

# Tension Free Vaginal Tape (TVT) vs. Less Invasive Free Tape (LIFT) – A Randomized Multicentric Study of Suburethral Sling Surgery

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**Hypothesis / aims of study.** Since the introduction of TVT by Ulmsten in 1996 numerous modified tapes and surgical methods were developed. Most of the new tapes have not yet been the subject of detailed studies. We conceived a comparative study of two different tapes applied using the same surgical technique; the classic TVT tape by Gynecare compared with the LIFT by Cousin Biotech, with the distinctive feature of a suburethral pad. The objective of the study was to assess differences in surgical outcome, peri-operative complications and long term results.

**Study design, materials and methods.** The study was conducted as an open, prospective, randomized, multicentric study. 254 patients participated in the period between April 2003 and May 2005 (TVT group n=123 and LIFT group n=125).

Follow up examinations were scheduled at six months (clinical examination alone) and 12 months (clinical examination and urodynamic studies), followed by an additional clinical follow-up examination at 24 months. Patients were also questioned in a standardised way on their subjective perception of cure in the form of a Visual Analogue Scale (VAS). A subjective evaluation of quality of life was also included. Objective evaluation was conducted by analysing peri-operative and postoperative urodynamic measurements, or results of a PAD or clinical stress test.

**Results.** The overall subjective response rate was 96.1% (73.3% cured, 22.8% improved) in the TVT group and 95.4% (73.4% cured, 22% improved) in the LIFT group after 6 months. After 12 months a subjective cure rate of 87.1% an improvement of 8.1% for TVT, 87.5% and 10.4% for LIFT respectively was measured. Statistical analyses failed to detect significant differences between the tapes for patient specifications. Overall, both tapes used in the study showed very low peri-operative complication rates. There were three intraoperative bladder perforations (n=2 TVT and n=1 LIFT respectively), one case of haemorrhage, and only one patient with haemorrhage more than 300ml blood loss, both with the use of a TVT. Tape transection was required in 3.3% (TVT) and 7% (LIFT) of cases. There was no erosion of tapes into the urethra, but n=3 of TVT cases and n=7 of LIFT cases exhibited vaginal erosion, and bladder penetration occurred in one case from each group.

**Interpretation of results.** TVT and LIFT are comparable in terms of surgical effort, peri-operative complication rate and postoperative continence rate. No advantages or disadvantages could be identified for the use of the suburethral LIFT pad for the treatment of urethral incontinence. In case of an urethral pad there is a little increasing of vaginal erosion and initial obstruction.

**Concluding message.** TVT and LIFT slings are safe procedures in the management of SUI with similar success rates up to 1 year follow-up and very low complication rates.

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