

TENSION FREE VAGINAL TAPE : KOREAN MULTICENTER DATA OVER THREE YEARS

Aims of Study

The aim of this retrospective multicenter study was to evaluate the safety and efficacy of tension-free vaginal tape(TVT) over three-year follow-up for the surgical treatment of female stress incontinence.

Methods

Retrospective questionnaires about efficacy as well as complication of operation per hospital were sent to several Korean hospitals where TVT operations had been actively performed. The information from each hospital was analysed.

Results

All were the university hospital. The total enrolled TVT operations over three years were 131 cases. The mean age was 52.9 years old (range 27-87). The grading of SUI was divided to grade I 42(32.1%), grade II 78(59.5%) and grade III 11(8.4%). The mean follow-up period was 42.5 months(range 36.1-48.7months). Mean operation time was 38.9 mins(range 20-100). Local anesthesia was done in 44(33.6%) and spinal anesthesia in 34(26.0%) and other was 53(40.5%). The mean admission period was 2.9 days(range 1-10) and 88(67.2%) of the patients were cured according to the protocol and another 38(29.0%) were significantly improved. The subjective satisfaction degree was investigated : 89/130 (68.5%) cases of patients were very satisfied and 36/130(27.7%) cases were some degree satisfied and 5/130 (3.8%) cases were disappointed with results. There were 0/131(0.0%) failures. Maximal flow rate of urination at 3 years was decreased from 26.8 ml/sec to 20.2 ml/sec after surgery. 90/131(68.7%) cases had no complication after TVT. There was no case of intraoperative blood losses over 200ml. There were 10/131 (7.6%) cases of bladder perforation. There were 7/131 (5.3%) of prolonged voiding difficulty (range of duration 6hours – 4 weeks). In some cases (16/131, 12.2%), patients suffer from transient voiding difficulty and in 7 cases TVT were released and in 3 cases the tape were incised. Others were managed by conservative management.

Conclusions

We have found an improved rate of 96.2% promising. We concluded that the TVT procedure seems to be good durable results. Maximal flow rate at over three years was decreased from 26.8 ml/sec to 20.2ml/sec after surgery. The TVT operation is attractive: it require short operation time, can be performed as an outpatient clinic procedure and the results are promising. However, the operation may cause obstruction and the possible harmful effect.