

382

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AN ECONOMIC WAY TO TREAT FEMALE URINARY INCONTINENCE : MID SUB URETRAL PROLENE° TAPE : A PROSPECTIVE RANDOMISÉD COMPARATIVE STUDY WITH T.V.T.

Aims of Study

Evaluate the results, complications and cost of a surgical technique using a Prolene° tape, 11 mm large, cut from a Prolene° mesh (30X30 cm) and inserted with a Deschamps carrier, to treat female urinary incontinence, and to compare the results with TVT.

Methods

From jan1999 to dec 2001, 300 patients with isolated stress incontinence or associated prolapse were included in a prospective randomised study comparing these two techniques. Preoperatively, standardized uro-gynaecologic questionnaire was fulfilled, urodynamics and ultrasound were performed in every patient. Before the operation the technique was randomly drawn using blinded envelopes containing the same number of TVT and Prolene tape. If prolapse surgery is associated, the sub uretral tape is put at the end of the operation. In the mid sub uretral Prolene° tape (MSUPT) procedure, the vaginal incision, the fascial perforation and the retro symphysis course and parietal incision are similar to the TVT procedure. The only difference is that the Prolene tape is not protected by plastic sheath. The follow up consisted of a clinical evaluation, a one-hour pad test, uroflowmetry, residual urine as well as a self questionnaire evaluating the subjective results.

Results

This study concerns the first 102 consecutive patients with a mean follow up of 15,6 months. The two groups are similar. The TVT procedure was performed in 52 patients, and mid sub uretral Prolene° tape (MSUPT) in 50 patients. The complications are comparable in the 2 groups : 4 bladder injury in the TVT group, and 1 in the MSUPT group. 1 hematoma in the Retzius space in each group, the one in the TVT group was reoperated ; 3 bladder retention or important residual urine (2TVT, 1 MSUPT) needed lateral section of the tape. All three patients recovered satisfactory micturition and remained dry. No tape exposure in both groups. The cured stress urinary incontinence rate was 98 % in TVT group and 94% in the MSUPT group. Urge incontinence is cured in 65% of the patients in the TVT group and 55% of the MSUPT group. De novo urge incontinence is low (8,5% for the TVT et 3% for the MSUPT). In France the TVT costs 371,52 Euros and a Prolene° mesh 80,49 E, the net economy for the hospital is 291 Euros per operation. In our department we operate 150 patients per year which means an annual economy of 43 650 E.

Conclusions

The preliminary results of this study show that mid sub uretral Prolene° tape, obtained locally from a 30X30 cm Prolene mesh inserted with a Deschamps carrier is a reliable, safe and cheap technique. It gives the same results as TVT procedure and allows substantial economy to hospital and the society. This economic technique can thus be proposed to treat urinary female incontinence.