TFS IN THE TREATMENT OF GENITAL PROLAPSE AND SUI (STRESS URINARY INCONTINENCE): ONE YEAR EVALUATION.

Hypothesis / aims of study
Evaluating after 12-15 months the clinical subjective improvement and the degree of satisfaction in patients operated of pelvic floor pathology.

Study design, materials and methods
20 patients (17 presented symptoms of lump in external genitals, 5 out of them with SUI (Stress Urinary Incontinence) associated and 10 with UUI (Urge Urinary Incontinence) and nocturia and 2 only with SUI) operated applying meshes of Tissue Fixation System (TSF) following Dr. Petros technique.
We have evaluated the following variables: age, symptoms and grade of prolapse, type of UI (Urinary Incontinence), previous surgery, inserted meshes, postsurgery evaluation, complications, follow up between 4-15 months and grade of satisfaction.

Results
We have found the following complications:
- In the immediate postsurgery: 3 UTI (Urine Tract Infection).
- In the late postsurgery: 2 UI (Urinary Incontinence)
  1 mesh extrusion of the perineal bodies after 1 month.
  1 mesh extrusion of perineal bodies with fistula after 1 year
In the immediate postsurgery course only 3 patients presented mild pain.

12-15 months after surgery:
- 4 patients with genital prolapse:1 cystocele relapse (previous surgery),1 vault prolapse relapse (previous HATS) , 1 hysterocele and 1 vault prolapse de novo.
- 9 patients with urge, 30% have persistence but in decreased grade treated with anticolinergic therapy, 1 with SUI de novo.
- 6 women with nocturia, 50% have persistence but in decreased grade treated with anticolinergic therapy.
- 4 patients with SUI, only 1 patient has persistence of SUI but in decreased grade.
The grade of satisfaction of the patients is around 90 % and good results about 70%.

Interpretation of results
Patients with genital symptomatic prolapse +/-SUI (Stress Urinary Incontinence) vs MUI (Mixed Urinary Incontinence) and patients with pure SUI treated with TFS state a clinical improvement and a high grade of satisfaction.

Concluding message
TFS allows uterus preservation and functional reconstruction of the vagina. We should be careful with the results but we are satisfied with its good evolution.

Specify source of funding or grant
hospital funding

Is this a clinical trial?
No

What were the subjects in the study?
HUMAN

Was this study approved by an ethics committee?
No

This study did not require ethics committee approval because
it has the gynecologist head approval and patients state informed consent

Was the Declaration of Helsinki followed?
Yes

Was informed consent obtained from the patients?
Yes