A RETROSPECTIVE REVIEW OF PATIENTS WHO UNDERWENT TENSION-FREE VAGINAL TAPE (TVT) PROCEDURE WITH OR WITHOUT CONCURRENT SURGERY IN THE TREATMENT OF URINARY INCONTINENCE

Hypothesis/ aims of study
To evaluate the success and complication rates of TVT in the surgical treatment of female stress urinary incontinence (SUI)

Study design, materials and methods
This is a retrospective study of 450 case patients who underwent TVT with or without concomitant vaginal surgery for pelvic organ prolapse. Urodynamic studies (UDS) and urethral pressure profile (UPP) were performed for patients before operation and 6 months after the TVT surgical procedure. This study reported on the success rate of the TVT surgery by analysing the objective outcome 6 months after the subjects underwent the TVT surgery and subjective SUI outcome at 1 year and 2 years after surgery. In addition, this study also documented the complications associated with the TVT surgical procedure.

Results
Follow up rate at 6 months, 1 year and 2 years after surgery were 84% (378/450), 72% (324/450) and 51% (229/450) respectively. Subjective cure rate at 6 months, 1 year and 2 years 90.7% (342/378), 93.3% (302/324) and 93.9% (215/229) respectively. The objective cure rate (with urodynamic study) at 6 months was 80.7% (305/378). Complications associated with the surgery included de novo urgency (6.4%), temporary voiding difficulties (14.2%), bladder perforation (5.4%) and mesh erosion (1.7%).

Interpretation of results
TVT appears to have excellent long-term success rate at greater than 90% and is a safe surgical procedure with no major complications. The complication rates reported in the study were equivalent to currently quoted literature values. Therefore TVT is a highly effective, safe and durable procedure for treating females diagnosed with SUI.

Concluding message
TVT is a highly effective, safe and durable procedure for treating females diagnosed with SUI.