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DOES PERFORMING AN ANTERIOR REPAIR AT THE TIME OF TVT HAVE A SIGNIFICANT EFFECT ON URINARY CONTINENCE?

Hypothesis / aims of study

To determine if performing an anterior repair at the time of TVT significantly affects the continence outcome of the procedure.

Study design, materials and methods

A retrospective study comparing TVT procedures performed with or without concurrent anterior repair. The charts of 48 consecutive patients having a TVT with either pure or mixed urodynamic stress incontinence were reviewed. Twenty-four (34%) cases were identified as having an anterior repair at the time of TVT (TVT+AR), these were compared to 24 consecutive cases without anterior repair (TVT-AR). Continence was determined subjectively by patient history, any leakage (wet) or no leakage (dry), and objectively by a cough stress test with a full bladder. The POP-Q measurement was utilized to grade pelvic organ prolapse in all patients.

Results

The continence status was available for 22/24 (92%) patients in the TVT+AR group and 24/24 (100%) TVT-AR. In the TVT+AR group 16/24(67%) had additional procedures, while in the TVT-AR group only 9/24 (36%) had additional procedures performed. There were two intra-operative complications, a bladder perforation in the TVT+AR group and one with excessive bleeding (200ml) from the needle insertions site in the TVT-AR group. The subjective cure rate for stress urinary incontinence was 18/22 (82%) and 22/24(92%) respectively for patients in the TVT+AR group and TVT-AR group, ($p=0.41$), and importantly all patients reported an improvement in their continence status following surgery. There were 4/22 (18%) in the TVT+AR group that reported either symptoms of an overactive bladder (frequency, urgency, or nocturia) or obstructive voiding, compared to 7/24 (29%) in the TVT-AR group. Only one patient in each group reported voiding difficulties. Objectively there was no urinary leakage in either group.

Concluding message

The performance of an anterior repair at the time of TVT procedure does not significantly affect the continence outcome.