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TVT FOR RECURRENT URODYNAMIC STRESS INCONTINENCE- A CUT AND DRY SOLUTION

Aims of Study

Few recent studies have evaluated the complications associated with the tension-free vaginal tape (TVT) procedure as a primary treatment for stress incontinence (1), (2). The tension free vaginal tape procedure after previous failure in incontinence surgery has been also evaluated in recent studies (3), (4). We aimed to evaluate the efficacy and complications associated with the TVT procedure in the treatment of recurrent urodynamic stress incontinence in our institution.

Methods

Over five years period, Three hundred and fifty eight patients had TVT performed, of whom one hundred and forty women (mean age 53 years, range 29 to 86) were treated for recurrent urodynamic stress incontinence. All patients had preoperative urodynamic studies, which included: Uroflowmetry, filling and voiding cystometry, and urethral pressure profilometry both at stress and resting phase. The TVT procedure was done under local or regional anaesthesia. Patients would have a urinary catheter inserted for four to six hours postoperatively. A specialist nurse will check the post voiding residual, and the patient will be discharged home next day. Patients with high residuals, or who are unable to pass urine will have a suprapubic catheter inserted next day. Subjective symptom analysis was documented pre and postoperatively, with a mean follow up of 18 months (range 3-33months).

Results

Of the one hundred and forty women, the primary procedure for stress incontinence was anterior colporrhaphy in 68 patients, Burch colposuspension in 38 patients, MMK in 33 patients, sub urethral slings in 19 patients, and injectables in 24 patients. 42 (30%) women had concomitant pelvic floor surgery, with a mean of 1.3 range (1-4) previous surgical operations for each patient. Of the one hundred and forty patients treated, 86% had subjective cure, and 80% of the TVT alone group were discharged on first post-op day. Mean operating time was 25 minutes. Complications were as follows: bladder perforation 13%, urinary tract infection 16%, haematoma 2%, One patient (0.7%) had an intra-operative major vessel injury required a laparotomy, there was one case of tape erosion, and one patient had the tape divided after fourteen days. The incidence of voiding dysfunction (requirement of suprapubic catheter insertion on day one post-op) was 11%. Eleven patients (8%) required a catheter for 24-48 hours, two patients (1.4%) required catheterisation for 2-7 days, and one patient (0.7%) needed a catheter for 2 months.

Conclusions

The TVT operation for the treatment of recurrent stress incontinence is a safe, effective, and minimally invasive option requiring a short hospital stay. However the complication rate is higher than that seen for primary TVT surgery.