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TRANSOBTURATOR TVT (TVT-O) “INSIDE-TO-OUT” SUBURETHRAL SLING FOR THE TREATMENT OF STRESS URINARY INCONTINENCE (SUI): EARLY U.S. EXPERIENCE

Objective

To assess the safety and short term clinical outcomes in patients with SUI treated surgically with the TVT-O suburethral sling.

Methods

Data was collected from patients who underwent the TVT-O procedure between its first date of use in the US; 12/29/03 and 3/30/04. All patients had SUI or mixed incontinence (MI) without evidence of intrinsic sphincteric dysfunction (ISD). Outcome measures included patient demographics, pre and postoperative anatomy, urodynamic evaluation where indicated, operative data and complications, post operative voiding dysfunction, short term efficacy based on subjective cure and preoperative IIQ-7 and UDI-6 indices.

Results

36 patients underwent the procedure. All were available for data collection. The mean age was 62 (range 27-85), the mean parity was 3 (range 0-11), and the average duration of symptoms was 7 years (range 1-24). Concomitant urge incontinence was present in 22 patients with another 3 reporting urgency with no related incontinence. Two patients had failed previous surgical treatment. The mean preoperative IIQ-7 and UDI-6 scores were 38 (range 10-81) and 44 (range 11-83) respectively. The mean BMI was 28 (range 19-45) with 6 patients being ≥ 40 . The mean Q-Tip deviation was 47.5^o (range 20-85^o). All patients had ISD excluded by either lack of risk factors or urodynamic testing. TVT-O was the sole procedure in 22 while 14 underwent additional reconstructive procedures. 61% (n=22) were done under local anesthesia, and the remaining 14 under epidural, all of whom had additional reconstructive procedures. The mean procedure time was 26 minutes (range 12-45). The cough test was used to set the tape tension in 28 patients (78%), the remainder with credé. Average blood loss was <50cc and length of stay in those with TVT-O alone was 3 hours 28 minutes. There were no intraoperative complications and cystoscopy ruled out urinary tract injury. The longest duration of follow up thus far is 8 weeks. Subjective cure is present in 34 (94%) with one additional patient being improved. Urge incontinence persisted in 7 while 15 (68%) resolved. Only 2 patients reported transient perioperative urgency. There were no cases of “de novo” urge incontinence.

Conclusions

TVT-O appears to offer an enhanced intraoperative safety profile when compared with the traditional retropubic TVT by avoiding potential injury to the bladder and bowel. As the retropubic TVT, the TVT-O procedure can be easily performed under local anesthesia and sedation. Efficacy is maintained in the short term while the incidence of postoperative voiding dysfunction and new onset urge incontinence may be diminished.