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CURRENT TRENDS IN THE SURGICAL MANAGEMENT OF STRESS URINARY INCONTINENCE.

Hypothesis / aims of study

To determine the trends in the surgical management of urinary stress incontinence amongst members of the International Urogynecological Association.

Study design, materials and methods

Design :Questionnaire based survey.

Method: A postal questionnaire was sent to 530 IUGA members worldwide. Addresses have been obtained from the IUGA 2004 membership directory.

Results

One hundred and eighty two questionnaires were received (34.3%). Of these eight IUGA members are not currently involved in the surgical management of this condition hence were excluded. The usable response rate was 33% (174). Of these eighty-nine (51.1%) practise at teaching hospital, fifty-five (31.6%) at district general hospitals and twenty-seven (15.5%) were clinicians in private practice. One hundred and fifty six (89.7%) performed urodynamics prior to any form of surgical intervention. Seventy-five (43.1%) carried out more than ten continence procedures in a month. 60.9% felt that 'hands on training' was the best method to learn and perform a new procedure. One hundred and sixty seven (96%) performed TVT (tension free vaginal tapes), one hundred and forty six (83.9%) colposuspension and one hundred and six (60.9%) used urethral bulking agents. Eighty-six (49.4%) chose all three procedures. 121 (69.5%) of the respondents preferred TVT as the primary surgical procedure compared to 21 (12.1%) for colposuspension. Only twenty-seven (15.5%) are proficient in laparoscopic colposuspensions. Four (2.3%) respondents still relied on anterior repair with bladder neck buttress as their preferred primary method of continence surgery. Although thirty-two IUGA members were trained to do TOT, this was the preferred primary treatment option in twenty (11.5%).

Interpretation of results

Majority of the respondents (83.5%) performed either TVT or colposuspension, which have been identified as the preferred methods of surgical management¹.

Concluding message

Although colposuspension has been identified as the gold standard in the surgical management of stress incontinence, 16% of respondents no longer perform colposuspension².

References

1. National Institute for Clinical Excellence. Technology Appraisal No. 56. Guidance on the use of tension-free vaginal tape (Gynecare TVT) for stress incontinence. February 2003.
2. Open retropubic colposuspension for urinary incontinence in women. *Cochrane Database Syst Rev* 2003; CD002912.