

COMPARISON OF SURGICAL DAY-CARE BURCH TO TENSION FREE TAPE PROCEDURES

Hypothesis / aims of study

The Burch procedure has been considered the 'Gold Standard' for surgical treatment for stress incontinence (SI). Tension Free Tape (TFT) is now performed widely and in many centres has taken over the role of primary surgery for SI. This is because it can be performed as a day-care surgical procedure, with low morbidity. In most centres, the Burch procedure is an in-patient event. The purpose of this paper was to compare the two types of surgery as day-care procedures.

Study design, materials and methods

Patients have been treated in our institution with day-care surgery Burch procedure for SI for eight years. TFT technology has been available for nine months. Patients treated by either Burch or TFT were reviewed with respect to age, parity, previous surgery, concomitant surgery, operation time, intraoperative complications, recovery time, catheterization duration, analgesic requirements, time to resumption of normal activities, other complications, success of surgery and overall satisfaction.

Results

Patients were reviewed over a two year period 2003-2004. A total of 83 Burch procedures and 95 TFTs were performed in surgical day-care. No differences existed between the groups regarding age, parity or concomitant surgery performed. More patients with a history of previous stress incontinence surgery were in the TFT group. Mean surgery time for Burch procedure was 40 minutes vs 28 minutes in the TFT group. Surgery was performed by either the principle author or by a resident under supervision. Intraoperative complications were few in either group, but were highest in the retropubic tape insertion variety of TFT (Bladder penetration 4/25). Bleeding > 40 ml from TFT vaginal dissection occurred in 16/95 patients. Voiding difficulties were uncommon in all groups, with a need for post-op modification or tape division in 3/25 retropubic TFT procedures. Analgesic requirements were minimal in all groups due to active preventative multimodality analgesic techniques, but were slightly higher in the Burch group. Concomitant surgery such as posterior repair accounted for most of the post-op pain related morbidity. Return to normal activities was mean 13 days for Burch patients with or without additional surgery vs 3 days for TFT alone. Patient satisfaction was high in Burch (96%) and TFT (98%). Cure at eight week follow-up was similar.

Interpretation of results

The transobturator approach for TFT was attended by less intraoperative and later voiding complications than the retropubic approach, but differences between the different types of TFT were small otherwise. The Burch procedure is a slightly longer operation with a longer recovery time. Overall patient satisfaction and cure rates are the same.

Concluding message

Both Burch procedure and TFT surgeries are safe and effective for treatment of SI, and can both be performed in a day-care surgical setting. Further research is ongoing to determine differences between different types of trans-obturator techniques.