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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 proceudre in our experience

Methods

The study population consisted of 80 consecutive patients who were enrolled into a prospective trial in our Ginaecologic 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 colposospension, inguinal ernia etc). The study included preoperative urodinamics (cystometria,urethral profilometry and pressur flow study), a stress test with the bladder volume approximately 300 ml and cotton swab test. All patients sufered from a medium-severe genuine stress incontinence; 32 women also reportes symtoms 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 retto-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 patients. Adjustement of the Prolene tape was performed with the patients coughing repeatedly at a bladder volume of 300 ml.
The post-operative evaluation about the autcome of surgical treatmet 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 month and subsequently once a year.

Results

The median follw-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 patients resumed incontinence after cut of the tape). 21 of 32 (65,6%) women who reportes preoperative frequency-urgency syndrome associated at 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.

Table 1 tvt combined.

	totale	guarite	migliorate	invariate
TVT	68	62 (91.2%)	5 (7.3%)	1 (1,5%)
TVT +altro intervento	12	10 (83.3%)	2 (16,7%)	0

The comparison of results between TVT isolated and TVT combined with other operative procedure show a better cure rate for isolated TVT but the anlysis show that the difference is not statistically significant.
During the operation 2 (2,5%) bladder perforations occured, the events were immediately noted and corrected without any consequences for the patients, At the end of operation a Foley bladder catheter was insert and removed during the 3,rd day post-op. Two patients had serious voiding difficulties after surgery : the tape was cut under urethra in 1 case (the patient is continent with an improved >75%) in the other patient we have removed the suburethral tract of tape (stress incontinence reappearing). No abnormal bleeding or hematoma or sintomatic nerve injury occured.

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 absebs 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 statisticaly 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 complicances of traditionally IUS surgery and the fact that it can be succesfully combined with other types of vaginal prolapse repaire make of TVT the most eciting and innovative surgical procedure in the last years.

References

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