

# GYNAECOLOGY & OBSTETRICS UPDATE

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## TVT (Tension-Free Vaginal Tape) Operation for Female Urinary Incontinence

### NICE Appraisal 2003

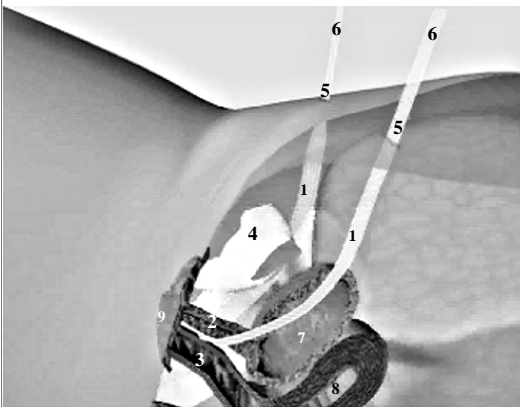
Please review Issues 8,9 & 10

NICE (National Institute for Clinical Excellence) has recently published its final document on the impressive appraisal for TVT with the following recommendations:

- \* **The effectiveness of TVT procedure is confirmed.** It is recommended as one of surgical options for women with uncomplicated urodynamic stress incontinence in whom conservative management has failed. The TVT is found to be a cost-effective procedure and would result in savings to the NHS.
- \* In making the decision to use TVT, **the patient should be fully informed of the advantages and drawbacks** of the relevant surgical procedures.
- \* The TVT procedure **should be performed only by surgeons who have received appropriate training, and who regularly carry out surgery for stress incontinence in women.**

### The Author's 5 years Experience & Audit Results

- \* The Author (T M Malak) introduced the TVT procedure to Eastbourne in **1998**. The number of TVT procedures performed in England in the year **1998-1999** was **214** only. This has risen to 2706 in the year 2000-2001. The Author performed 135 procedures.
- \* TVT is a minimal access procedure that is performed under regional anaesthesia. In comparison to colposuspension (traditional open surgery for incontinence); TVT is associated with shorter operating time (20 minutes Vs. 60-100 minutes), shorter hospital stay (1 Vs. 5 days). TVT is associated with a more rapid return to usual activities.
- \* No routine postoperative catheterization is needed
- \* It was formed successfully for: patients who are too frail or unfit to undergo major surgery, combined with vaginal repair (anterior and/or posterior) for prolapse, hysterectomy and other gynaecological procedures, and as a secondary procedure for incontinence.



Audit Results	Author	Published
Complete Cure	90 %	72-87 %
Improvement	96 %	74-97 %
Bladder injury	0 %	4-39 %
Bowel injury	0 %	0.007 %
Bleeding	0 %	2-5 %
Nerve injury	0 %	0.2 %
Catheter > 2 days	0.7 %	3-13 %
Tape Erosion	0 %	1 %

## Apology

For all who used the e-mail link in the internet site to send me comments as I haven't received them. I discovered that this service has been updated by the provider and is not compatible with the system I use. Please send me your comments to my e-mail address

[r1tmm@yahoo.com](mailto:r1tmm@yahoo.com)

A proline Tape<sup>1</sup> is placed to form a hammock under the mid-urethra<sup>2</sup> to support it. The tape is inserted through a small incision in the vagina<sup>3</sup> passing behind the pubic bone<sup>4</sup> through two 0.5 cm incision in the skin<sup>5</sup> above the pubic bone and in pubic hair. The excess length of the tape<sup>6</sup> is cut and the ends are retracted away from the skin incisions which are closed with a skin glue. The vaginal incision is closed with a stitch. 7: Bladder, 8: Uterus, 9: External genitalia