

TRANS-OBTURATOR TENSION-FREE VAGINAL TAPE (TVT-O) IN THE ELDERLY: IS IT A SAFE PROCEDURE?

Hypothesis / aims of study

Stress urinary incontinence (SUI) is very common among elderly women. We analyzed the safety and efficacy of the trans-obturator tension-free vaginal tape (TVT-O) surgery in elderly versus younger stress-incontinent women.

Study design, materials and methods

97 consecutive elderly, aged 70 and older, and 256 younger women (mean age 75 and 55 years, respectively) who underwent TVT-O for urodynamically-confirmed SUI were prospectively enrolled. Concomitant pelvic organ prolapse (POP) repair was performed in 90% of the elderly and 70% of the younger women. Main outcome measures were perioperative morbidity, postoperative urodynamically-confirmed SUI, persistent, or de novo overactive bladder (OAB) and bladder outlet obstruction (BOO). All patients underwent pre and post-operative urodynamic evaluation. Mean follow-up was 30 months (3-58).

Results

Peri-operative morbidity was similar in both groups (Table 1), except for significantly more cases of postoperative recurrent UTI's among elderly women (13.4% versus 6%). The incidence of persistent urodynamically-confirmed overt SUI was similar in both age groups (5%). However, persistent and de novo OAB were significantly more common among elderly women (67% and 11.6% versus 59% and 4.5%, respectively). BOO was diagnosed in three (1.2%) of the younger patients

Interpretation of results

TVT-O is safe and efficient for both elderly and younger stress-incontinent women. However, elderly patients are in increased risk for post-operative recurrent UTI's as well as persistent and de novo OAB.

Concluding message

TVT-O is an effective and safe treatment for SUI in elderly women.

Table 1:

Mean+SD	ELDERLY PATIENTS N=97	YOUNGER PATIENTS N=256
Age	75+4.1	55+8.6
Parity	2.8+1.6	3.1+1.4
Concomitant OAB	54 (56%)	145 (57%)
Concomitant POP	87 (90%)	180 (70%)
Hospital stay (days)	5.4+2	4.6+2.7
Catheterization >7 days	3 (3%)	13 (5%)
Postoperative fever	4 (4%)	13 (5%)
Postoperative leg pain	7 (7%)	28 (11%)
Postoperative recurrent UTIs	13 (13.4%)	15 (6%)
Tape erosion	2 (2%)	5 (1.9%)
Persistent OAB	36/54 (67%)	85/145 (59%)
De novo OAB	5/43 (11.6%)	5/111 (4.5%)
Persistent overt UD-SUI	5 (5%)	13 (5%)
Persistent asymptomatic UD-SUI	18 (19%)	9 (3.5%)
BOO	0	3 (1.2%)

Specify source of funding or grant	NONE
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	Hospital Ethics Committee
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes