

INTRAOPERATIVE AND POSTOPERATIVE COMPLICATIONS OF TENSION-FREE VAGINAL TAPE: A RETROSPECTIVE STUDY AT A MEDICAL RESIDENCY HOSPITAL IN BRAZIL

Hypothesis / aims of study

The aim of this study was to evaluate intraoperative and postoperative complications of tension-free vaginal tape surgery for correction of urodynamic stress urinary incontinence, and to verify association between these complications and number of previous caesarean sections, previous pelvic surgery, Valsalva leak-point pressure values and concomitant pelvic surgery.

Study design, materials and methods

In the period from November 1999 to November 2003, 96 patients have submitted to tension-free vaginal tape for correction of urodynamic stress urinary incontinence at a medical residency hospital in São Paulo - Brazil. Before surgery, all patients were submitted to anamnesis, physical examination and urodynamic study. Postoperative follow-up was performed during the first week, thereafter monthly up to three months and then at twelve months. Last year the researchers revised information about all that patients, contained in the medical registers, like age, number of cesarean sections, previous pelvic surgery, concomitant pelvic surgery and Valsalva leak-point pressure values. Data about intraoperative and postoperative complications were also reviewed.

The χ^2 , Fisher exact test and Mann-Whitney test were used for statistical analysis.

Results

The mean age of the population of this study was 57±11,3 years. Valsalva leak-point pressure values average was 82,95± 33,74. Seventy seven women presented with pelvic organ prolapse, 44 (47,3%) had previous pelvic surgery and 32 (34,4%) needed concomitant surgery. Twenty two patients (23,7%) had complications related to surgery.

Intraoperative complications were represented by 10 cases of bladder perforation, 1 case of tape rupture during insertion, 1 arterial lesion and haemorrhage, 1 haematoma. Postoperative complications included 6 cases of urinary retention, 1 case of anterior vaginal wall erosion and granuloma, 1 case of de novo urge incontinence and 1 case of urinary tract infection.

Statistical analysis did not show any association between complications and the variables studied.

Interpretation of results

Comparing to the literature, this study showed an elevated number of complications, probably related to different expertise among the surgeons who have done those procedures, some of them, for the first time.

Concluding message

Although complications might be more frequent at medical residency hospitals, with surgeons with various degrees of experience, it allows less skilled doctors to get prepared to manage this cases properly.

References

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HUMAN SUBJECTS: This study was approved by the Ethics Committee of "Hospital do servidor Público Estadual de São Paulo" and followed the Declaration of Helsinki Informed consent was not obtained from the patients.