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BLADDER NECK MOBILITY AFTER TVT – A SIGNIFICANT MARKER FOR A SUCCESSFUL OPERATION?

Hypothesis / aims of study

The TVT-procedure according to Ulmsten (Gynecare, Norderstedt) has a cure rate of 85% after 5 years. Even when the TVT sling is placed in a correct mid-urethral position, some patients have to be classified as failures. According to the literature the mobility of the bladder neck changes after a TVT operation. The aim of our study was to evaluate, if the bladder neck mobility after TVT procedure differs between cured patients and women with a persistent or recurrent stress urinary incontinence.

Study design, materials and methods

Sixty-one women (mean age 63, range 34-86) were examined one year after TVT-surgery. 51 (83,6 %) women had a negative stress- and padtest after TVT (Group 1) and 10 women (16,4 %) (Group 2) were stress incontinent. 99 women with a genuine stress incontinence without any incontinence operation were recruited as control group. All patients completed a questionnaire about incontinence symptoms and underwent a clinical stress test and a short pad test with a bladder volume of 300 cc. To evaluate the bladder neck position and mobility perineal ultrasound was performed at rest and during Valsalva using a standardized technique.

Results

	Group 1 TVT +	Group 2 TVT -	Group 3 control
mobility (mm)	9.9	9.2	14.5
p-value	0.2 G1 vs. G2	0.2 G1 vs. G2	< 0.001 G1+2 vs. G3

Interpretation of results

Women without incontinence after TVT (Group 1) showed no significant difference of the bladder neck mobility compared to the women with recurrent stress incontinence after TVT (Group 2) (9.9 mm vs. 9.2 mm, $p = 0.2$). However there was a significant difference comparing the patients after TVT (Group 1+2, $n = 61$) and the women without any incontinence operation (Group 3, $n = 99$): patients after TVT showed a significant reduced bladder neck mobility (9.8 mm vs. 14.5 mm, $p \leq 0.01$).

Concluding message

Bladder neck mobility is decreased after the TVT-operation compared to women without previous anti-incontinence surgery. Bladder neck mobility does not allow to identify failures after TVT.