

MINI-SLING – A NEW OPTION IN STRESS URINARY INCONTINENCE TREATMENT

Introduction. Urinary incontinence (UI) can be regarded as a social disease, because its incidence rate in the general population in our country exceeds 5%. The incidence of stress urinary incontinence (SUI) in women is dependent on age, type of work, coincident diseases, as well as obstetric and gynecological history. Elderly age plays an important role in the pathophysiology of SUI, because it is associated with hormonal deficiency, changes in connective tissue structure and long-term physical exertion.

Objectives. The aim of this study was to present the results of mini slings treatment in women with SUI.

Material and methods. In years 2007-2010 in our Clinic 56 women were treated due to SUI with suburethral sling surgical procedure. SUI was diagnosed in patients' group as follows: 8 cases with Ist degree of SUI, 22 cases with IInd degree of SUI, 10 cases with IIIrd degree of SUI. In 5 cases recurrence of SUI was diagnosed. In 11 patients mixed urinary incontinence was diagnosed. In surgical treatment urethrosuspension with minimal invasive slings were performed. In 36 cases TVT Secur (Johnson & Johnson) sling, in 16 cases A-Just sling (BARD) and in 4 cases Mini – Arc sling (AMS) were implemented. TVT – Secur is a sling, which is adjusted to the back surface of descendent branch of pubic. A-Just sling is fixed with tips into the obturator membrane in the obturator foramen. In case of Mini – Arc sling is fastened by tips to internal obturator muscle.

The procedures were done in short intravenous anesthesia. Mean time of the procedure was 15 min. None of the intraoperative complications were observed. Medium time of hospitalization were 3 days. Catheter in urinary bladder was indwelled for 24.

Results. High effectiveness of the methods was observed. In 48 cases patients had urine continence and voiding process was efficient. In 2 cases transient urine retention was observed – in one time catheterization was necessary. In one case complete urine retention was noted. The patient was discharged from the Clinic with catheter in urinary bladder. Catheter was removed after 7 days in Outpatients Clinic. The patient had complete urine continence and voiding process was efficient. In one case during two days after the procedure bleeding from the vagina was observed, but there was no necessity for surgical intervention. The patients were on follow-up visits after 1, 3 and 6 months after the procedure. The improvement of quality of life was estimated by Visual Analog Scale. Mean value before the procedure was 3. After surgical treatment mean value was 8.5. During 6-month observation recurrence of the symptoms were not observed.

Conclusions. Mini sling procedure in SUI is a minimal invasive, safe and effective treatment. It allows to shorten hospitalization and hasten recovery. More procedures and longer time of observation would give an opportunity to assess the value of the method appropriately.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	no
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes