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REPEAT MID-URETHRAL SLING FOR RECURRENT FEMALE STRESS URINARY INCONTINENCE

Hypothesis / aims of study

The aim of the study was to assess the effectiveness of repeat mid urethral sling after a failed primary sling for stress urinary incontinence.

Study design, materials and methods

112 women with recurrent stress incontinence after primary mid urethral sling underwent a repeat procedure between 2000 and 2011. All patients had a preoperative clinical and urodynamic evaluation. All of them had urethral hypermobility. 12 women (10.7%) had intrinsic sphincter deficiency (MUCP less or equal to 20 cmH₂O). Median MUCP was 41. Overactive bladder was found in 5.7% of women. The second sling placed was either a retropubic tape TVT (49%), a transobturator tape (48%), or a mini-sling (3%). Results were divided into three groups: cured (no more leaks), improved (decrease of leaks) or failed. Mean follow-up was 21 months.

Results

No peroperative morbidity was reported. 60.7% of women were cured and 16.1% improved after the second sling was placed (76.8% of global success). Success rates were 72.2% and 81.8% for transobturator and retropubic slings respectively with no significant difference. Multivariate analysis showed better outcomes with retropubic approach for low MUCP. Late complication rates were comparable to those usually found for a first sling. No urodynamic parameters were predictive of postoperative success or failure.

Interpretation of results

Only seven series of repeat slings that included more than 10 patients were published since 2007. Our findings are similar to what is described in literature, and with 112 patients our research represents the largest study performed on repeat slings outcomes to date.

Several studies have already shown that retropubic slings are more efficient in woman with intrinsic sphincter deficiency. Our results confirm these reports for repeat slings. A possible explanation is the U shape of the retropubic tape, which may be more supportive and obstructive than the horizontal orientation of the transobturator tape.

Concluding message

Repeat mid urethral sling for recurrent female stress urinary incontinence leads to a nearly 77% success rate. This therapeutic alternative can thus be proposed in case of failure of a primary sling as long as urethral hypermobility is found during physical examination.

Disclosures

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