

[VS-055]**Double tension adjustments with novel modification on tension-free vaginal tape(TVT)**

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OBJECTIVE: The preliminary results of a novel surgical modification on tension- free vaginal tape(TVT) in the treatment of female stress urinary incontinence(SUI).

MATERIAL-

METHODS: Thirteen female patients with mean age of 48.98 years (range 31-72) who underwent anti-incontinence surgery to correct their SUI were included. Sex of them were operated between the period of June 2010 ad Augustus 2011 and 7 patients were operated between April 2013 and April 2014. All cases were primary except two of them had previous anti incontinence surgery. Pure SUI were diagnosed and confirmed with physical examination. In-situ anterior vaginal wall sling was prepared, and monofilament polypropylene tape passed below the insitu-sling and standard TVT procedure was performed. Two fixation sutures were placed at the lateral side of the in situ sling thus mesh dislocation was avoided. Intra-operative cystoscopy was done to rule out urethral or vesical perforation. Both ends of the mesh in the suprapubic region were labeled with vicryl sutures and left outside the skin to increase the tension of the mesh in the early postoperative period incase incontinence occurred. Similarly the middle of the mesh in the vaginal region were labeled with the same sutures and left outside the vagina to decrease the tension of the mesh in early post operative period incase urinary retention occurred. Foley catheter was removed on the second postoperative day. The mean follow up period was 4.69 months (range: 3-13 months)

RESULTS: The surgical technique was successful in all patients. No urinary retention was observed after catheter removal except in one patient where reduction of the tension of the sutures were done. No vaginal mesh erosion was detected during the gynecological examination postoperatively. No significant post-voiding residue was detected.

CONCLUSION: This technique give feasible option to adjust the tension of the mesh in the early post operative period in case of urinary retention or persistent incontinence. Low risk of vaginal and urethral erosion, due to the presence in-situ sling over the tape are also important advantages of this technique. Long term success is expected, because dislocation of midurethral sling are less likely.

Keywords: Bladder, incontinence, TVT

Detaylar

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