

COMPARISON OF THE TENSION-FREE VAGINAL TAPE® PROCEDURE WITH THE INTRAMESH LESS INVASIVE FREE TAPE® – A PROSPECTIVE COMPARATIVE AUDIT OF THE FIRST FORTY CASES OF EACH PROCEDURE.

Aims of Study

To compare and contrast the two different types of synthetic tapes used within our unit.

To describe the two different surgical approaches used locally for tape insertion.

To assess whether there is a significant increase in intraoperative complications with either technique. (reporting on the first forty continence procedures using the two different types of tape)

Methods

A prospective audit was commenced for each of the two types of tapes, TVT® and LIFT®, when the procedures were first performed in our unit. These audits are ongoing. Data has previously been published regarding the TVT® audit in isolation but this is the first report of the comparative audit.

Two consultant gynaecologists performed the operations. One surgeon performed only TVTs® while the other surgeon performed LIFTs®. Both consultants have a recognised special interest in Urogynaecology and both received the appropriate training prior to commencement of these procedures.

Audit forms were completed at the time of each operation and additional data, to be presented elsewhere, was collected in regard to post operative complications, achievement of continence and patient satisfaction.

The predominant difference between the two surgical techniques, is in regard to the degree of dissection carried out during the operation. In terms of intraoperative complications the authors are interested in assessing whether dissection confers any benefit with regards to the rate of bladder perforation. The incidence of perforation was recorded from the audit form which were reported at the time of intraoperative cystoscopy.

Extensive retropubic dissection may however be associated with a higher rate of significant intraoperative haemorrhage. This was defined as an intraoperative blood loss of greater than 500mls or by a fall haemoglobin post operatively of 3.0g/dl.

Results

The Tension-free Vaginal Tape® is made of prolene polypropylene mesh. The tape is manufactured with a trocar attachment fixed to either end. The trocars are attached to an introducer which is used to negotiate the passage from the vagina to the suprapubic region. The classic technique for insertion has been described in detail in the literature and will be described in full in the poster but is beyond the scope of this abstract.

The Less Invasive Free Tape® is made of polypropylene mesh. The tape is manufactured with a loop of suture material at each end but no fixed trocar. It is beyond the scope of this abstract to discuss the technique in detail but this will be presented in the final poster.

Results:

Type of tape	No of patients	Bladder perforations	Urethral perforations	Haemorrhage	Total Op Complications
TVT	40	7	1	0	8
LIFT	40	3	0	2	5

Conclusions

Both TVT® and LIFT® have been performed in our unit and effective surgical tools in the management of genuine stress incontinence and mixed incontinence.

The differences in method of insertion and intraoperative complications may be attributed to the surgeon performing the operation rather than to the different types of tapes. Although there will be inter operator variation the methods used by the surgeons are different. The bladder may be more vulnerable to injury when a blind approach is used. The small numbers in this study support this hypothesis.

To obtain an assessment of intraoperative complications a larger number of patients must be studied. The complication rates in the early stages of any new technique are likely to be higher.

This first report of the prospective comparative audit reports on a relatively small number of patients. The value of having this audit structure in progress is that we will be able to monitor both short and long term outcomes and maintain a close observation of the intra and post operative complications.