

717

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## **LONG TERM RESULTS OF TVT-TENSION FREE VAGINAL TAPE FOR SURGICAL TREATMENT UNDER LOCAL ANESTHESIA OF RECURRENT FEMALE STRESS URINARY INCONTINENCE OR OF PREVIOUS FAILED SURGERY A PROSPECTIVE OPEN STUDY AT 7-8 YEARS FOLLOW UP**

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

The objective is to study prospectively the safety, efficacy and long terms results of TVT (Tension free Vaginal Tape) in recurrent stress incontinence or previous failed surgery of other methods than TVT (Kelly, Burch, Modified Burch, Marshall-Marchetti, Stamey and Zoedler sling).

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

The study was designed as a prospective, open, non-randomized study. 25 patients with recurrent stress urinary incontinence (7 patients had urge symptoms). Mean age: 55,8 years (range 40-75). Mean incontinence years: 14 (range 4-29). A standardized protocol for pre- and post operative subjective and objective evaluation including medical history, a gynecological examination, quality of life assessment with a visual analogue scale (VAS), stress test (supine and standing position) with filled bladder, 48 hours micturation diary and 24-48 hours pad test. The surgery was carried out under local anesthesia with 0,25 prilocain adrenaline using TVT device: two needles and a Prolene tape coupled to a metal handle. Two 1 cm incisions supra-pubic in the skin and hereafter 1,5 cm sagital incision starting 0,5 cm from the external urethral meatus were performed. The tape was placed like a U around mid urethra without fixation. The patients returned home on the same day or the morning after surgery, without post-operative catheterization. Post-operative check ups: 2, 6 months, then each year up to 7-8 years.

### **Results**

21 patients (84%) were completely cured. They did not leak urine post operatively objectively or subjectively. 3 patients (12%) were considerably improved. They did not leak urine at stress test, but they had 3-10 g leakage at pad test per 24-48 hours in connection with urgency. 1 patient (4%) was improved until the 4 year follow up. Thereafter incontinent at stress test (considered as failure). Mean per operative bleeding 50 ml (10-250). Complications: 3 (12%) uneventful bladder perforations occurred.

### **Interpretation of results**

The good results were conserved with time.

### **Concluding message**

From the above results we conclude that TVT is effective at long term for treatment of recurrent stress urinary incontinence or for treatment of previous failed anti-incontinence surgery of other methods.