

GYNAECOLOGY & OBSTETRICS UPDATE

Issue 10

February, 2000

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Gynaecology_
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A web Site for the Update:

http://www.geocities.com/r1tmm/Gynaecology_Obstetrics_Update.html

I am very pleased to announce that a web site for the **Update** has been created. It includes all the previous issues and a link to other useful medical web sites. The site will also include useful illustrations related to the Update issues.

TVT (Tension free Vaginal Tape) for Urinary Stress Incontinence

The **TVT** operation is an established **new** effective and safe surgical technique for the treatment of female urinary genuine stress incontinence (**GSI**). The procedure was originally described in Sweden, 1993 and have been introduced to the Gynaecology Department, Eastbourne, late 1998.

TVT can be performed as a separate procedure for **GSI** or in association with other vaginal repair operations for vaginal prolapse associated with **GSI**.

Procedure: Surgical insertion of a prolene tape around mid-urethra via a 1.5 cm vaginal incision. Mean operation time was 30 minutes.

Aim: To create a support to the continence mechanism by securing proper fixation of the mid-urethra to the pubic bone.

Anaesthesia: Spinal. It can be also performed under local or general anaesthesia.

Hospital Stay: The patients are discharged the day after the procedure. No routine prolonged postoperative catheterisation is required.

Results: Success rate is 97% (complete cure in 86% and significant improvement in 11%). The patients were followed up for 3 years with no signs of deterioration of the results over time. No defect in healing or rejection of the tape have been found.

Time off work: Usually 2 weeks extended to 3 weeks if the patient does heavy work.

Illustration on the Web site: Please visit the web site for illustrations of the procedure and mechanism of action.

References: Br J Obstet Gynaecol 1999;106:335 Int Urogynecol J 1998; 9: 210. Int Urogynecol J 1996. 7: 81.

SERNIP Category 'A' for 'TVT'

SERNIP (Safety and Efficacy Register of New Interventional Procedures) of the Medical Royal College is a governmental agency established to study the safety and efficacy of new procedures. The Advisory Committee of SERNIP has recently considered the available data on TVT and located the procedure category 'A': 'Safety and efficacy established; the procedure may be used'

SERNIP Categories include:

A: 'Safety and efficacy established; the procedure may be used'

B: 'Sufficiently close to a procedure of category 'A' to give no reasonable grounds for questioning safety and efficacy; procedure may be used subject to continuing audit'

C: 'Safety and efficacy not yet established; procedure may be used only as a part of research'

D: 'Safety and/or efficacy shown to be unsatisfactory; procedure should not be used'