

Figure 1.

**Conclusions:** The results of our study show that PSA itself has a low diagnostic accuracy for detecting prostate cancer in men with prior negative prostate biopsy findings. Finasteride does not improve the accuracy of PSA in this population of patients.

**Poster Session 3: Incontinence and overactive bladder**  
**Friday, 9 October 2009, 10:40–12:40**  
**Room 3**

**S33**

**Initial experience with the third generation suburethral sling “TVT secur” not as good as it was expected**

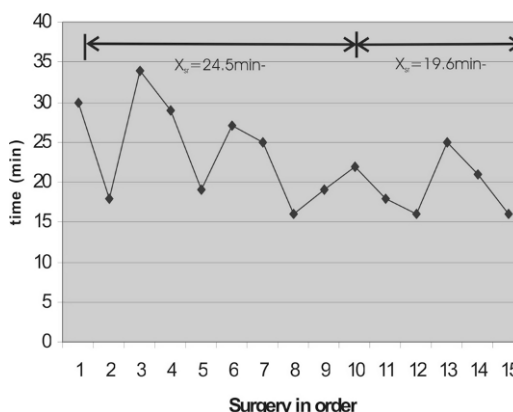
N. Medojevic\*, I. Ignjatovic, D. Basic, M. Potic, A. Dinic, P. Mitic.  
*Clinical Center Nis, Urology, Nis, Serbia*

**Introduction and Objectives:** Stress urinary incontinence (SUI) is a common clinical problem, that is successfully solved with tension free tapes suprapubic or transobturator. Complications although infrequent, could be life threatening, during the placement of TVT. Residual symptoms after TOT are also common. Residual symptoms deteriorate postoperative quality of life regardless excellent results regarding continence rate (80–90%). The idea of third generation sling is to make surgery less traumatic (single incision), and to pass the shortest possible way in the body and, so minimize tissue trauma and the risk of complications.

**Material and Methods:** During 2007–2008, sixteen patients with clinically confirmed SUI were operated. “TVT secur”-third generation sling (Johnson & Johnson, Gynecare, Somerville NJ, USA) was used, and placed with “U” technique. The main criteria for patient selection were: clinically confirmed SUI, urethral hypermobility (Qtip >30 degrees) and negative “Barrier” test. The bladder function was confirmed with basic urodynamic data before the surgery (voiding diary, first sensation, bladder capacity, and compliance on dynamic urethrocytostcopy). There was no significant pelvic organ prolapse. Szmptom evaluation was performed with ICIQ/SF questionnaire before and after the surgery. Follow up time was between three and fifteen months (mean 8.3 months).

**Results:** All patients were operated in LMA (laryngeal mask airway) anesthesia. Time of surgery was progressively shortened from 24.5 minutes, to 19.6minutes. Continence was achieved in 13 out of 16 patients (81.2%). Intraoperative complications were: unintended displacement of the sling (1–7.7%) and bleeding (1–7.7%). Temporary urinary retention occurred in one case (7.7%). Symptom score measured with ICIQ/SF was significantly improved (p=0.000). There was no

postoperative urgency. Postoperative hospital stay was 1.4 days. (See figure.)



**Conclusions:** Initial success rate with “TVT secur”, in a selected group of patients is high but not as high as we have experienced with TVT and TVT-O. Problem that remains is success rate in cases with SUI and ISD. Safety and short term tape efficiency are the most important problems we are dealing with. It seems that group of patients that are convenient for “TVT secur” must to be more strictly defined. Although complication rate is lower, in comparison with TVT(TOT), this sling type surely must pass the test of time.

**S34**

**Complications in the use of mid-urethral tapes and transvaginal meshes in the surgical repair of urinary incontinence and and pelvic organ prolapse in the female**

E. Madias\*, G. Tombros, I. Georgiopoulos, P. Georgantas, V. Nikolopoulos, D. Karanastasis.  
*Elpis Athens General Hospital, Dept. of Urology, Athens, Greece*

**Introduction and Objectives:** We present our results in the use of pre-manufactured meshes for the treatment of pelvic organ prolapse and the use of tension-free vaginal tape in the treatment of urinary stress incontinence, with emphasis on the complications and their management.

**Material and Methods:** Since 2006, 61 patients have undergone surgical repair for pelvic organ prolapse (45 anterior and 16 posterior vaginal wall) with pre-manufactured meshes. For the treatment of urinary stress incontinence, 43 females underwent placement of tension-free vaginal tapes.

**Results:** The patients were observed from the 1st-6th post-operative months. There was one case of intra-operative puncture of the urinary bladder during the placement of the tension-free vaginal tape, which was managed conservatively. In two patients, urinary retention was observed due to over-correction of the tension free vaginal tape, and was managed with intermittent catheterizations and finally with section of the tape on the 3rd post-operative day. In the one month follow-up, there was one case of Bartholinitis, which was managed conservatively. Also, one patient presented with de novo urinary stress incontinence after cystocele repair, which was also managed conservatively. In the 3rd month a patient presented with vaginal erosion and de novo urinary stress incontinence after surgical repair of a cystocele. In the 6th post-operative month, no new complications were observed. Two cases of recurrent urinary incontinence were noted, with no recurrence of prolapse.

**Conclusions:** The surgical repair of pelvic organ prolapse and urinary stress incontinence with vaginal wall meshes and tension-free vaginal tapes has proven to be quick and effective. However, like all surgical procedures, they are not free from