

**301**

SCHULMAN C<sup>1</sup>, ROUMEGUERE T<sup>1</sup>, BUXANT F<sup>1</sup>, GORIS M<sup>1</sup>, QUACKELS T<sup>1</sup>, BOLLENS R<sup>1</sup>, ANAF V<sup>1</sup>, VANDEN BOSSCHE M<sup>1</sup>, ZLOTTA A<sup>1</sup>, SIMON P<sup>1</sup>

1. University Clinics of Brussels - Erasme Hospital

## **LONG-TERM FOLLOW-UP OF TENSION-FREE VAGINAL TAPE (TVT#61666;)**

### **Hypothesis / aims of study**

The aim of this study was to assess the long-term results of TVT for the treatment of genuine stress incontinence (GSI).

### **Study design, materials and methods**

We reviewed the first 100 women with GSI operated by TVT procedure from June 1998 to December 2000. Preoperative evaluation included clinical and urodynamic examinations. Surgery was performed by different surgeons according to Ulmsten technique under general or regional anaesthesia. The mean age of patients was 60,5 years (range 31-86) and the mean follow up period was 51 months (3-5,5 years). 36 patients had clinical mixed incontinence. 83% women had preoperative urodynamic evaluation and 15% had proven overactive bladder (OAB). 30 patients had low urethral pressure closure < 30 cm H<sub>2</sub>O. 11 women had previous incontinence surgery. 40% completed physiotherapy program prior to surgery. 40 women underwent a concomitant prolapse repair. Collected data included intra et post operative complications. A self evaluation questionnaire (Incontinence Impact Questionnaire and Urogenital Distress Inventory) was sent to the patients to assess the results.

### **Results**

88% of women were considered as cured or significantly improved in early control and overall satisfaction was only 78%. At long-term follow up (3-5,5 years), 82% of women expressed global satisfaction. In patients with low preoperative urethral closure pressure, functional evaluation showed 76,2% cured or improved. Only 60% of women with preoperative mixed incontinence were satisfied when answering the questionnaire. Complications were: 13 bladder injuries without sequelae except prolonged bladder drainage, 5 urinary retentions including two long term indwelling catheters, two sections of the tape, 8 temporary pelvic pains and 10% of dysuria (Q<sub>max</sub> < 10ml/s) resolved spontaneously. 10 out of 15 patients with preoperative OAB still had persisting symptoms, otherwise 15% women developed *de-Novo* urgency.

### **Concluding message**

TVT shows good long-term cure rate for stress incontinence. Results decrease slowly with time. In women with proven associated urge incontinence the overall satisfaction is less effective. A good selection of patients remains mandatory.