

FIVE-YEARS FOLLOW-UP OF TENSION-FREE VAGINAL TAPE (TVT) VERSUS RECTUS SHEATH SLING FOR SURGICAL TREATMENT OF FEMALE STRESS URINARY INCONTINENCE



By

Safwat.E.Abou Hashem Mohamed Mustafa and Wael Elbrombely*
Urology and Gynecology* Departments Zagazig University Egypt



Introduction

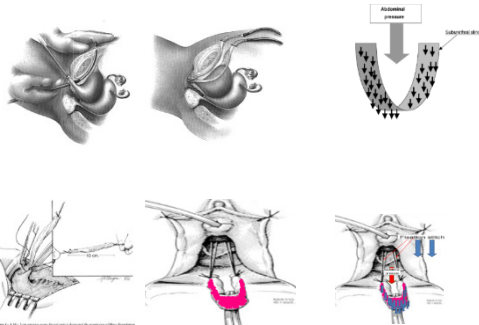
Objective:

This study was undertaken to compare long-term outcome of Tension-Free Vaginal tape (TVT) with Rectus Sheath Sling as the primary treatment for stress urinary incontinence

Methods

Patients&Methods

Fifty-six consecutive patients, with a mean age of 34.3+/- 9.6 years and affected by SUI, were included in this randomized controlled study. After preoperative assessment, patients were randomly allocated to the TVT or Rectus Sheath sling procedure. Operative time, perioperative complications, and hospital stay were prospectively recorded. Cure of SUI was defined as no leakage of urine during the stress test and at urodynamic testing. Patients were followed up for 5 years, 48 complete evaluations and 8 lost during follow up.

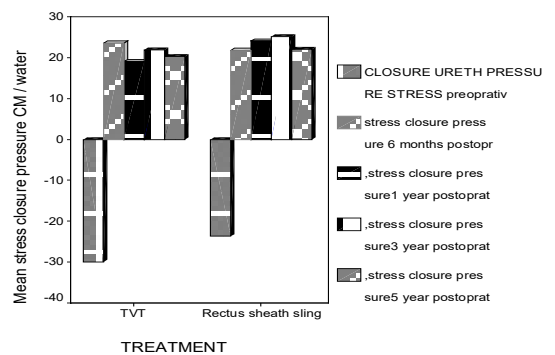


A and B: TVT and rectus sheath

Results

Results:

The mean operative time was significantly shorter in the TVT group. Perioperative complications, intraoperative blood loss, hospital stays, and time to return to normal activities were insignificantly differing between both groups. Forty-Eight patients out of 56 patients (84.2%) were successfully followed up for 5 years after the operation with success (88.5% and 84.6% for TVT and rectus sheath sling groups, respectively).



Urethral closure pressure in both groups

Conclusions

Conclusion

TVT and rectus sheath sling appear to be equally effective in the surgical treatment of SUI. However, TVT had insignificantly a shorter operative time hospital stays, and time to return to normal activities than rectus sheath sling, TVT is a reliable, mini-invasive, reproducible technique, almost suitable for outpatients, with no serious complications

References

- Ulmsten U, Henrikson L, Johnson P, Varhos G. An ambulatory surgical procedure under local anesthesia for treatment of female urinary incontinence. *Int. Urogynecol. J. Pelvic Floor Dysfunct.* 1996; 7: 81-6.
- Ulmsten U, Johnson P, Rezapour M. A three-year follow up of tension free vaginal tape for surgical treatment of female stress urinary incontinence. *Br. J. Obstet. Gynaecol.* 1999; 106: 345-50.
- Nilsson CG, Kuuva N. The tension-free vaginal tape procedure is successful in the majority of women with indications for surgical treatment of urinary stress incontinence. *Br. J. Obstet Gynaecol.* 2001; 108: 414-19.
- Meschia M, Pifarotti P, Bernasconi F *et al.* Tension-free vaginal tape: analysis of outcomes and complications in 404 stress incontinent women. *Int. Urogynecol. J. Pelvic Floor Dysfunct.* 2001; 12 (Suppl. 2): S24-7.
- Schraffordt Koops SE, Bisseling TM, Heintz AP, Vervest HA. Quality of life before and after TVT, a prospective multicentre cohort study, results from the Netherlands TVT database. *BJOG* 2006; 113: 26-9.
- Persson J, Teleman P, Eten-Bergquist C, Wolner-Hanssen P. Cost-analyzes based on a prospective, randomized study comparing laparoscopic colposuspension with a tension-free vaginal tape procedure. *Acta Obstet. Gynecol. Scand.* 2002; 81: 1066-73.
- Valpas A, Kivela A, Penttinen J *et al.* Tension-free vaginal tape and laparoscopic mesh colposuspension in the treatment of stress urinary incontinence: immediate outcome and complications: a randomized clinical trial. *Acta Obstet. Gynecol. Scand.* 2003; 82: 665-71.