

Midurethral Minimally Invasive Sling Procedures for Stress Urinary Incontinence

This technical update was prepared by the Sub-Committee on Urogynaecology and approved by the Executive of the Society of Obstetricians and Gynaecologists of Canada.

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Disclosure statements have been received from all members of the committee.

to the guidelines developed by the Canadian Task Force on Preventive Health Care.

Values: This update is the consensus of the Sub-Committee on Urogynaecology of the Society of Obstetricians and Gynaecologists of Canada.

Benefits, Harms, and Costs: Counselling for the surgical management of urinary incontinence should consider all benefits, harms, and costs of the surgical options.

Recommendations

1. Tension-free vaginal tape can be offered as an alternative of equal efficacy to the Burch procedure for the surgical management of stress urinary incontinence. (I-A)
2. Transobturator tape can be offered as an alternative to tension-free vaginal tape that eliminates the risks of intra-abdominal organ injury. It should be offered with the proviso that its long-term effectiveness and safety relative to tension-free vaginal tape remain to be determined. (II-B)
3. Midurethral sling procedures performed through a single suburethral incision should be used only in the setting of a clinical trial until their effectiveness and safety are proven. (III-C)
4. Despite the suggested simplicity of pre-packaged surgical kits for midurethral procedures, specific training is recommended prior to performing any of these surgical procedures. (III-C)

Validation: This technical update has been approved by the Subcommittee on Urogynaecology and Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

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Abstract

Objective: To provide an update on currently used minimally invasive surgical treatments for stress urinary incontinence in women: tension-free vaginal tape (TVT) procedure, transobturator tape (TOT) procedure, and other midurethral sling devices.

Options: The discussion is limited to minimally invasive surgical management of stress urinary incontinence in women.

Evidence: A search of PubMed and Cochrane library for articles published in English before the end of February 2008 identified the most relevant literature. Recommendations were made according

Key Words: Urinary incontinence TVT, TOT, midurethral sling

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