# 783

Castroviejo Royo F<sup>1</sup>, Martínez-Sagarra Oceja J M<sup>1</sup>, Rodríguez Toves L A<sup>1</sup>, Marina García-Tuñón C<sup>1</sup>, Conde Redondo C<sup>1</sup>, González Tejero C<sup>1</sup>

1. Hospital Río Hortega Valladolid Spain

### MONARCVERSUS MINIARC: RETROSPECTIVE STUDY

#### Hypothesis / aims of study

Suburethral sling is a surgical treatment contrasted for stress urinary incontinence. The aim of this study is to evaluate the functional outcome Monarc versus MiniArc.

#### Study design, materials and methods

We evaluate 317 women operated for stress urinary incontinence. 214 with Monarc and 103 with Miniarc. All women expressed informed consent. Data were treated with Chi2 test.

# Results

	Monarc	Miniarc	
N	214	103	
Age	57.9 (37-87)	59.31 (37-85)	
Children	2.41 (0-7)	2.27 (0-8)	
Follow up	53 (6-94)	30 (6-55)	
Hospital stay	3.83 (1-24)	2.48 (1-8)	
Surgical time	27.57 (10-85)	19.52 (5-63)	

	Monarc	Miniarc	р	
Early complication	- 1	•		
Urinary retention	19 (8.87%)	2 (1.94%)	0.0273	
Urinary infection	2 (0.93%)	0	0.132	
Hematoma	3 (1.4%)	0	0.154	
Bladder injury	0	1 (0.97%)	0.986	
Late complication		<u>.</u>	<u> </u>	
Erosion	3 (1.41%)	7 (6.7%)	0.0155	
Stress incontinence	11 (5.14%)	23 (22.33%)	0.000	
Urgency de novo	16 (7.47%)	8 (7.76%)	1.000	
Urgency maintained	25 (11.68%)	5 (4.85%)	0.0644	
Urinary retention	4 (1.86%)	1 (0.97%)	1.000	
Success rate				
	183 (85.51%)	71 (68.93%)	0.0005	

Success was defined as the surgical technique for leakage of urine with Valsalva maneuver on physical examination with full bladder, no urge incontinence "de novo" and no need to specify intermittent catheterization for urinary retention, with a minimum of 6 months follow up.

# Concluding message

Miniarc technique is quicker, needs less hospital stay, but shows a less success rate and more complications. Erosion can be explained by transversal incision that it has been related with a higher rate of erosion. Also, a high recurrence rate could be expressed by the use of local anaesthesia which produce oedema, and difficult a good mesh anchor.

## <u>Disclosures</u>

Funding: We don't have any specify source of funding or grant Clinical Trial: No Subjects: HUMAN Ethics Committee: Ethics Committee of University Río Hortega Hospital of Valladolid. Spain Helsinki: Yes Informed Consent: Yes