SUMMARY & RECOMMENDATION

Stress urinary incontinence is a frequent and bothersome condition in many women and has a significant impact on themselves and their partners. Still many of these women suffer in silence and don't seek medical advice or delay a consultation until symptoms become very severe. This is due to the fact that patients are not very well informed about this condition and many women still believe that incontinence is a natural part of aging and they are afraid that surgery is the only treatment option available.

This study was done to evaluate and compare the tension free vaginal tape (TVT) and rectus sheath fascial patch sling procedures in management of female genuine SUI.

Between January 2002 and June 2004, in Benha Urology and Gynecology Department, 60 female patient complaining of genuine stress urinary incontinence were included in this study. They were randomly divided into 2 groups.

- Group I: Included 30 patients managed by TVT.
- Group II: Included 30 patients managed by fascial patch sling using rectus sheath.

All patients were evaluated preoperatively by history, physical examination, routine preoperative laboratory investigations including urine analysis and culture and sensitivity if needed, abdominopelvic ultrasound with estimation of post-voiding residual and urodynamic investigations in the form of: free flometry, cystometry with assessment of valsalva leak point pressure and pressure flow study.

Our results were subjected to detailed statistical analysis and we found that:

- Surgical therapy for SUI with TVT had a high success rate (90%) which is comparable to that of patch sling 96.7%.
- Cases with recurrent stress urinary incontinence with valsalva leak point pressure greater than 60 Cm H_2O managed by TVT procedure had a cure rate similar to that of fascial patch sling.
- Cases with VLPP less than 60 Cm H_2O (ISD) showed failure rate after TVT procedure higher than that following patch sling procedure.
- The operative time and intra-operative bleeding was higher in fascial patch sling procedure than in TVT procedure.
- Both TVT and fascial patch sling had an obstructive effect on the urethra but the obstruction was more in fascial patch sling group due to its effect on bladder neck opening. This effect could be detected in free flowmetry and pressure flow study.
- We had to mention that the cost of TVT is much more than fascial patch sling costs.

Recommendations:

- Patients with genuine SUI either primary or recurrent can be managed by TVT provided that they have VLPP >60 Cm H_2O.
- All patients with grade III SUI in our study have VLPP <60 cm H_2O. So, large number of patients with grade III stress urinary incontinence should be evaluated for their VLPP and if the previous data is confirmed, urodynamic study can be avoided.
- Patient with grade III SUI mostly have an ISD, so, their VLPP should be evaluated carefully preoperatively, and if it is lower than

60 Cm H_2O, we recommend fascial patch sling for management of their problems as the cure rate following TVT procedure in such patients was not encouraging.

- Patients with ISD are better to be managed using fascial patch sling.
- We recommend further studies on a larger scale of patients with a longer follow up period, especially following TVT to assess the long term complications.