

# GYNECARE TVT SECUR

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# Overview

- Audience demographic
- Companies
- Epidemiology of SUI
- Surgical technique of the new TVT  
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# 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  
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- Is this the Ideal sling, may be
- 2 Retropubic –Transobturator
- BJOG 11 RTCs compare the TVT, TVT-O

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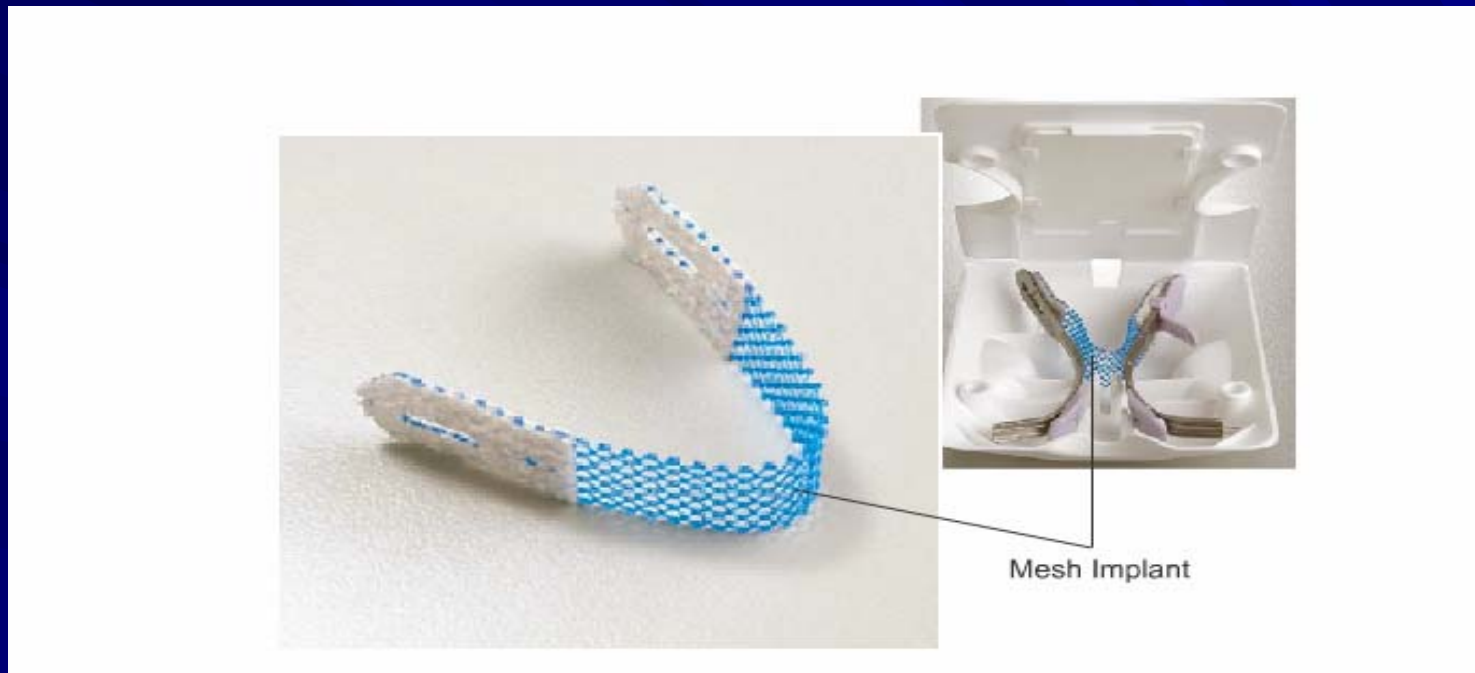
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- TVT-O leg pain vaginal button hole less voiding dysfunction
- TVT Bladder injury Bowel Vascular voiding Dysfunction

# Surgical Technique

- Ethicon DVD on the U approach
- E:\

# GYNECARE TVT SECUR System Mesh Implant



- 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.