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SINGLE INCISION NEEDLELESS®: AS AN ALTERNATIVE TRANSOBTURATOR TENSION-FREE TAPE IN FEMALE STRESS URINARY INCONTINENCE

Hypothesis / aims of study:

NEEDLELESS[®] single incision mesh which is known to minimize groin pain caused by transobturator tape (TOT) is another option in choosing sling materials. We evaluated the effects of NEEDLELESS[®] in female stress urinary incontinence.

Study design, materials and methods;

47 patients who underwent NEEDLELESS[®] were included in this study. All patients had urodynamically proven stress urinary incontinence (SUI) and minimum 24 months were followed up. Detailed history taking, physical examination, 3-day voiding diary were taken before surgery. NEEDLELESS[®] was implanted through midline anterior vaginal wall incision (2 cm long) to both obturator muscles. Postoperatively, we evaluated patients' groin pain, status of incontinence, satisfaction rate, and voiding status.

Results

Mean age of patients was 51.9 years old, and follow up periods were 27.3 ± 4.6 months and preoperative VLPP was 94.2 ± 14.8 cmH₂O. 18 (38.3%) patients had urgency and 12 (25.5%) were mixed incontinence. After implantation, all patients except one had no immediate groin pain. Two years later, 32 (68.1%) patients were cured, 12 (25.5%) were improved and 3 (6.4%) had failed. de novo urgency and urge incontinence were observed in 4 (8.5%) and 1 (2.1%) patients respectively. Voiding stream was slightly weak than before implantation in 13 (27.7%) patients, however, no patient required catheterization. Satisfaction rates were as follows; very satisfied in 34 (72.3%), satisfied in 6 (12.8%), unsatisfied in 7 (14.9%).

Interpretation of results

Success and satisfaction rates of NEEDLELESS® single incision mesh are promising.

Concluding message

NEEDLELESS[®] single incision mesh could be considered as one of minimally invasive sling materials. Especially, groin pain caused by conventional TOT was minimal. However, long term follow up should be needed

Disclosures

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