

IS HYDRODISSECTION NECESSARY AT THE TIME OF TVT?

Hypothesis / aims of study

Ulmsten's (1) original description of tension free vaginal tape emphasises the importance of hydro dissection. There are an increasing number of modifications to the original description. Barrington (2) in a survey of incontinence surgeons in the UK showed that only half hydro dissected.

This study reviews a cohort of patients where hydro dissection was not employed during the TVT procedure with particular reference to the intraoperative and postoperative complications.

Study design, materials and methods

We performed a retrospective case review of all TVT procedures performed in a tertiary referral centre between 2000 and 2003. Women having TVT insertion were identified from the operating theatre records. The case notes were reviewed and data extracted.

163 TVT insertions were performed in the study period. The mean age of the women was 52 years (Range 35 – 86). Preoperative urodynamics demonstrated genuine stress incontinence in 141 patients while 22 had a mixed picture. 153 procedures were performed under epidural anaesthesia while 10 had general anaesthesia. Foley's catheter was left in overnight and removed at 0600 hours the following morning. The catheterisation was performed because the patients came from a wide geographic area and were therefore unsuitable for day surgery. Of the 163 procedures, 132 were performed by a single consultant operator and 32 by trainees under direct supervision. 32 women had undergone at least one previous surgery for incontinence.

Results

Bladder perforation occurred in 9 (5.5%) patients. Of these 4/32 (13.5%) occurred in procedures undertaken by trainees while 5/131(3.8%) occurred in the consultant group.

Urinary retention occurred in 22 (13.5%) defined as a need to recatheterise. 2 (1.2%) patients had long term voiding difficulties (defined as > 3 months).

The tape was cut in 6 (3.7%) patients.

15 (9.2%) women had urinary tract infection postoperatively.

16 (9.8%) developed overactive bladder

There were 3 (1.8%) vaginal erosions

There was 1 (0.6%) case of significant intraoperative haemorrhage at the time of tape placement requiring laparotomy.

Interpretation of results

These complication rates are comparable to those reported in other studies (3).

Concluding message

Performing TVT without routine hydrodissection does not appear to increase the risk of complications in particular the incidence of bladder perforation.

References

1. Int Urogynecol J Pelvic Floor Dysfunct 1996; 7(2): 81-86
2. ICS 33rd Annual Meeting Abstract Book 2003; 319-320
3. Clin Obstet Gynecol 2000; 43: 670-675