TVT PROCEDURE FOR THE TREATMENT OF SUI: OUR EXPERIENCE

Aims of Study
The aim of the present study was to evaluate the safety and efficacy of the TVT procedure in our experience.

Methods
The study population consisted of 80 consecutive patients who were enrolled into a prospective trial in our Gynaecologic Centre. The mean age of the 80 women was 56 years (range 36-78). 20 patients had already had previous pelvic surgery (TAH with or without BA, TVH, retropubic colposuspension, inguinal hernia etc). The study included preoperative urodynamics (cystometria, urethral profilometry and pressure flow study), a stress test with the bladder volume approximately 300 ml and cotton swab test. All patients suffered from a medium-severe genuine stress incontinence; 32 women also reported symptoms of urgency. In 61 patients (76.2%) TVT was performed in local anaesthesia and in 19 (23.8%) in loco-regional anaesthesia. In the second group there is 12 patients with recto-cystocele that was corrected in the same surgery time. All TVT procedure was carried out as originally described and was the first time for every patient. Adjustment of the Prolene tape was performed with the patients coughing repeatedly at a bladder volume of 300 ml.

The post-operative evaluation about the outcome of surgical treatment was estimated. Objective cure was defined as no leakage of urine while performing the cough provocation test with 300 ml of saline solution. Subjective cure was defined as no urine loss during "stress", improvement was quantified as a visual analogue scale and significant improvement is considered >75%. All the patients were evaluated at 1-6-12 months and subsequently once a year.

Results
The median follow-up was 18 months (range 1-48). 70 patients (87.5%) were completely cured, 9 (11.25%) were significantly improved and 1 (1.25%) was a failure (this patient resumed incontinence after cut of the tape). 21 of 32 (65.6%) women who reported preoperative frequency-urgency syndrome associated with IUS referred a cure of these symptoms too, in 5 patients (6.3%) de novo urgency symptoms was referred. In 12 patients the TVT was combined with cysto or rectocele correction, the results are shown in Table 1.

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<tr>
<td>TVT</td>
<td>68</td>
<td>62 (91.2%)</td>
<td>5 (7.3%)</td>
<td>1 (1.5%)</td>
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<td>TVT + altro intervento</td>
<td>12</td>
<td>10 (83.3%)</td>
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The comparison of results between TVT isolated and TVT combined with other operative procedure show a better cure rate for isolated TVT but the analysis show that the difference is not statistically significant.

Conclusions
In our series, in accord to literature, objective cure rate or significant improvement is present in more than 95% of the TVT-operated women. Intra and immediate postoperative
complications were few. In our survey we have observed the longue cure rate as reported in literature and the cure of stress incontinence is associated to a significant improvement in urgency or frequency (>65%). The TVT operation, originally proposed for the cure of genuine stress incontinence from urethral hypermobility, in the absence of prolapse, has been subsequently associated with prolapse surgery and this combination not seem to create intra operative or follow-up problems but, in our series, a minimally, non statistically significant lower cure rate. In conclusion we think that the TVT minimally invasive concept is completely respected. The excellent results of TVT without the obstructive complications of traditionally IUS surgery and the fact that it can be successfully combined with other types of vaginal prolapse repair make of TVT the most exciting and innovative surgical procedure in the last years.

References