

MEASURING OUTCOMES OF SALVAGE PROCEDURES AFTER FAILED PRIOR SUI SURGERY: DO WE

HAVE AN IDEAL METHOD?



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INTRODUCTION

- Anti-incontinence surgery (AIS) is not without complications.
- Intervention to resolve complications may result in:
 - A technically successful surgery (achieving the goals)
 - Appearance of de novo genitourinary problems
 - Unsatisfactory outcomes to the patients.
- Measuring and reporting outcomes of such salvage procedures is not standardized.
- We reviewed and compared pre-operative and postoperative symptoms in patients who had undergone salvage procedure (SP) as well as the success rate of surgical goals compared to symptomatic goals.

METHODS

- IRB approval
- Retrospective study of patients underwent salvage procedures following failed AIS.
- Outcome was assessed by
 - Symptoms reported pre and post the salvage procedure.
 - Success was defined as cure, good or fair based on the Blavias - Groutz (B-G) score.
- Satisfactory urinary symptoms assessment was defined as improved symptoms postoperatively based on patients report.

RESULTS

Table.1. Patients Demographics.

Demographics	N (%)
Total number of patients	108 (100)
Mean age	58 yo (32 yo-77 yo)
PROCEDURES	
TV Sling Incision (TVSI)	32 (30)
Urethrolysis (UL)	14 (13)
TVSI and UL	62 (57)
Mean Follow-up	16 months (2mo-72 mo)
mean duration from AIS	39 months

Figure 1. Preoperative and postoperative symptoms (all are statistically significant)

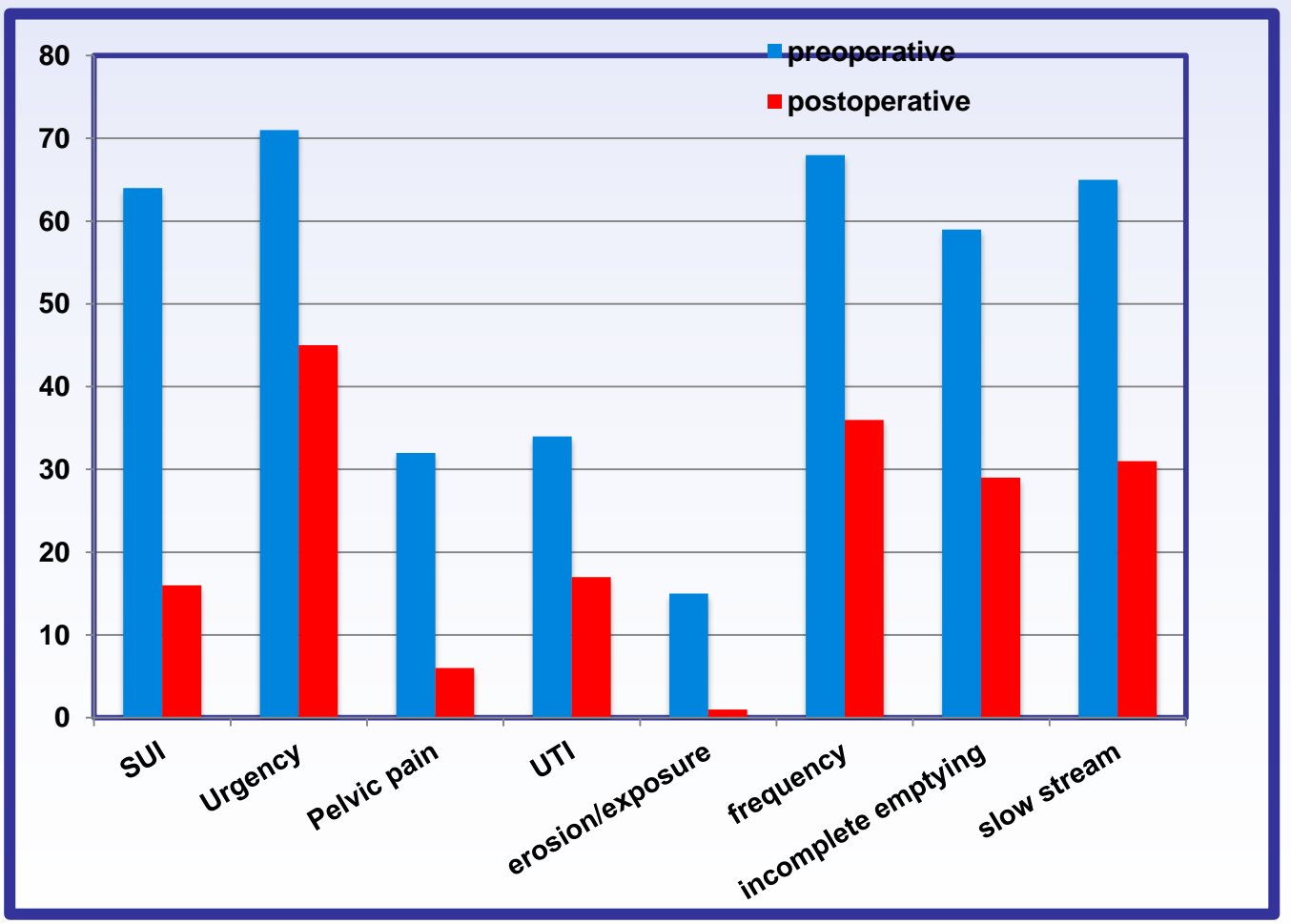


Table. 2. Indication of the procedures

Total number of patients	108 (100%)
Recurrent SUI	29 (27)
Bladder Outlet Obstruction	47 (44)
Sling Erosion/Exposure	14 (13)
Pelvic Pain	4 (4)
Mix of symptoms and other sx	14 (13)

Figure 2. preoperative vs postoperative symptoms

symptoms	preoperative postoperative		p
	%	%	
SUI	64	16	<0.0001
Urgency	71	45	<0.0001
Pelvic pain	32	6	<0.0001
UTI	34	17	0.004
erosion/exposure	15	1	<0.0001
frequency	68	36	<0.0001
incomplete emptying	59	29	<0.0001
slow stream	65	31	<0.0001

RESULTS

Figure 3. patients outcomes



CONCLUSIONS

- ◆ Salvage procedure (SP) after failed AIS have an array of complicated problems.
- ◆ SP can often treat the patient's presenting complication and symptoms.
- ◆ Successful SP do not often translate to complete resolution of patient symptoms and patient satisfaction.
- ◆ It should made clear to the patients preoperatively that SP may help with the primary complication resulting from the previous surgery but that SP may lead to less than optimal subjective outcomes.