

TENSION-FREE VAGINAL TAPE OBTURATOR FROM INSIDE TO OUTSIDE (TVT-O) VERSUS TENSION-FREE VAGINAL TAPE (TVT) RETROPUBIC IN SURGICAL MANAGEMENT OF GENUINE STRESS URINARY INCONTINENCE (SUI)

Hypothesis / aims of study

Tension-free vaginal tape (TVT) is the most popular and effective procedure to correct urinary incontinence, with a high score of self-reported satisfaction and an objective cure rate >80% at 7 year after surgery. However, patients can be exposed to several complications. To avoid complications related to the blind passage of the tape through the retro pubic space, such as bladder or bowel perforation, the transobturator route was introduced. Evaluation of this device through prospective short-term series has shown controversial results .

The aim of this study is to compare success rates and complications for Tension-free vaginal tape obturator from inside to outside (TVT-O) versus Tension-free vaginal tape (TVT) retropubic versus in surgical management of genuine stress urinary incontinence (SUI).

Study design, materials and methods

Eighty patients with genuine SUI were divided into two groups. Group A (n=40) were operated upon using Tension-free vaginal tape (TVT) retropubic and group B (n=40) were operated upon using Tension-free vaginal tape obturator from inside to outside (TVT-O). Success rate, Quality of life and postoperative complications such as groin pain, urgency , urine retention and vaginal tape erosion were reported in both groups at one, six, and 12 months after surgery

Results

As regards objective cure rate at one, six, twelve months intervals; there was no significant difference between group A (100%, 95%, and 90%), and group B (95%, 90%, and 85%) respectively ($P > 0.05$). As regards subjective cure rate at one, six, twelve months intervals; there was no significant difference between group A (90%, 90%, and 85%), and group B (90%, 85%, and 80%) respectively ($P > 0.05$), Quality of life (QoL) parameters improved significantly in cured patients with no difference between both groups. As regards complications, no significant complications recorded as regard all postoperative complications except for groin pain where group B who had a higher frequency than group A; Bladder perforation (5% Vs 0% $p > 0.05$), groin pain (0% Vs 4% $p < 0.05$), Suprapubic pain (10% Vs 0% $p > 0.05$), urgency (10% Vs 15%), urine retention (5% Vs 0%), vaginal tape erosion (15% Vs 5%). No cases were complicated with wound infection.

Interpretation of results

Both TVT and TVT-O showed high subjective and objective cure rates after six months.

Concluding message

Both techniques were comparable as regards improvement of quality of life after surgery.

Disclosures

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