GYNECARE TVT SECUR

Mohamed H. Antar, M.D.
Associate Professor of Urology,
University of Florida, Jacksonville
Overview

- Audience demographic
- Companies
- Epidemiology of SUI
- Surgical technique of the new TVT SECUR
Overview

- Surgical tips
- Advantages
- Complications
Audience Demographic

- Urologist, Uro-gynecologist, Gynecologist
- TVT
  - Retropubic
  - Transobturator
  - Secur
- Prolift
  - Cystocele
  - Rectocele
  - Total Prolift
Companies

- Ethicon Women’s Health and Urology, formally known as Gynecare
- Others
- Is Coca-Cola the same as generic cola?
Epidemiology

- Estimated 13 million at a cost of:
  - 16 billion in 1993
  - 27 billion in 1996

- SUI
  - Most common in females
  - 20-30% after radical prostatectomy

- 1997 AUA panel
  - RP suspension and slings are best for long term results

- AUA 2007 Slings are superior to RP suspension
  NEJOM May 24 2007
Is this the Ideal sling, may be
2 Retropubic – Transobturator
BJOG 11 RTCs compare the TVT, TVT-O

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SECUR

- TVT-O leg pain vaginal button hole less voiding dysfunction
- TVT Bladder injury Bowel Vascular voiding Dysfunction
Surgical Technique

- Ethicon DVD on the U approach
- E:\
• The same proprietary PROLENE* polypropylene Mesh used for other GYNECARE TVT family of products
  • 7 years of clinical data on the mesh
  • Consists of a 1.1 cm x 8 cm PROLENE Mesh
  • Laser cut instead of mechanically cut with a knife or blade
Surgical Tips

- At least 1.5cm incision
- Dissect up to the lower level of the inferior ramus
  - Do not go over the bone!
- Use the end of the scalpel handle for adequate spacing
- For placement, stay in close contact with the bone in both the “U” & Hammock position
- Let the device do the rest of the dissection
Surgical Tips

- Flat tape, no spacer, laser edge cut
- With the U approach, use the catheter guide
- Number 7 Hagar at the end
- Either U or Hammock, no in between
  - If it feels like butter, STOP!!!
- Pull wire push device for easy removal
Advantages

- No post-op pain
- Quick and easy procedure
- U and Hammock approaches to cover all kinds of incontinence
- Potential for office procedure
- New technology laser edge, Vicryl/PDS, dental implant
Complications

- Bleeding Mesh exposure?
- Voiding dysfunction and retention
- Bladder perforation
  - Cystoscopy is very important, especially with the U approach
  - One reported case without using the guide
- Learning curve
  - 5 to 10 cases
Conclusion

- 13 million women suffering from SUI
  - 10% have been treated
- Effective, safe and easy to learn technique
- Potential for in office procedure
- Complications are minimal
Conclusion

- There is not enough data available
- With over 2,000 procedures performed, the results are promising!
Data

Over 1 million cases of TVT TVT-O this is the same mesh
**Indications**
The DEVICE is intended for use in women as a sub-urethral sling for the treatment of stress urinary incontinence (SUI) resulting from urethral hypermobility and/or intrinsic sphincter deficiency. This DEVICE may be placed in either a “U” or “Hammock” position under the mid-urethra. Placement orientation is per the surgeon’s preference. This preference may be determined preoperatively or at the time of surgery.

**Contraindications**
As with any suspension surgery, this procedure should not be performed in pregnant patients. Additionally, because the PROLENE* polypropylene Mesh will not stretch significantly, it should not be performed in patients with future growth potential including women with plans for future pregnancy.

For more information refer to full instructions for use.