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Brown A D G[1], Syed A [2]
1. Dept of OB/GYN Royal Infirmary of Edinburgh, 2. Dept of Urology Western General Hospital, Edinburgh

SATISFACTORY EARLY AND MEDIUM TERM RESULTS FOR THE TENSION-FREE VAGINAL TAPE OPERATION

Aims of Study

The TVT procedure is becoming established as first choice surgery for genuine stress incontinence (GSI). We present the results of a personal series performed over 29 months.

Methods

Seventy-seven women have undergone the operation. The mean age and parity were 50.8 years (33-80) and 2.3 (0-7) respectively. All but four patients had videocystometry (VCMG) before surgery. It is well known that static cystometry frequently does not diagnose many cases of detrusor overactivity (DO), therefore, immediately pre-operatively the likely presence of GSI, DO or a mixture of both was assessed using a detailed urogynaecological history protocol and previous response to drug treatment, eg antimuscarinics.

After cystometry the diagnoses were: GSI 39, DO 3, GSI and DO 23, inconclusive/no diagnosis, 4 and acontractile bladder with GSI 1. Based on the urinary history etc. the symptomatic diagnoses were GSI 7 and a mixed picture 70, with moderate to severe overactivity symptoms in 59 women.

Nine patients had additional surgery: anterior colporrhaphy (6), posterior colporrhaphy (2) and anterior and posterior colporrhaphy (1); spinal analgesia was used in all but four women who opted for general anaesthesia.

Results

Follow-up was from 2-22 months with 45 and 23 women being seen between 5-17 months and 2-4½ months respectively. Using the same history protocol 57/65 women (87.7%) were totally dry; in 7/65 (10.8%) their leakage was much better, and in one 80 year-old patient (1.5%) the leakage was no better. In the seven “much better” patients all had symptoms suggestive of DO so it is speculated that their remaining incontinence was due to DO. In the one failure it is possible that she had a low maximum urethral closure pressure. In the majority of the 59 pre-operative mixed picture symptomatic patients the DO symptoms were much improved after the TVT.

At operation only twenty-three (30%) women demonstrated leakage prior to final tape adjustment. There were 9 and 1 uncomplicated bladder and urethral perforations, respectively – all but two on the left side. In the last fifty-three patients two of the bladder perforations occurred due to a misjudgement in a very obese woman, and scarring in another following a previous colposuspension. In the urethral perforation and the three where the tape entered the bladder, indwelling catheterisation continued at home with antibiotic cover for 72 hours. Otherwise, the majority of patients resumed normal voiding on the day after surgery and were discharged.

There were no serious post-operative sequelae and full details of minor problems will be presented including the incidences of residual urine, prolonged/low flow rates, urinary infection and groin discomfort.

Conclusions

The results are very encouraging with stress incontinence largely disappearing and, surprisingly, DO symptoms being improved – the reason for this is unclear, but the finding has been reported in other published series. All the advantages of minimal access surgery have been confirmed and the bed-blocking of colposuspension patients has gone. Thus hospitals costs are reduced and the patient’s satisfaction has exceeded all expectations. Along term audit on quality of life in a larger series of women continues.