

648

Lingam D¹, Khandwala S¹

1. Oakwood Hospital

TRANSOBTURATOR “INSIDE-TO-OUT” SUBURETHRAL SLING PROCEDURE FOR THE TREATMENT OF STRESS URINARY INCONTINENCE – A NOVEL APPROACH

Hypothesis / aims of study

To assess voiding function, complications and short term success of a novel procedure, Tension free vaginal tape obturator technique (TVT-O) in the treatment of stress urinary incontinence.

Study design, materials and methods

A retrospective chart review was performed on 50 patients who underwent the TVT-O sub urethral sling between January and August 2004. Preoperative evaluation included detailed history and urogynecologic examination including urodynamic testing and voiding studies. All patients who demonstrated stress urinary incontinence with a Q-tip straining angle > 30 degrees were included in the study. There was no attempt made to separate urodynamic stress incontinence from intrinsic sphincteric deficiency. Outcomes assessed included postoperative voiding function, complications, as well as subjective success rates.

Results

Among the 50 patients, TVT-O was the sole procedure performed in 19 patients while 2 required conversion to a TVT from a TVT-O and the remaining 29 underwent additional reconstructive surgery. The mean age was 57 (range 34-84). 13 procedures were performed under local anesthesia, 27 under spinal anesthesia and 10 under general anesthesia. Average intra operative blood loss with the TVT-O was minimal (< 50 ml). There were no vascular, bladder, bowel, or neurological injuries. 46 patients (92%) were discharged voiding satisfactorily and all patients resumed voiding function by the third postoperative day. The follow up period ranged from 2 to 5 months. 48 patients (96%) remained symptom free during this period with subjectively improved voiding function. There were no cases of de novo urgency.

Interpretation of results

Initial experience with TVT-O sub urethral sling shows excellent promise. The main difference from standard retro pubic anti-incontinence procedures is in relation to postoperative morbidity, complications and voiding function.

Concluding message

Although our study is an initial experience with this promising new technique, further studies, particularly randomized control trials are needed to make definitive conclusions.

