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PATIENT SATISFACTION AFTER A TENSION-FREE VAGINAL TAPE PROCEDURE FOR URINARY INCONTINENCE

Aims of Study

The aim of our study was to evaluate factors influencing patient satisfaction after a tension-free vaginal tape (TVT) procedure.

Methods

Between January 1999 and September 2002, 150 patients underwent TVT procedure. 140 patients successfully completed a questionnaire on quality of life due to urinary incontinence before and 6 months after TVT procedure. The case records were also reviewed. Patient satisfaction was assessed by a visual analogue scale for quality of life due to urinary incontinence with a score range of 0 to 6 (0= delighted and 6= terrible). Preoperative and postoperative complications were also recorded. The mean follow-up was 24 months (range 6-38). Differences were assessed using the chi-squared test and Fisher's exact test where appropriate.

Results

Out 140 patients, preoperatively 100 had stress urinary incontinence and 40 had mixed urinary incontinence. The TVT procedure was performed under local anaesthesia and sedation in 50 women (35%), general anaesthesia in 70 women (50%) and spinal or epidural anaesthesia in 20 women (14%). Preoperatively, 40% of women were found to have symptoms of sensory urgency. The only major perioperative complication was bladder perforation in 1.6% of cases. The overall objective and subjective cure rates were 90% and 70%, respectively. The mean postoperative satisfaction score in women with and without new onset urge symptoms was 2.1 and 0.1, respectively ($p < 0.05$). The mean postoperative satisfaction score in women with mixed urinary incontinence and stress urinary incontinence was 1.5 and 0.3, respectively ($p < 0.05$). Similarly, the mean postoperative satisfaction score in patients with and without preoperative sensory urgency was 1.8 and 0.2, respectively ($p < 0.05$). There was no difference in satisfaction scores between local, general and epidural or spinal anaesthetic methods.

Conclusions

The lower patient satisfaction after TVT procedure was related to the presence of preoperative symptoms of sensory urgency, urodynamic mixed urinary incontinence and development of new onset urge symptoms.