



NEEDLE SUSPENSION PROCEDURES AND TRANSVAGINAL TAPE PROCEDURES

Needle suspension procedures and transvaginal tape procedures are surgical procedures used to improve stress urinary incontinence (uncontrollable loss of urine). Stress urinary incontinence is a condition that affects many women, especially those who have had many children. It is estimated that 10 to 20% of women under 60 have urinary incontinence, and 15 to 30% of women over 60 have urinary incontinence. The incidence of this problem is noted to be significantly higher in people residing in nursing homes. Less than one half of patients with urinary incontinence seek medical care for their condition and are often reluctant to speak with their physician about this problem.

Q. WHY DO PEOPLE HAVE URINARY INCONTINENCE?

A. There are several types of urinary incontinence and each has a different cause. Another common type of urinary incontinence is known as urge incontinence. This type of incontinence is due to overactivity of the muscle of the bladder (the detrusor muscle). Women often notice a sudden urge to urinate and inability to reach the bathroom in time. This type of incontinence often responds to medications. Another type is known as overflow incontinence. This occurs when the bladder does not completely empty when a woman voids. This is often due to underactivity of the muscle of the bladder. Patients often respond to scheduled voiding. The most common type of incontinence is known as stress urinary incontinence. This type occurs when there is a weakening of the tissues that normally support the urethra and bladder. Women may notice incontinence when laughing, coughing, or with physical activity. This type of incontinence often requires a surgical procedure for correction, such as a needle suspension procedure or transvaginal tape procedure.

Q. WHAT IS A NEEDLE SUSPENSION PROCEDURE?

A. Needle suspension procedures involve a combined approach to the surgery from the vagina and the abdomen. A needle is used to pass a suture from the abdominal wall through the tissue beside the urethra and then back to the abdominal wall. This suture provides a swing-like suspension support to the urethra. Several types of needle suspension procedures include the Raz, Stamey, and Pereyra procedures. Each of these is a slight variation of the other. The major benefit to needle suspension procedures is the fact that they are short procedures, they require small abdominal incisions that have less morbidity than the large incisions needed for some other surgical procedures. The success rate for the needle suspension procedures is anywhere from 40 to 70%.

Q. WHAT IS A TRANSVAGINAL TAPE PROCEDURE?

A. Transvaginal tape procedures are minimally invasive procedures that are currently performed as an alternative to the more invasive surgical methods. With this type of procedure, a local or regional anesthetic is used. A specialized mesh sling is used to support the urethra and is attached on either side of it. This is a new procedure and long-term results currently show success rates of 85-90%. Due to its noninvasive nature it may be a good choice of treatment for patients who cannot tolerate long surgeries.

Q. WHAT ARE ALTERNATIVES TO NEEDLE SUSPENSION AND TRANSVAGINAL TAPE PROCEDURES?

A. There are other surgical alternatives to the needle suspension procedures and the transvaginal tape procedure. Probably the most popular are the retropubic urethral suspension procedures, also known as the Burch and MMK procedures. These procedures are performed through a large incision in the abdomen. As opposed to the needle suspension procedures, these have consistently been shown to have high success rates.

Alternatives to surgery include basic lifestyle changes such as changing your voiding habits, adjusting your diet, or reducing certain exacerbating drugs such as caffeine. Your physician may have you perform certain strengthening exercises for your pelvic floor muscles known as Kegel's exercises. Additionally, if you are postmenopausal, your physician may have you start on an estrogen regimen in an attempt to increase the integrity of your pelvic tissues. Finally, your physician may have you try a pessary for a period of time. This is a rubber device that is inserted into the vagina that provides support for the vaginal walls as well as the urethra. Often this extra support will help alleviate symptoms of stress urinary incontinence.

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