

QUALITY OF LIFE FOLLOWING A TVT REVISION

Hypothesis / aims of study

TVT is a successful and low risk continence procedure with a low frequency of post-operative voiding dysfunction and de novo detrusor overactivity. Thus, it is possible to obtain an inaccurate picture of outcomes in those that have required further treatment for refractory symptoms. In our practice, we perform a midline revision of TVT as the treatment of choice for refractory voiding problems, and felt from clinic visits and anecdotal evidence that this was satisfactory. However, due to the low volume of patients with these problems, we had each seen only a few cases over a prolonged period. We therefore tested our hypothesis of patient satisfaction with postal quality of life questionnaires.

Study design, materials and methods

A total of 28 women had undergone Revision of TVT at the Leeds General Infirmary between 1999 and Feb 2004. Patient characteristics were obtained from the medical records. IQOL-SF, IIQ and UDI-6 Questionnaires were then sent to all these patients after obtaining the approval of the Regional Ethics Committee. The information from these questionnaires was then analysed manually to ascertain the recurrence of stress incontinence, Detrusor overactivity and also to assess the quality of life of these patients.

Results

The TVT revision rate in our unit is 7.5%, of which 2 were tertiary referrals. 10% had pre-existing detrusor overactivity. Average time from surgery to completion of questionnaire was 13 months (Range : 2 months to 46 months). 18 were done for voiding difficulties, 5 for refractory Detrusor Overactivity, and 3 for mesh erosion and 2 for severe recurrent UTI's.

The response rate was 70 %. One patient returned a blank questionnaire. QoL score graded from 0 = no interference with life, to 10 = a great deal.

QOL score	%total respondents	% with predominantly GSI	% with mixed symptoms	% with predominantly OAB
0	25%	nil	nil	nil
1-3	20%	nil	15%	5%
4-6	10%	nil	5%	5%
7-9	20%	nil	15%	5%
10	20%	nil	nil	20%

Interpretation of results

The incidence of recurrent stress incontinence alone after Revision of TVT is difficult to determine although it seems to be very low. However, the incidence of frequency, urgency and urge incontinence appears to be very high especially in patients who had Detrusor Overactivity prior to TVT insertion.

Concluding message

Although pre-operative QOL scores are not available for comparison, low post-operative QOL scores indicating acceptable QOL are seen only in half the number of patients who have Revision of TVT. Therefore, patients who are to undergo Revision of TVT should be carefully counselled regarding possible outcome and persistence of overactive bladder symptoms.

References

1. Release of the Tension-free Vaginal Tape for the Treatment of Refractory Postoperative Voiding Dysfunction; *Obstet Gynecol* 2002 Nov; 100
2. Urinary Retention after Tension-free Vaginal Tape Procedure – Incidence & Treatment: *Urology*, 2001 Nov; 58(5).