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## **RECURRENT STRESS URINARY INCONTINENCE AFTER TVT. RISK ANALYSIS**

[Synopsis of Video](#)

## Hypothesis / aims of study

The most accepted theory divides cases of genuine stress incontinence into either anatomic stress incontinence or intrinsic sphincter deficiency. In the past, studies in the literature, report for Burch colposuspension, 10 years cure rate of 78% for primary intervention and 62% for repeat surgery or ISD (1). Over the last few years a new procedure (TVT) has evolved that involves the placement of a synthetic sling under the midportion of the urethra. International literature seem to indicate that this procedure is as efficacious as more traditional procedures in restoring continence. Also for TVT, the cure rate in cases of ISD (intrinsic sphincter defect or low pressure in the urethra), is lower than (74%) for the stress incontinent patient with only urethral hypermobility.(2)

Aim of the study is to find a correlation and or association between clinical features and urodynamics and imaging pictures for patients with stress urinary incontinence, due to ISD, that are at risk for undergoing an unsuccessful TVT procedure.

## Study design, materials and methods

A retrospective review was performed from December 2000 to December 2003 for all patient with SUI who underwent to TVT procedure.

A total of 168 women operated for primary genuine stress incontinence (110) or recurrent (27) stress urinary incontinence and mixed incontinence (31) were studied. TVT procedure was performed, by only two senior surgeons, in respect of original description and under local anesthesia.

Before surgery all patient underwent a comprehensive history, urogynaecological and neurological physical evaluation, supine and standing stress test, full urodynamic tests, including uroflowmetry and post-voiding residual volume measurement. The Urodynamic measurements comprised standard multichannel cystomanometry by using a 8-French 2/lumen catheter with simultaneous recordings of bladder and rectal pressure levels.

VLLP was measured, during Pressure/flow study, with 200 cc of water solution (and when negative, with 400 cc) in supine sitting and standing position. Positive bladder VLPP was define the lowest increase of bladder pressure recorded at the time of leakage as observed from the urethra.

The urethral pressure profile was performed by using a constant water- infusion pump and a 8 French 2 way catheter.

Urodynamic techniques, measurements, terminology is conformed with the ICS report 2002. Urethral mobility and prolapse grading was made according to Baden Walker model.

The perineal sonographic examination of pelvic floor was performed according to the SCHAER (3) criteria for the study of localization and funnelling of bladder neck. All ultrasound measurement were performed at rest and during Valsalva manoeuvre with a bladder filling 250 ml.

Median age of patients is 55 year (26-85), median height is 165 cm (146-184 cm), median weight 70 kg (50-115 Kg) media parity 2 (0-8). Median Follow-up is 30 months.

125 patients were completely cured; they did not leak. Six were not completely cured. 37 (22.02%) referred recurrence of incontinence; 12 of these group were operated for second time

## Results

Postoperative analysis of data of 37 women demonstrated that:

12 patients was affected by urethral hypermobility, MUCP >30 cm H<sub>2</sub>O, VLPP >60 cm H<sub>2</sub>O.

6 patients had hypomobility, MUCP < 30 cm H<sub>2</sub>O, VLPP < 60 cm H<sub>2</sub>O.

6 Women had urethra hypermobility, MUCP < 30 cm H<sub>2</sub>O, VLPP < 60 cm H<sub>2</sub>O.

13 patients with urethral hypermobility and overactive bladder VLPP < 60 cm H<sub>2</sub>O, MUCP >30 cm H<sub>2</sub>O.

33 patients showed persisting bladder neck funnelling, during VLPP, after surgery.

## Interpretation of results

In this patient funnelling was assumed when the depth to which the V shaped wedge of urine extended along the urethra were 3 mm.

The picture that regard all women is postoperative funnelling during VLPP.

## Concluding message

Other studies is necessary for to confirm this idea.

## REFERENCES

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