

THE ADJUSTABLE SINGLE-INCISION SLING SYSTEM (AJUST™) HAS PROVED TO BE A USEFUL TOOL FOR CORRECTING RECURRENT OR COMPLICATED STRESS URINARY INCONTINENCE IN AN ELDERLY POPULATION

Hypothesis / aims of study

The effective treatment of stress urinary incontinence remains a challenge in revision procedures or urethral scarring. In our first series (23 patients) presented at the ICS in Toronto 2010 we reported an overall improvement rate of 65,2% in an elderly population (mean 75,5 years) with a high rate of previous pelvic floor surgery (mean 2,7 operations). It was our goal to further improve these initial results by methodological fine tuning.

Study design, materials and methods

Between 04/2009 and 12/2010 we treated 48 patients with a follow-up of 3 to 23 months (mean 12,5 months). Age ranged from 43 to 86 years (mean 71,8 years). All patients had prior pelvic floor surgery (mean 2,7 (1-13) operations). Hospital stay ranged from 1 to 12 days (mean 3,4 days), operation time from 14 to 75 minutes (mean 25,3 minutes). Patients were evaluated by Stamey degree of incontinence, clinical stress test, pad use, and overall satisfaction. To control adequate tensioning of the tape an intraoperative stress test with 300cc saline filling of the bladder and a Valsalva manoeuvre was performed in every patient.

Results

The procedure was easily feasible in every patient despite considerable periurethral scarring in many patients. There were no complications like bleeding, bladder injury, or tape infection, we observed 3 cases of urinary retention due to a hypocontractile bladder (2 temporary, 1 permanent). The optimal angle of the introducer in our ongoing series turned out to be 45°. The postoperative change in Stamey degree of incontinence is figured in table 1.

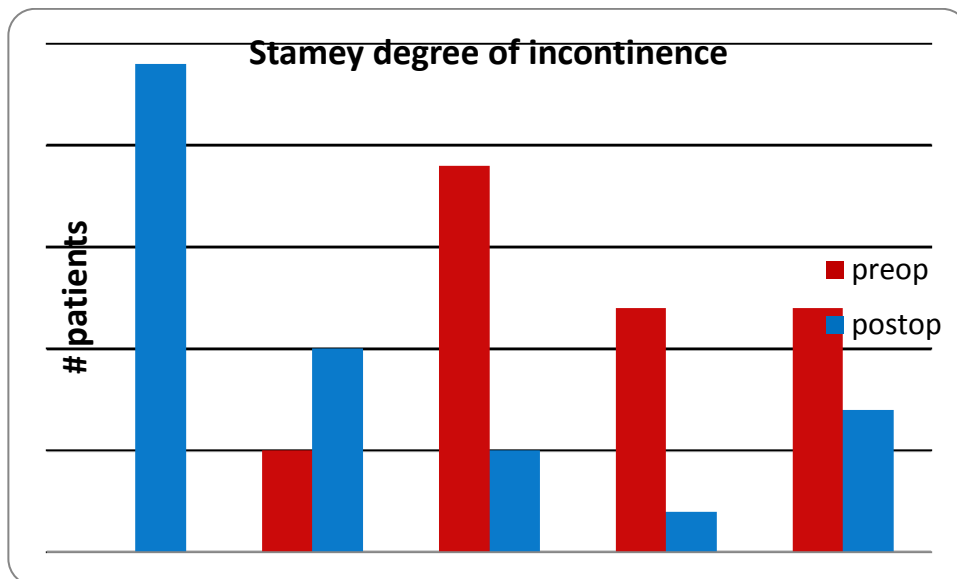


Table 1.

The average usage of pads per day decreased from 5,1 (1-10) to 1,9 (0-10), thus by 62,8%. 30/48 patients (62,5%) had a pad reduction of at least 50%. Overall satisfaction with the result was very good in 16/48 patients (33,3%), good in 13/48 (27,1%), fair in 6/48 (12,5%), and poor in 13/48 (27,1%). The average age of the 13 patients that were regarded as failure was slightly higher (74,9 years) than average.

Interpretation of results

The application of an adequate degree of tension to the urethra is the key factor in restoring continence in this selected cohort of very difficult cases (type III SUI, recurrence, multiple previous operations). A rather plain anchoring in the obturator membrane prevents obstruction, unless a hypocontractile bladder is present. The procedure can be regarded as safe for no complication was observed in this elderly group of patients with multiple risk factors. By fine tuning several details of the procedure the overall improvement rate could be enhanced to 73%. We regard this as a good result for a 'salvage procedure' in a group of patients that is otherwise supplied with diapers or indwelling catheters.

Concluding message

The AJUST™ mini sling is a truly minimal invasive procedure that has proved to be a safe and effective tool to restore continence in recurrent and complicated cases of stress urinary incontinence, prior failed surgery cases and even in frail elderly patients.

<i>Specify source of funding or grant</i>	NONE
<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>	Observational study, retrospective evaluation
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes