, 12 (Suppl 2): S5-S8, 2001.
2. Uebersax JS, et al. *Neurourol Urodyn.*, 14: 131-139, 1995.