

OHTAC E-Bulletin

Seeking the best health technologies for Ontario



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The OHTAC E-Bulletin is issued on a regular basis to provide you with updates on the latest committee recommendations.

Previous Medical Advisory Secretariat monographs and reviews and subsequent OHTAC recommendations are available on the OHTAC website, with links in each E-Bulletin issue.

Should you have any questions or additional information about any of these technologies, please submit it to the Medical Advisory Secretariat (MAS).

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**Midurethral Slings for Women with Stress
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Midurethral Slings for Women with Stress Urinary Incontinence

A summary of the Health Technology Policy Assessment by the Medical Advisory Secretariat and the OHTAC Recommendation

This report began as an update of a previous Medical Advisory Secretariat (MAS) review on tension-free vaginal tape (TVT®) completed in February 2004. Since completion of the TVT® review, many other midurethral slings have become available, and it was decided that a review be conducted on all midurethral slings.

Normal continence is controlled by the nervous system and involves co-ordination between bladder, urethra, urethral sphincter, and pelvic floor. Incontinence occurs when the relationship among the above components is compromised, either due to physical damage or nerve dysfunction. Stress urinary incontinence (SUI) is the most common form of urinary incontinence in women.

Suburethral slings differ according to several criteria including placement, approach, method of fixation, and sling material. The review evaluated slings which fulfilled all of the following criteria:

- Midurethral placement (as opposed to bladder neck placement)
- Self-fixing (no sutures, bone anchors, etc.)
Minimally invasive (using local, epidural, or general anesthesia)
- “Tension-free” placement

OHTAC Recommendations

- Expand the development of guidelines by Health Technology Utilization Guidelines of Ontario (Health TUGO) from the appropriate use of TVT®, to the appropriate use of midurethral slings.
- Explore the introduction of a new OHIP code specific to mid-urethral slings and unique CCI codes so that midurethral slings can be tracked according to retropubic and transobturator routes through administrative databases—to assess, in particular, variation in complication rates.

Implications

In Ontario the trends in the surgical interventions for the treatment of stress urinary incontinence between 1996/97 and 2004/05 indicate a shift in the use of colposuspension in favour of midurethral slings over time. The number of midurethral sling procedures almost doubled during this time period. The faster procedure time and lower cost of midurethral sling procedures compared to colposuspension procedures, has led to a decrease in colposuspensions and uptake in midurethral sling procedures. ❖

The full downloadable version of the **Health Technology Policy Review** by the Medical Advisory Secretariat can be found [here](#)
The **OHTAC recommendation** for this technology can be found [here](#)

Key Findings

- The midurethral sling procedure is highly effective at reducing the symptoms associated with SUI in women who have failed conservative treatments for SUI, such as pelvic floor muscle therapy and behaviour modification.
- Colposuspension (either through an open procedure or laparoscopically) was historically the gold standard surgical intervention for SUI.
- TVT® appears to have similar cure rates to open colposuspension; and the various midurethral sling types seem to have similar cure rates.
- The time required for the procedure of insertion of a midurethral sling is significantly shorter than for colposuspension.
- The midurethral sling procedure is an outpatient procedure in Ontario, while colposuspension is an inpatient procedure.
- There does not appear to be one type of midurethral sling that is superior to another in terms of effectiveness for patients or hospital outcomes. However, there may be differences between the midurethral slings in terms of complication rates.

Technologies Currently Under Review

Cardiac positron emission tomography	Hydrophilic Catheters
Electroanatomic cardiac mapping and ablative techniques	Energy Delivery Systems for treatment of Benign Prostatic Hyperplasia (BPH)
Intravascular coronary ultrasound	Routine Eye Exams
Metal-on-metal Hip Resurfacing	Bone Densitometry
Implantable Cardioverter defibrillator	In-Vitro Fertilization
Gastric Electrical Stimulation	Diagnostic Imaging
Functional Brain Imaging (includes Magnetic Resonance Spectroscopy and Magnetoencephalography)	Horizon Scanning: Nanotechnology
Methadone Compliance Testing	Optimal Health System Design for Screening
Breast Cancer Screening and Optimum Imaging Breast Technologies for Women 40-49 years of age	Optimum Imaging Breast Technologies for Women 40-49 years of age— Modalities other than Mammography
Integrated Health Technology Literature Reviews	
Heart failure	
Literature Reviews Being Updated	
Negative Pressure Wound Therapy (December 2004)	

Previous OHTAC Recommendations

Computed Tomography Radiation Safety Issues in Ontario	June 2006
Polysomnography in Patients with Obstructive Sleep Apnea	June 2006
Portable Bladder Ultrasound	April 2006
Artificial Disc Replacement for Lumbar and Cervical Degenerative Disc Disease	April 2006
Magnetic Resonance Imaging (MRI) Environment Safety in Ontario	April 2006
Extracorporeal Photophoresis (ECP)	March 2006
Enhanced External Counterpulsation (Update)	March 2006
Ultrasound Screening for Abdominal Aortic Aneurysm	January 2006
Coil Embolization for Intracranial Aneurysms (Update)	January 2006
Automated External Defibrillators	December 2005
Interim Report on Drug Eluting Stents	December 2005
Endovascular Repair of Descending Thoracic Aortic Aneurysm	November 2005
Air Cleaning Technologies	November 2005
Technologies for Osteoarthritis of the Knee (Integrated Health Technology Policy Assessment)	October 2005
Biventricular Pacing (Cardiac Resynchronization Therapy)	September 2005

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<u>Arthroscopic Lavage and Debridement</u>	September 2005
<u>Hyperbaric Oxygen Therapy for Non-Healing Ulcers in Diabetes Mellitus</u>	August 2005
<u>Interim Report on Endovascular Repair of Abdominal Aortic Aneurysm (EVAR)</u>	July 2005
<u>Intra-Articular Viscosupplementation With Hylan G-F 20 To Treat Osteoarthritis of the Knee</u>	June 2005
<u>Total Knee Replacement</u>	June 2005
<u>Intrathecal Baclofen Pump for Spasticity</u>	May 2005
<u>Osteogenic Protein-1</u>	April 2005
<u>Multi-detector Computed Tomography Angiography for Coronary Artery Disease</u>	April 2005
<u>Spinal Cord Stimulation for Neuropathic Pain</u>	March 2005
<u>Sacral Nerve Stimulation for Urinary Incontinence, Urgency-Frequency, Urinary Retention, and Fecal Incontinence</u>	March 2005
<u>Deep Brain Stimulation in Parkinson's Disease and Other Movement Disorders</u>	March 2005
<u>Bariatric Surgery</u>	January 2005
<u>Vacuum Assisted Closure Therapy for Chronic Wounds</u>	December 2004
<u>Balloon Kyphoplasty</u>	December 2004
<u>Thermal Balloon Endometrial Ablation for Dysfunctional Uterine Bleeding</u>	October 2004
<u>Primary Angioplasty</u>	September 2004
<u>Bispectral Index Monitor</u>	August 2004
<u>Radio Frequency Ablation for Primary Liver Cancer</u>	June 2004
<u>Repetitive Transcranial Magnetic Stimulation for Major Depressive Disorder</u>	June 2004
<u>Coil Embolization For Intracranial Aneurysms</u>	March 2004
<u>Pyrocarbon Finger Joint Implant</u>	March 2004
<u>Video Laryngoscopy for Tracheal Intubation</u>	March 2004
<u>Bone Morphogenetic Proteins and Spinal Surgery for Degenerative Disc Disease</u>	March 2004
<u>Artificial Discs for Cervical and Lumbar Spinal Surgery for Degenerative Disease</u>	March 2004
<u>Computer-Assisted Hip and Knee Arthroplasty: Navigation and Robotic Systems</u>	March 2004
<u>Computer-Assisted Surgery Using Telesurgical Manipulators</u>	March 2004
<u>Tension-free Vaginal Tape for Stress Urinary Incontinence</u>	February 2004
<u>Patient Monitoring System for MRI</u>	February 2004

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