

RE-AUDIT OF TENSION-FREE VAGINAL TAPE (TVT) FOR STRESS URINARY INCONTINENCE. CLOSING THE AUDIT CYCLE.

Hypothesis / aims of study

Clinical audit is a quality improvement process that seeks to improve patient care and outcome. The audit cycle consists of systematic review of care against explicit criteria, implementation of change and finally, a re-audit to complete the audit cycle.

TVT was introduced in our institute in 2001. In 2003, The National Institute of Clinical Excellence (NICE) published a guideline on the use of TVT for surgical treatment of stress urinary incontinence. An audit was carried out in 2004 to measure the adherence to the NICE guideline and to ensure that the success rate as well as the complication rate was within the national standards. A shortfall especially in documentation and postoperative measurement of residual urine was highlighted.

The aim of this reaudit is to identify whether changes have improved the compliance to NICE guideline as well as to ensure that the success rate as well as the complication rate remain within the national standards.

Study design, materials and methods

A total of 107 patients underwent a TVT procedure. 22 patients were included in the first audit and 85 in the re-audit. Cases were identified from the Coding Department. Case notes were reviewed and data was collected in special designed Performa.

Results

The mean age was 51. The mean BMI was 28 and was not documented in 16% of cases compared to the previous audit (27%). 30% of the patients had previous incontinence surgery and 85% received physiotherapy prior to surgery. Urodynamic was performed in 100% of patients. It showed either stress incontinence only (95%) or mixed incontinence (5%). All cases had received appropriate counseling prior to surgery but only 38% had received an information leaflet. All cases were performed or directly supervised by an appropriately trained consultant. In 16% of cases, TVT was combined with repair for genital prolapse. In 63% of cases, the operation was performed under local anaesthesia and sedation. Spinal and general anaesthesia were used in 25.5% and 11.5% of cases respectively. Patients reported a high subjective cure rate, with 97% either fully cured (86%) or showing substantial improvement of their condition (11%). This compared to 94% in the previous audit. Intra-operative complication was mainly bleeding (300ml) with no incidence of bladder perforation, Post-operative complications were abdominal wound infection, urine retention, syncope, cardiac arrhythmia, UTI, vaginal defect, donevo DI. Two patients required CISC (1-2 weeks) and two other patients required further surgical intervention.

Interpretation of results

The results show that the overall performance was comparable to results reported elsewhere in literature. In general, there is high compliance with NICE guideline, however; improvement is needed in offering supervised physiotherapy, providing an information leaflet and documentation of postoperative residual urine

Concluding message

This reaudit has demonstrated that TVT is a highly successful operation with a comparatively low complication rate. Although there has been some improvement, documentation remains low despite the recommendation and changes that were introduced following the first audit. We have now recommend the use of a perioperative checklist as this may improve documentation and adherence to the local adopted protocol.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	Clinical Audit
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No