PF-Sonography of sling complications

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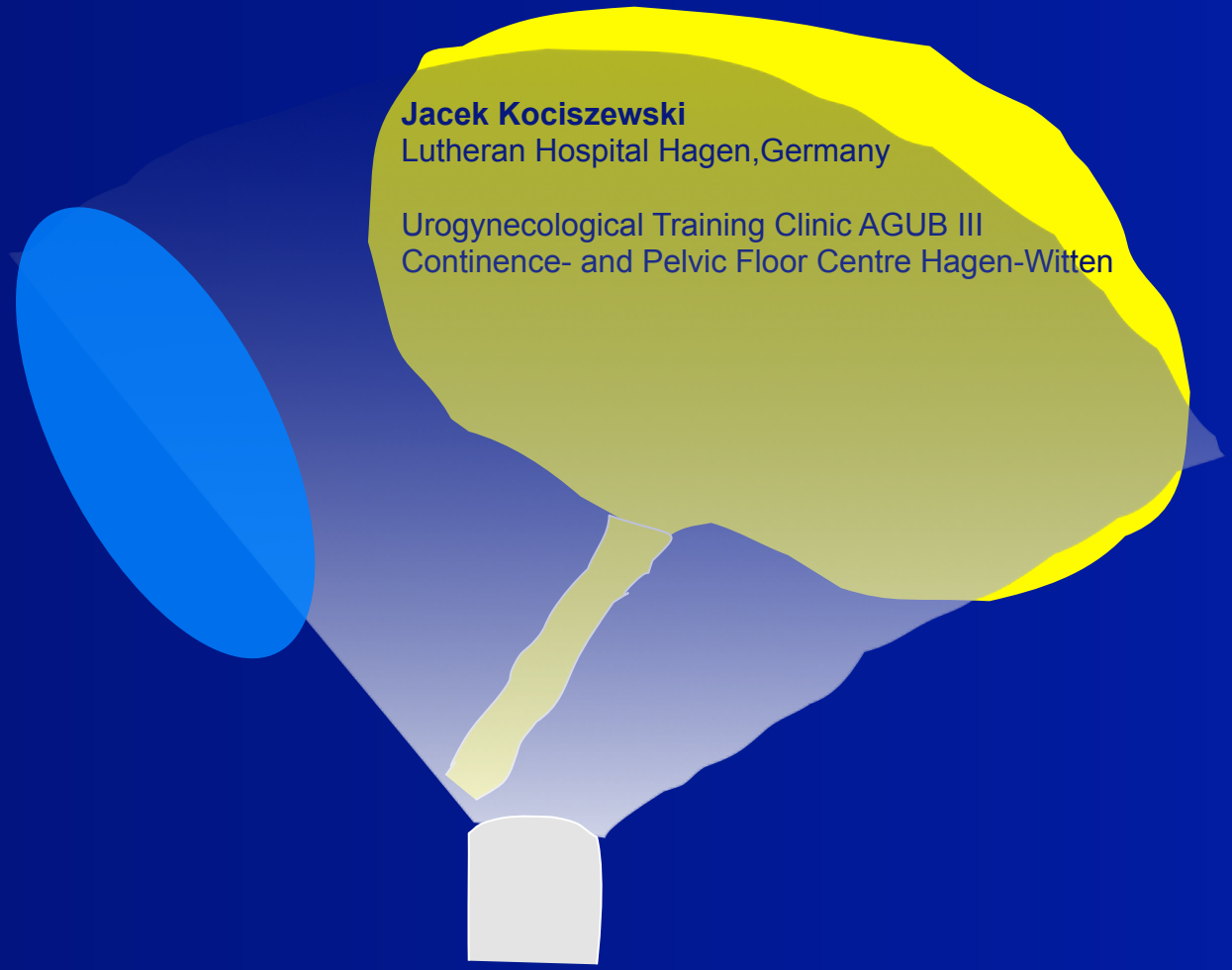
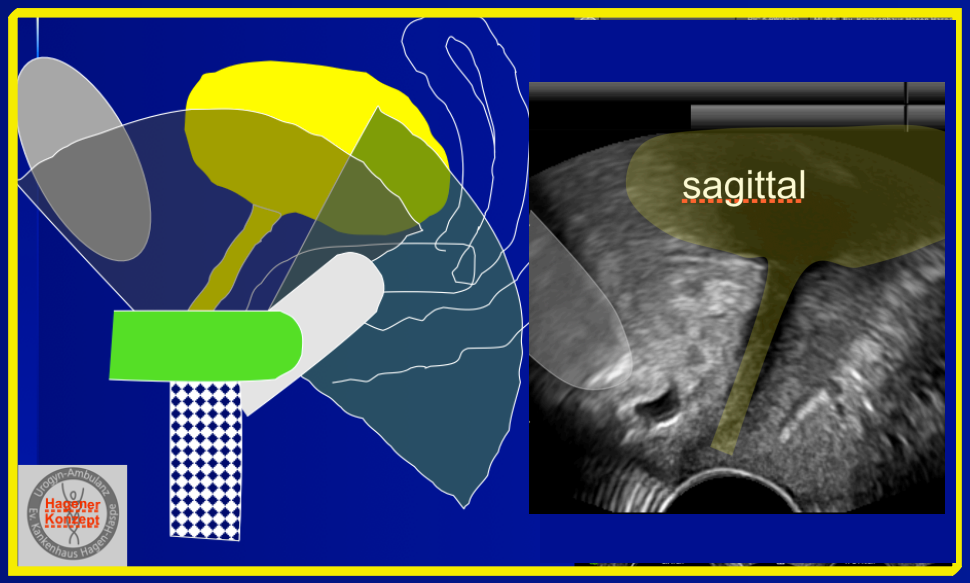
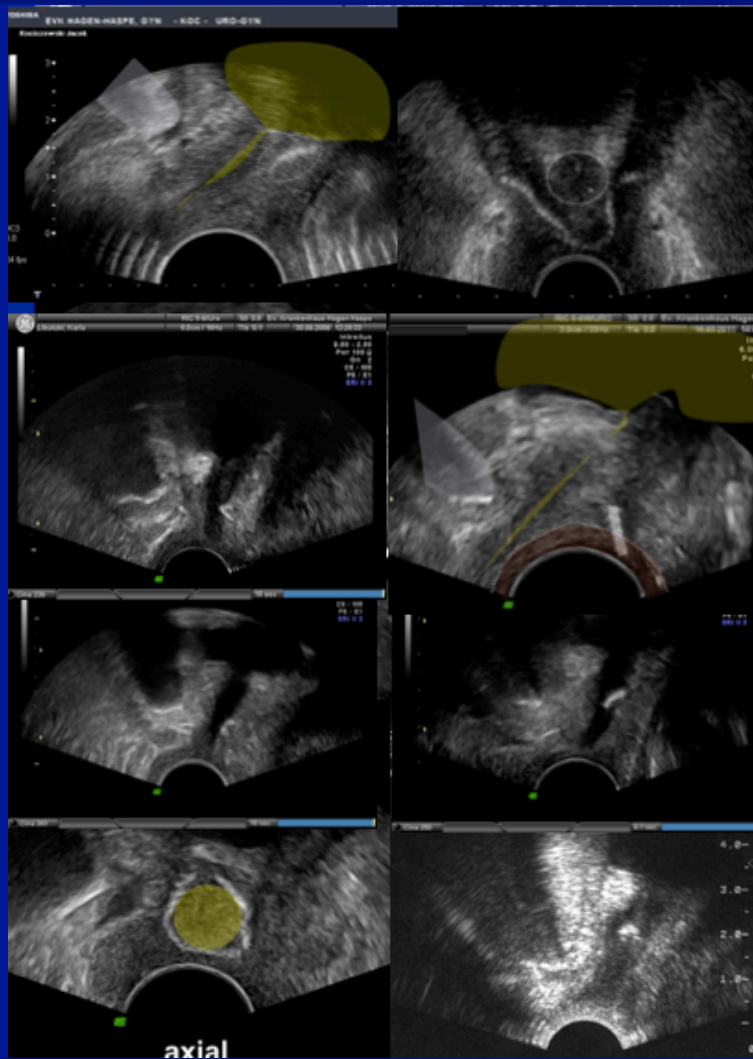


Pelvic Floor - Sonography





tension free vaginal tape

TVT

International Urogynecology Journal

Original Article

An Ambulatory Surgical Procedure Under Local Anesthesia for Treatment of Female Urinary Incontinence

U. Ulmsten, L. Henriksson, P. Johnson and G. Varhos

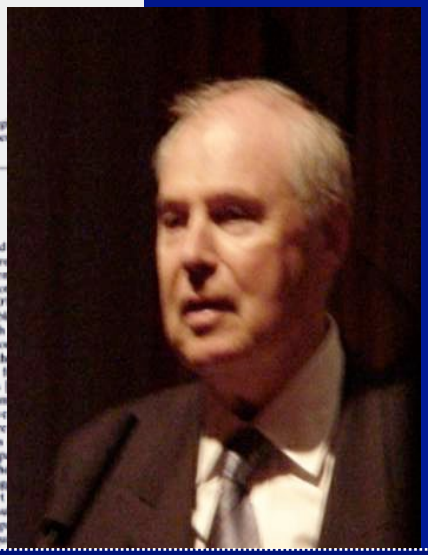
Abstract: The object was to study prospectively the results of a modified intravaginal slingplasty for the surgical treatment of female stress incontinence, carried out under local anesthesia as a day procedure. Seventy five patients with genuine stress incontinence were operated upon and followed for a 2-year period. All patients were diagnosed urodynamically to have genuine stress incontinence. Pad tests and quality of life assessments were carried out in all patients both pre- and postoperatively. There were no intra- or postoperative complications and 63 patients (84%) were completely cured throughout the 2-year follow-up period. Six patients (8%) were significantly improved, i.e. they did not loose urine apart from an occasional leakage during severe cold etc. In the remaining 6 patients (8%) no improvement was seen. These failures were obvious at the first postoperative check-up after 2 months. Thus, there were no relapses after 2 months. All but 5 patients were able to void properly directly after surgery. These 5 needed an indwelling catheter during the night directly after the operation. All 75 patients were released from the hospital the same day or the day after surgery without catheterization. Mean sick leave was 10 days and mean operation time 22 minutes. No defect healing or rejection of the sling occurred. It is concluded that the procedure described is a promising new technique for the surgical treatment of female stress incontinence. Prospective long-term studies including more patients are in progress to establish the definitive place of this technique in the clinical routine.

Keywords: Ambulatory surg... stress incontinence; Local an...

Introduction

We have previously reported... ambulatory surgical procedure... (IVS), for the treatment of fe... [1]. Although the results of he... [2] have shown an almost 'id... surgery, some important probl... One is the rejection of both... tapes, which occurred in abo... Another problem involves th... originally designed to insert ... new pubourethral ligament... permanent sling around the m... slings have been found to hav... rate, however, this procedure...

The present study reports... technique for IVS used in 75 p... incontinence. The basis of th... that previously reported, sug... inadequate urethral support... vesical ligaments and the u... essential to alleviate the p... Moreover, the previous rep...



polypropylene tape
local anesthesia
cough test
without elevation
middle urethra

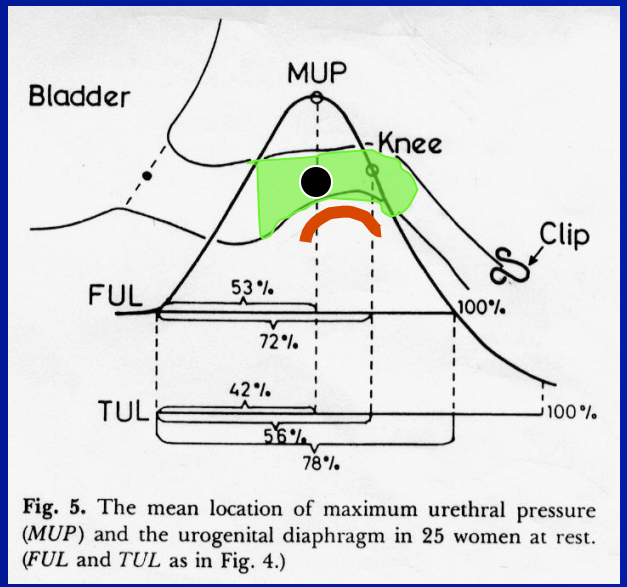


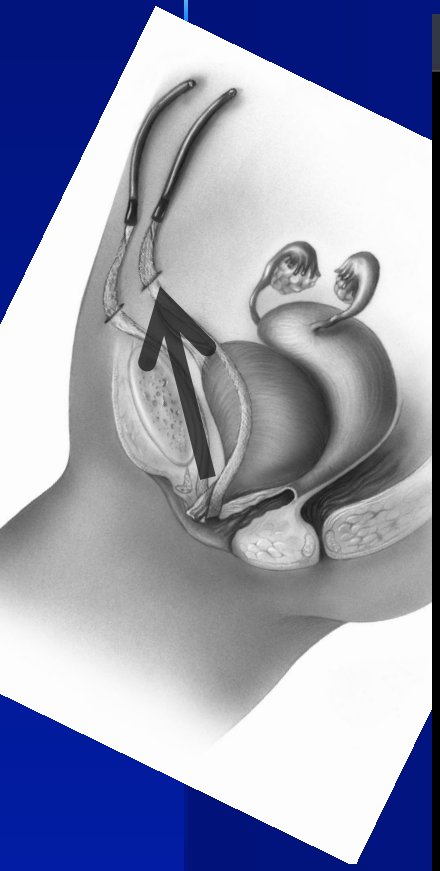
Fig. 5. The mean location of maximum urethral pressure (*MUP*) and the urogenital diaphragm in 25 women at rest. (*FUL* and *TUL* as in Fig. 4.)

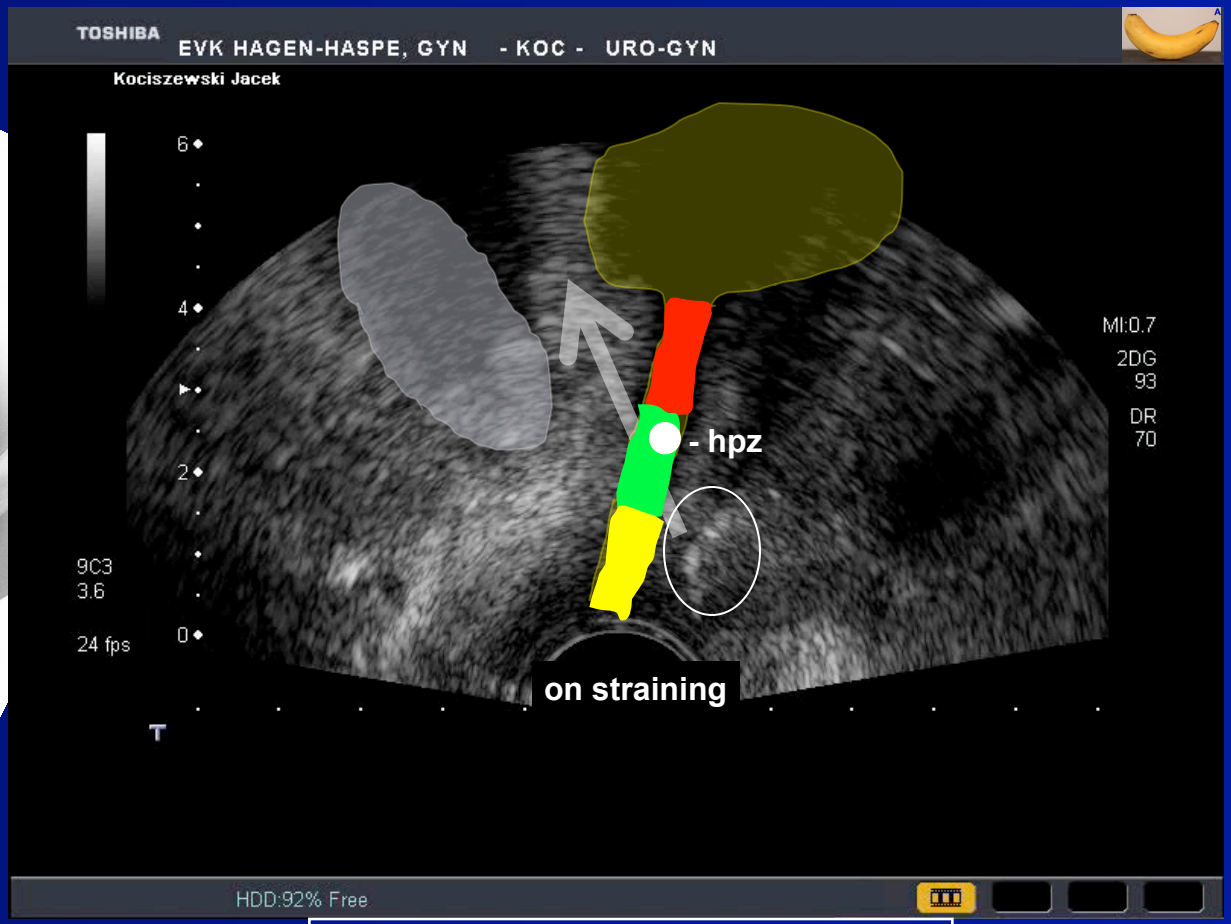
1996 Ulmsten presented the new surgical method to treat female stress urinary incontinence:
tension free vaginal tape - TVT

Pelvic Floor - Sonography

TVT and its mechanism of action

normal urethra length

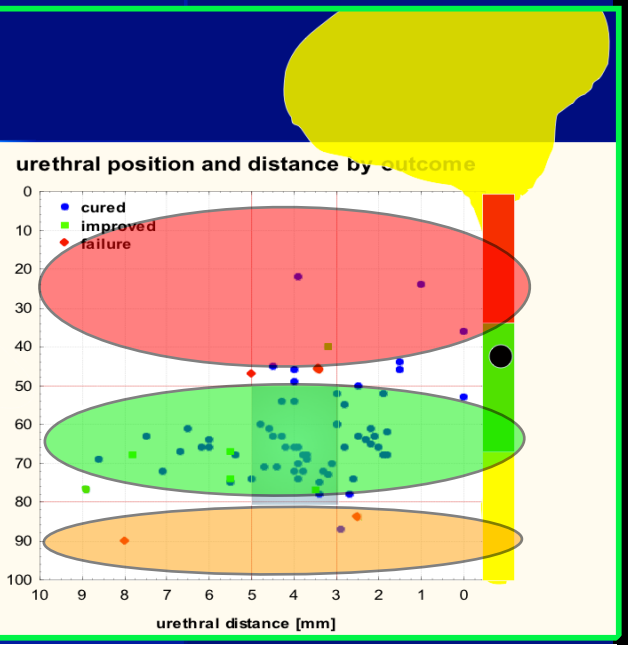




● - hpz: high pressure zone

Pelvic Floor - Sonography

slings and complications



J.Kociszewski, V.Viereck
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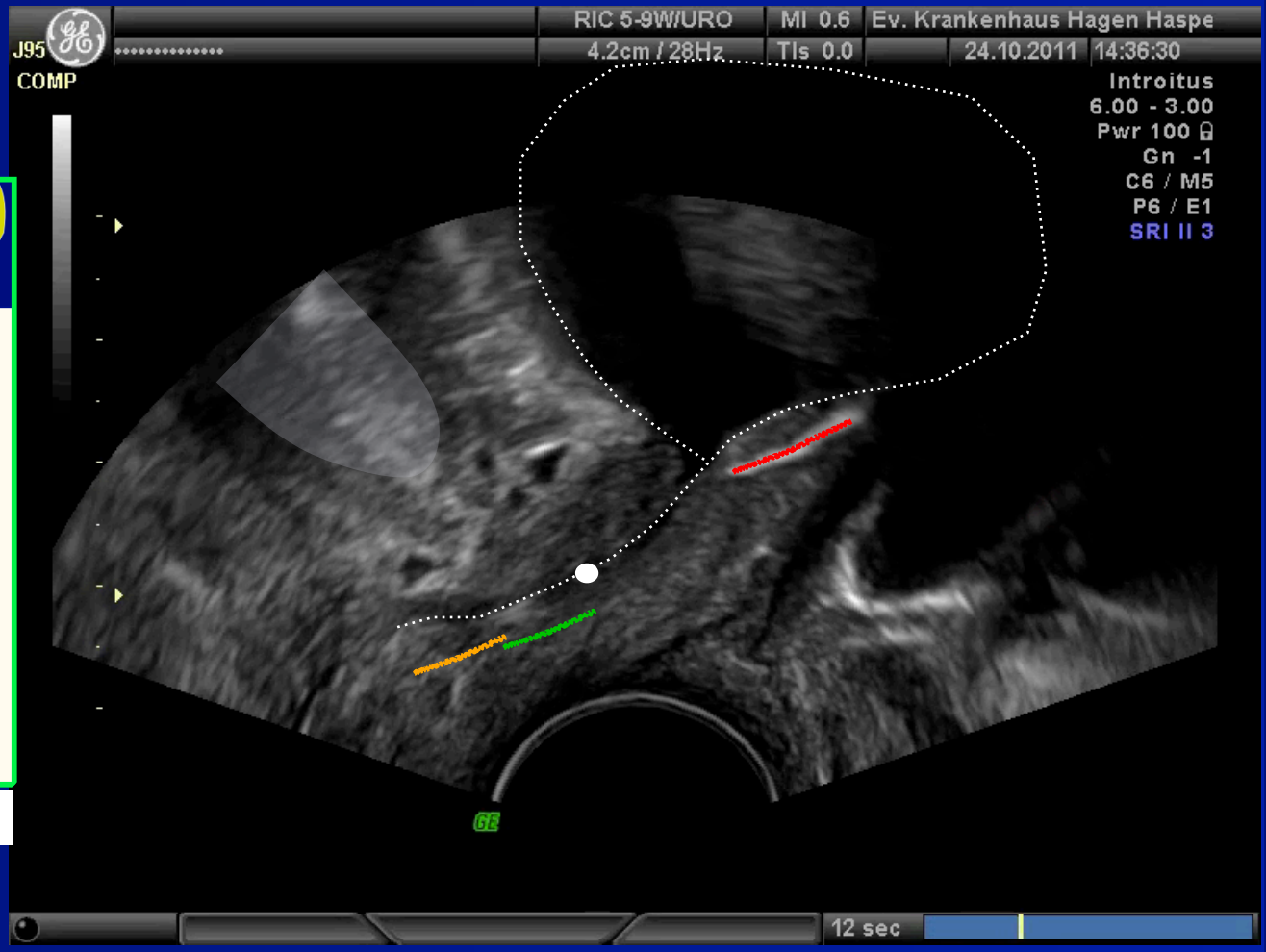
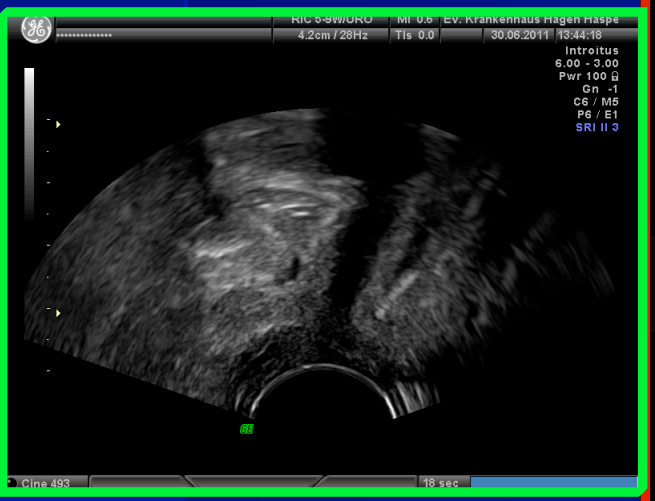
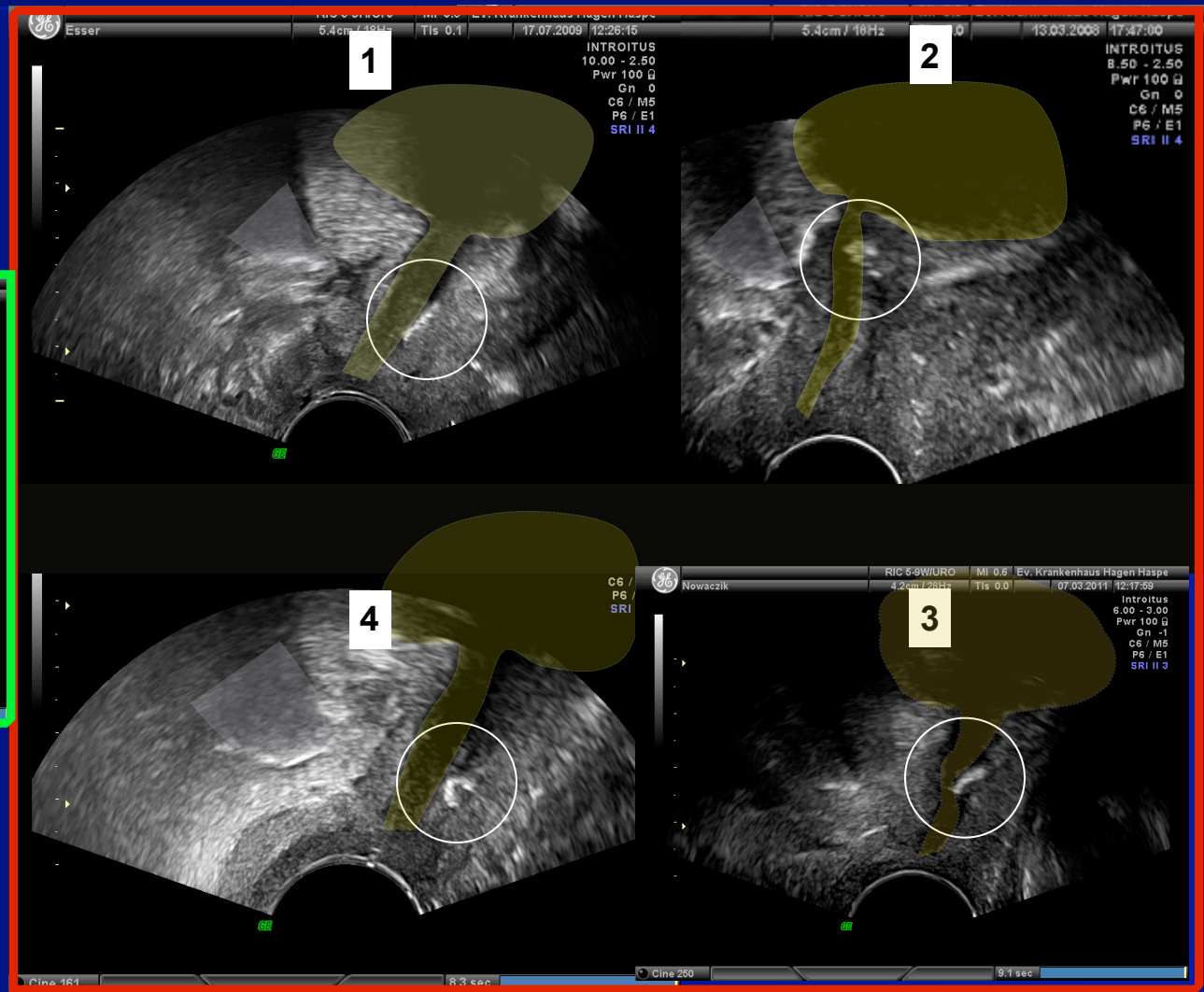


Pelvic Floor - Sonography

Assessment of sling at rest

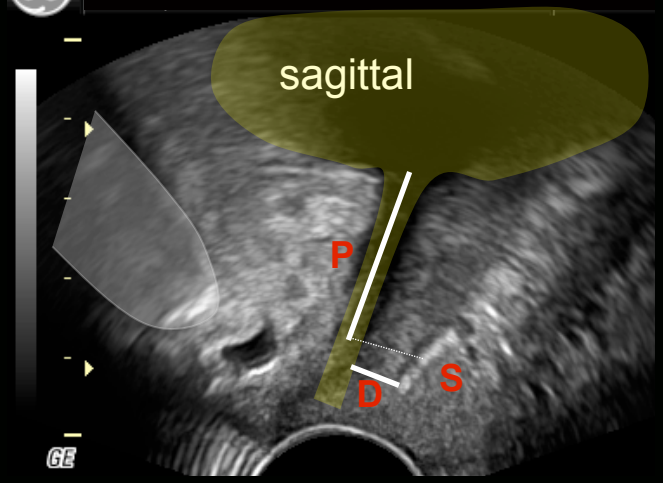




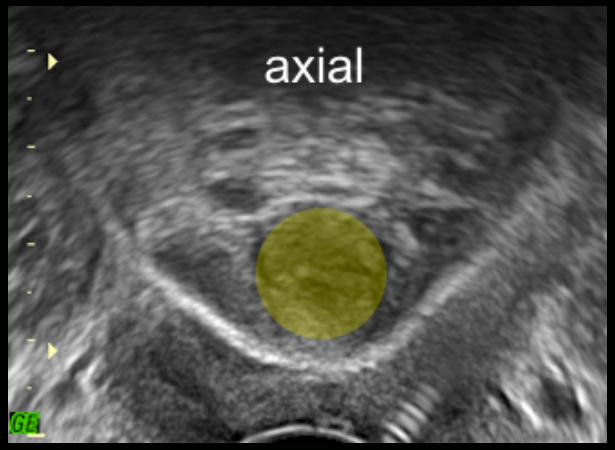
Pelvic Floor - Sonography

Assessment of sling at rest

Ev. Krankenhaus Hagen Haspe



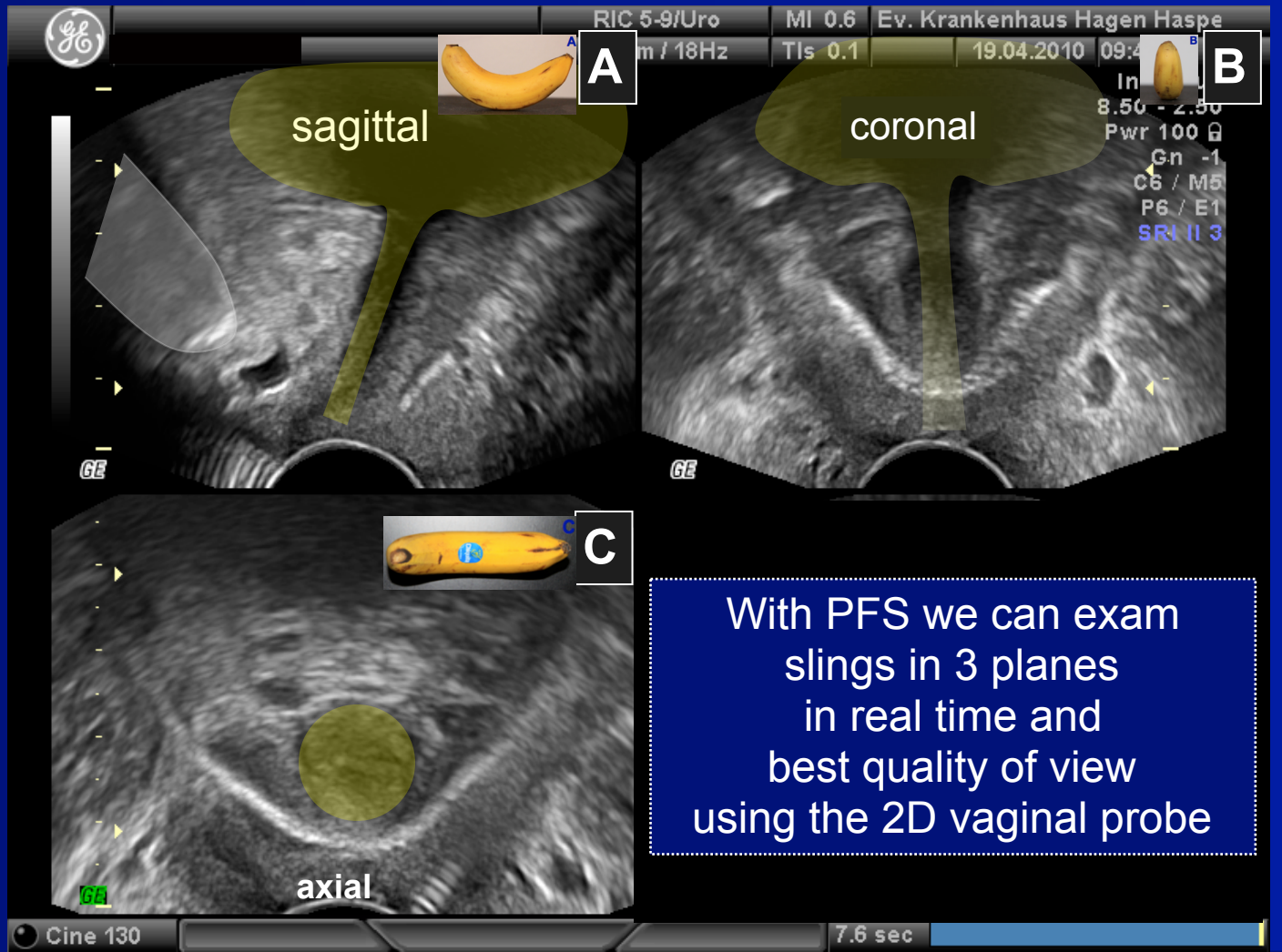
• **position** of tape	Norm
• **distance** tape - urethra	50 - 70%
• **shape** of tape	3 - 5 mm
	straight



• **symmetry** of tape

Pelvic Floor - Sonography

Assessment of sling



With PFS we can exam
slings in 3 planes
in real time and
best quality of view
using the 2D vaginal probe

management of complications after TVT

but which one is the method of choice?

- intermittent catheterization
- mobilisation
- transection
  - midline
  - lateral right
  - lateral left
  - bilateral
- extirpation
- medicines
- suprapubic catheter
- waiting, it gets better

} but which one is the method of choice?

Pelvic Floor - Sonography

Management of complications after sling placement

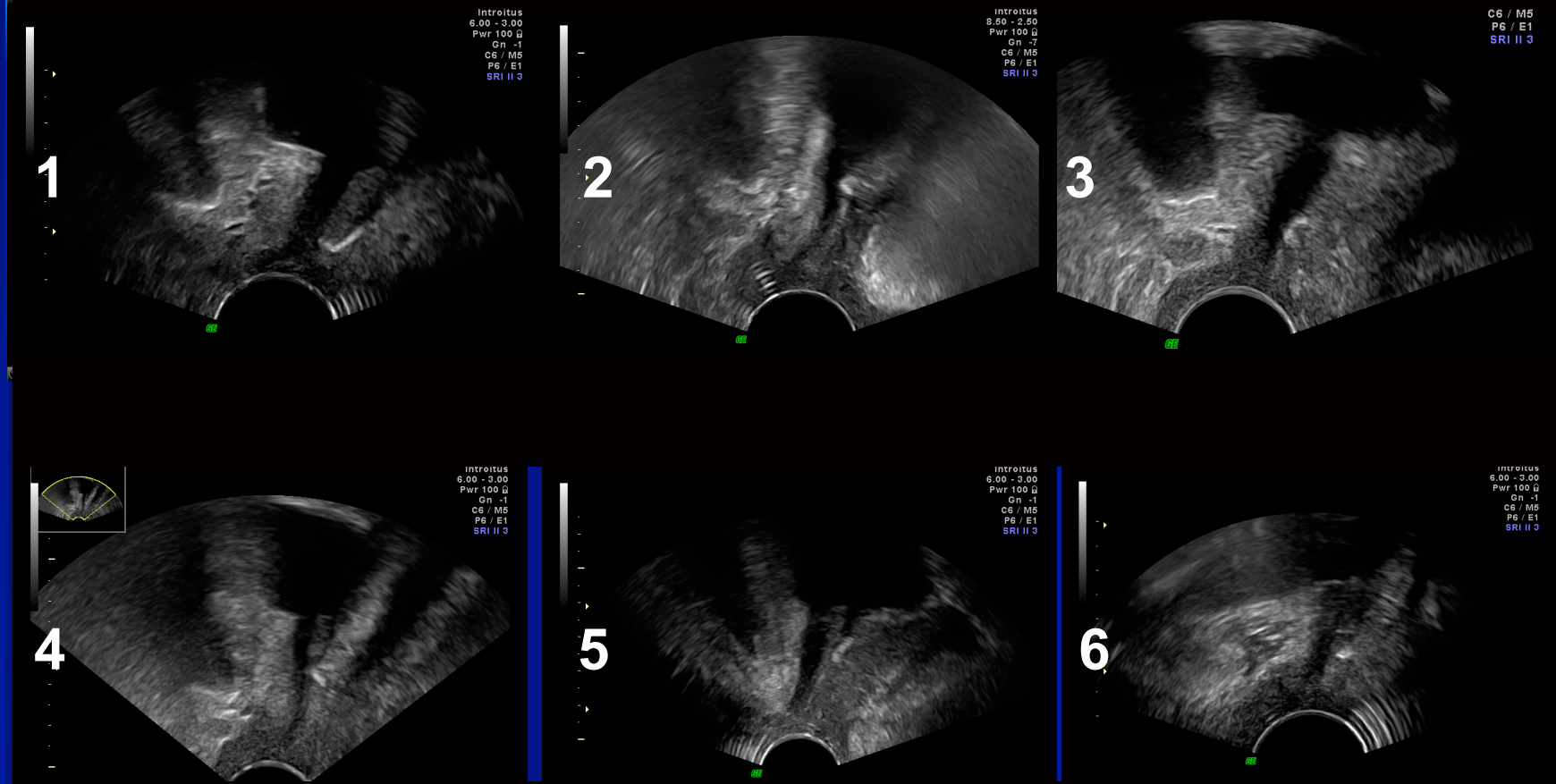
early complications

late complications

1 week

Pelvic Floor - Sonography

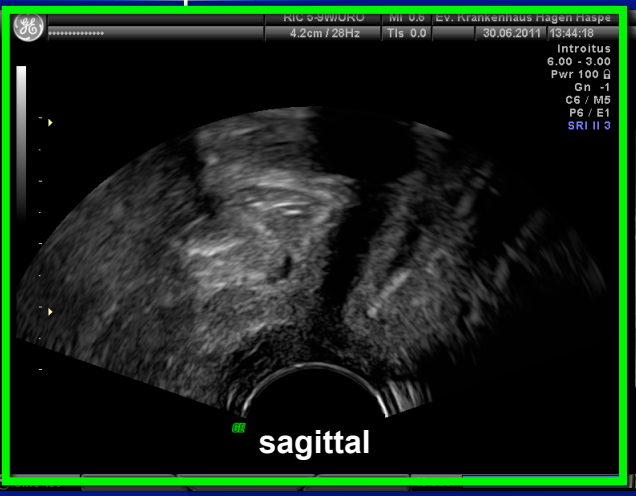
complications following sling

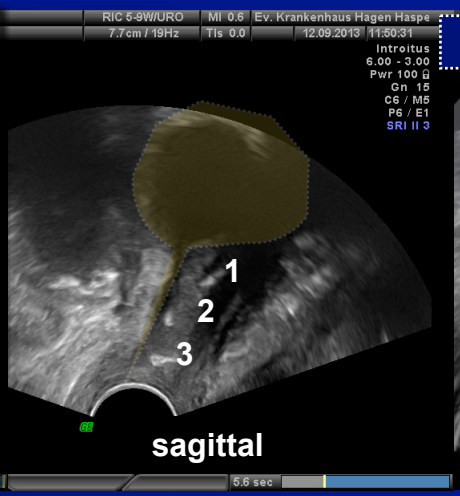


Importance of PF-Sonography

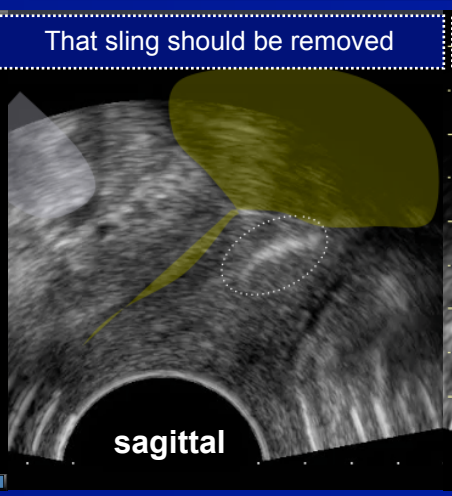
TVT and complications

postoperative management

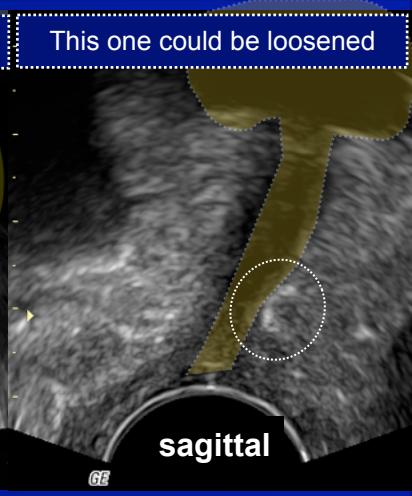


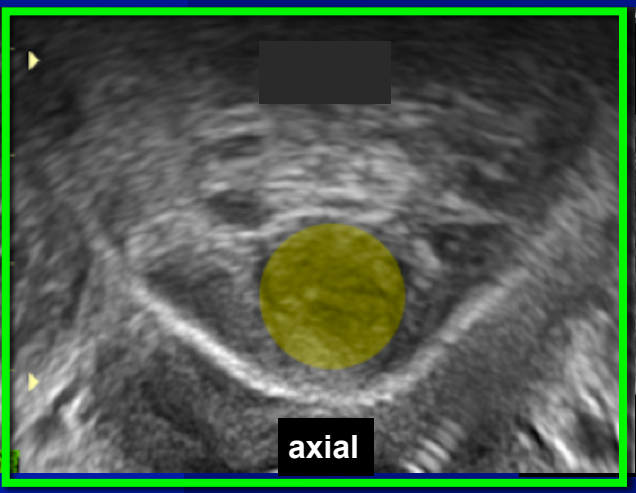


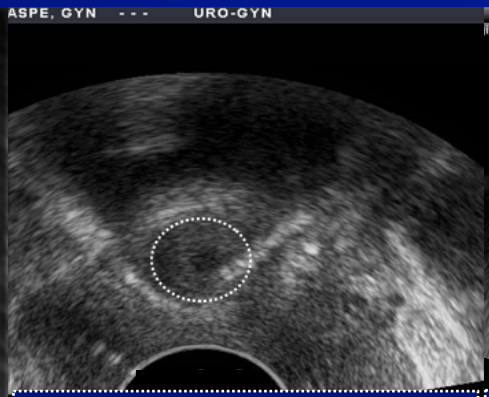
That sling should be removed



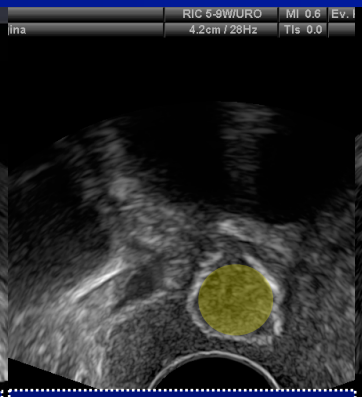
This one could be loosened



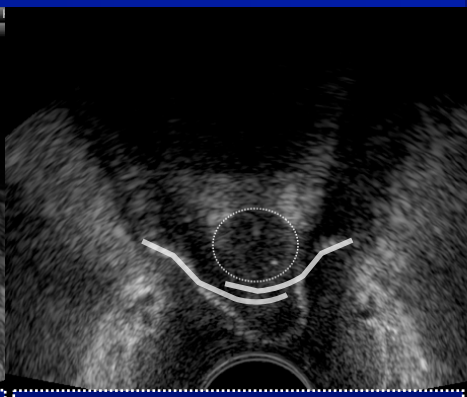




A left-sided transection could be successful here



That sling must be removed



Here a duplication and tightening of the tape has been successful

thank you for your attention

JK

Courses in Hagen

Urogynäkologie AGUB III

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urogynecological training clinic