

SUMMARY & CONCLUSION

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

Between September 2009 to November 2011, in Benha Urology 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-Secur.
- 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 flowmetry, cystometry with assessment of valsalva leak point pressure and pressure flow study.

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

- There was insignificant difference between both group regarding age, mode of delivery, parity, menopausal state and grade of SUI.
- There was statistically significant difference between both group regarding operative time, intraoperative bleeding and which was in favor of TVT- Secur procedure.
- Surgical correction for SUI using TVT-Secur had a high success rate (96.7%) which is equal to that of patch sling 96.7%.

- The operative time and intra-operative bleeding was higher in fascial patch sling procedure than in TVT-Secur procedure.
- Both TVT-Secur 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-Secur is much more than fascial patch sling costs.

Conclusions :

This short term follow up reveals that both TVT-S and rectus fascial sling procedures have high success rate in the treatment of female stress urinary incontinence with no statistically significant difference between groups. The only statistically difference was operative time, intraoperative blood loss and learning curve.

It is recommended that further studies on a larger scale of patients with a longer follow up period, especially following TVT-Secur to assess the efficacy and long term complications.